#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	12/04/2019 14:03
Date Of Accident	11/04/2019 22:45
Exact Location Of Accident	WOODLANDS CROSSING TWDS JB
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKW4765Z
Insured/Policyholder	
Name Of Registered Owner	ST CARZ LEASING PTE LTD
Co Reg No	201535819E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98982727
Alternative Phone No	OFFICE-98982727
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ALPHARD 2.5X CVT
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	19-MK000073-R00
Cover Note Number	
Dulivan	

#### Driver

Name of Driver JOHN FELIX FRANCIS

NRIC No S8318823E

Date Of Birth 28/06/1983

Occupation OUTDOOR

Date Of Driving Pass 24/05/2002

Driving Experience 16 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83210834

Fax Number

Contact Number OFFICE-83210834

EMail Address NOEMAIL

BLK 756 WOODLANDS AVENUE 4 Address

#08-271

Postcode 730756

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

**General Information of the Accident** 

COLLISION - CHANGE/CROSS LANE Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

2

NO

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

YES

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

2

NO

Passenger 1

NAME: : RAY TAN GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes.Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

**Circumstances of Accident** 

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

VIDEO FOOTAGE WITH DRIVER Remarks/ Reasons:

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

SKS5661D Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Page 2 of 23

No. Of Passenger (Including Driver)

# DETAILS OF INJURED PERSON 1

Name RAY TAN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKW4765Z

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

## **DETAILS OF INJURED PERSON 2**

Name JOHN FELIX FRANCIS

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKW4765Z

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

#### Accident Sketch Plan

#### SKETCH PLAN

## MPORTANT NOTICE

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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the dark of the insurance companies.
- 1. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee by made available upon application by interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available storosaid.
- 2. Consent under the Personal Datz Protection Act (PDPA)

t understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers lawyers/law firms, the Monstery Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
  - processing, handling and/or dealing with my deline including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my cisims:
  - (RI) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mag pockages); and/or
  - (v) complying with applicable faw in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the insurers and/or SIA to their third party service providers or agents; including their lawyers/law firms), which may be sited outside of Singaporo, for one or more of the above Purposes.
- (a) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future dains.
- (e) the inflametion so collected under (a) above may be shared / disclosed:
  - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(R) for complying with requirements under any regulations, laws or court orders.

Policynoleons Signature Date & Time: Oriver's Signature (If driver is not the policingolder) Date & Time: Reporting Centre Parts Name: NRIC/FIN No.:

## **Accident Sketch Plan**

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#### **BUSINESS PROFILE**



### REQUEST CRITERIA

(You have requested to search on the following)

Date of Request:

09/11/2018

Name of Requestor:

NG ROLLAND

Requested Entity Name :

ST CARZ LEASING PTE\_LTD.

Requested Entity Number:

201535819E

File Reference Number :

### SEARCH RECORD

Entity Name:

1) ST CARZ LEASING PTE. LTD.

Entity Number:

201535819E

# ACCOUNTING AND CORPORATE REGULATORY AUTHORITY BUSINESS PROFILE (COMPANY)



WHILST EVERY ENDEAVOUR IS MADE TO ENSURE THAT THE INFORMATION PROVIDED IS UPDATED & CORRECT, THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

#### **DETAILS OF COMPANY**

Entity Name:	ST CARZ LEASING PTE. LTD.	
Entity Number:	201535819E	
Date Of Registration (dd/mm/yyyy):	28/09/2015	
Country Of Incorporation:	SINGAPORE	
Date Of Change Of Name:		
Former Name:	*	
Type Of Company:	EXEMPT PRIVATE COMPANY LIMITED BY SHARES	
Registered Office Address:	210 TURF CLUB ROAD #B48-50 THE GRANDSTAND SINGAPORE 287995	
Date Of Change Of Address:	28/09/2015	
Principal Activity / Activities:	1)PASSENGER LAND TRANSPORT N.E.C. (EG PRIVATE CARS FOR HIRE WITH OPERATOR AND TRISHAWS) (49219) 2)RENTING AND LEASING OF PRIVATE CARS WITHOUT OPERATOR (77101)	
Status:	LIVE COMPANY	
Status Date:	28/09/2015	

## CAPITAL STRUCTURE

Capital Structure:	No. Of Shares	Currency	Amount
ISSUED ORDINARY	10,000.00	SINGAPORE, DOLLARS	10,000.00
PAID-UP ORDINARY	24	SINGAPORE, DOLLARS	10,000.00

Note: The number of shares is displayed up to two decimal points,

## CHARGE(S)

### AUDITOR(S)

Name	Date Of Appointment	
•		

# OFFICER(S) / AUTHORISED REPRESENTATIVE(S)

Name ID	Address Date Of Change Of Address	Nationality	Date Of Appointment/ Position Held
TAN LYE KANG <b>57307143G</b>	208 YISHUN STREET 21 #10-105 YISHUN PALM SPRING SINGAPORE 760208 12/09/2018	SINGAPORE CITIZEN	28/09/2015 DIRECTOR
NG SOON TOH ROLLAND \$75077222	81 CASHEW ROAD CASHEW ESTATE SINGAPORE 679653 04/11/2017	SINGAPORE CITIZEN	28/09/2015 DIRECTOR
NG YENG KAH <b>S9178624I</b>	457 ANG MO KIO AVENUE 10 #11-1524 SINGAPORE 560457	MALAYSIAN	01/10/2015 SECRETARY

## SHAREHOLDER(S)

(Entity Numbers Prefixed with UF Or ACRA are Numbers allotted by ACRA for Purposed of Identification.)

Name ID	Nationality	Address Date Of Change Of Address	
TAN LYE KANG <b>57307143G</b>	SINGAPORE CITIZEN	208 YISHUN STREET 21 #10-105 YISHUN PALM SPRING SINGAPORE 760208 12/09/2018	
Туре	No Of Shares	Currency	
ORDINARY	5,000.00	SINGAPORE, DOLLARS	
Name ID	Nationality	Address Date Of Change Of Address	
NG SOON TOH ROLLAND \$75077222	SINGAPORE CITIZEN	81 CASHEW ROAD CASHEW ESTATE SINGAPORE 679653 04/11/2017	
Туре	No Of Shares	Currency	
ORDINARY	5,000.00	SINGAPORE, DOLLARS	

Note: The number of shares is displayed up to two decimal points.

## COMPLIANCE RECORD

Date Of Last AGM:	27/07/2018	
Date Of Last AR:	30/07/2018	
Date Of A/C Laid At Last AGM:	31/12/2017	

THE ABOVE INFORMATION IS UPDATED TO 01 DAY FROM 09/11/2018
PLEASE NOTE THAT THE INFORMATION HEREIN CONTAINED IS EXTRACTED FROM FORMS FILED WITH THE AUTHORITY

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