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 truthful and accurate 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.

ACCIDENT STATEMENT	
Date Of Report	10/06/2019 13:04
Date Of Accident	08/06/2019 19:20
Exact Location Of Accident	CHANGI AIRPORT TERMINAL 1 B3 CAR PARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLV3345C
Insured/Policyholder	
Name Of Registered Owner	CITY MOTOR LEASING PTE LTD
Co Reg No	201622170W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-NOPHONE
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VELLFIRE 2.5L X CVT
Exact Purpose for which vehicle was being used at time of accident	
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097003314-01
Cover Note Number	
Driver	
Name of Driver	MUHAMAD FAIZAL BIN DAROS
NRIC No	S8039212E
Date Of Birth	17/12/1980
Occupation	OUTDOOR
Date Of Driving Pass	01/04/2008
Driving Experience	11 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91367657
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 37 DOVER ROAD #04-295
Postcode	130037
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

Type Of Accident	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

Details of Police Action

Was the accident reported to the police?	NO
If Yes,Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

refer to sketch plan.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCX7343C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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7. 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 aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

   I 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 insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the **"Insurers"**), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

   (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

   (ii) investigating the accident and/or my claims;

   (iii) 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/mail packages); and/or

   (v) complying with applicable law 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 GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

   (d) 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 claims.

   (e) the information so collected under (d) above may be shared / disclosed:

   (i) 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

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

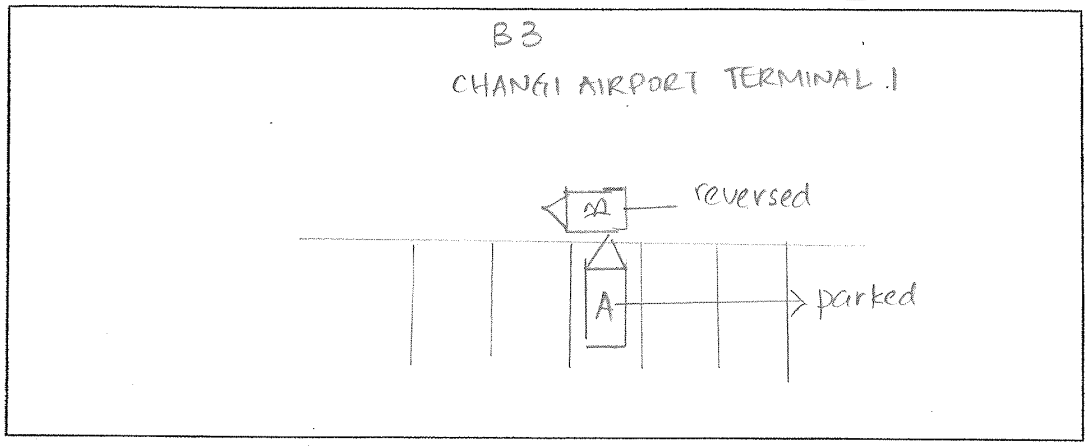
City Motor Leasing Pte Ltd Reg No. 201622170W

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: 10.6.19	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Date of accident: 08.06.19 **Time:** 1922HRS **Location:** CHANGI AIRPORT TERMINAL 1 B3 CAR PARK

Veh A: SLV3345C Veh B: SCX7343C No of pax: 0 Weather: (Clear/dry) Rain/Wet

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY VEHICLE WAS PARKED AT CHANGI AIRPORT TERMINAL 1 B3 CAR PARK. MY INCAR CAMERA SHOWED A CAR SCX7343C HIT MY CAR WHILE REVERSING. THE DRIVER OF SCX7343C LEFT A NOTE ON MY WINDSCREEN INFORMING ME OF THIS ACCIDENT.

☐ Claim OD/TP at Falcon-Air ☑ Claim OD/TP at other workshop ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop : thiamhenghuat@gmail.com
Email address :
& myself :
Email address :

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

City Motor Leasing Pte Ltd Reg No. 201622170W

HP: 91367657

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: 10.6.19	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

GIARMS_SketchPlanForm_V3

Rental Agreement

1 Rochor Canal Road, #05-01, Sim Lim Square
Singapore 188504.
Tel : +65 8300 0232
Email : sales@cmlpl.sg
Website : www.cmlpl.sg

City Motor Leasing Pte Ltd

HIRER'S PARTICULARS

RENTAL AGREEMENT NO 2019-01-0004

Name/Company : Muhamad Faizal Bin Daros
NRIC / ROC : S9039212E
Address :
Blk 37, Dover Road, #04-295
SINGAPORE 130037.
Contact Number :

Start Date : 21st January 2019
Rental Terms: Weekly
Rental Rate : S$910 per weeek
End Date : 31st December 2019
Period :

RENTAL VEHICLE DETAILS

Vehicle Reg No	Make	Model
SLV3345C	TOYOTA	VELLFIRE 2.5G

DRIVER'S PARTICULARS

No.	Name	NRIC	DOB	Nationality	Contact No	Address	D/L Pass Date
1	Muhamad Faizal Bin Daros	S9039212E	17/12/80	SINGAPORE		Blk 37, Dover Road, #04-295 SINGAPORE 130037	14/7/15

Mode of Payment

- [ ] Cash
- [ ] Nets
- [ ] Cheque (CITY MOTOR LEASING PTE LTD)
- [ ] Giro/Transfer (UOB SGD : 3543079705)

Rental Charges
Delivery / Collection
Additional Msia Ins
Others
Total

Remarks:

Deposit
Amount refunded
Date of refunded

IMPORTANT

1. As preventive maintenance, please check water & engine oil daily.
2. This vehicle is retricted to Singapore use unless covered by additional Malaysia Insurance S$20 per day. Otherwise, all the towing/repair cost shall be bear by the Hirer.
3. Hirer is responsibe for all parking fines & traffic summons.
4. Own damage Liability - First S$2000 plus loss of earnings while damage vehicle is under repair. Double the amount for Outside SG.
5. Third Party Liability - First S$2000 for any Third Party Accident Claims. Double the amount for outside SG.
6. Additional Excess of S$3500 for drivers under 21 years old or above 70 years and/or less than 2 years driving experience.
7. All vehicles are fitted with anti theft device which will response to the RF at the Singapore customs. Hirer will be fully liable for all cost and charges incurred in event that the immobiliser is being activated at Singapore Customs. There will be no refund or unused rental and the hirer shall bear the cost of S$300 for towing from Singapore Custom and S$200 for resetting of immobiliser.
8. No smoking, Durians and Transportation of Pets are allowed. Hirer is responsible for a penalty of S$300.
9. One day's(Daily Rental)/One week (Leasing) in advance notice in required for extension. Vehicle returned after 6pm will be charged for another day. Hourly extension is charged at S$10 per hour.

I/We have read and agree to the terms & conditions of the rental agreement above and as set overleaf.
I/We declare that all information given on this form is true and accurate.

Hirer's Signature

Driver's Signature

City Motor Leasing Pte Ltd

OPERATION HOURS : MONDAY TO FRIDAY 10AM TO 6PM. SATURDAY 10AM TO 1PM. CLOSED ON SUNDAY & PUBLIC HOLIDAYS

Accident Photo

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