

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 withholding 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 | 14/06/2019 12:38 |
| Date Of Accident | 13/06/2019 10:15 |
| Exact Location Of Accident | ANG MO KIO AVE 3 TOWARDS CTE B/F AMK IND PK 2 JUNC |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------|
| Vehicle Registration Number | SJT4592H |
| Insured/Policyholder | |
| Name Of Registered Owner | MARIC & PARTNERS PTE LTD |
| Co Reg No | 20160701N |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-87660495 |
| Alternative Phone No | OFFICE-91418861 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | TOYOTA |
| Model | VIOS |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE USE |
| 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 | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | 999994147 |
| Cover Note Number | |

Driver

| | |
|----------------------|--------------------------------------|
| Name of Driver | MUHAMMAD NOOR FADDLY BIN ABDUL WAHAB |
| NRIC No | S9012678D |
| Date Of Birth | 02/04/1990 |
| Occupation | INDOOR |
| Date Of Driving Pass | 23/06/2016 |
| Driving Experience | 2 YEARS AND 11 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-87660495 |
| Fax Number | |
| Contact Number | OTHERS-91418861 |
| Email Address | NOEMAIL |

| | |
|---|--------------------------------------|
| Address | BLK 462B YISHUN AVENUE 6 #03-1143 |
| Postcode | 762462 |
| 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 | COLLISION - HEAD TO REAR |
| 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? | NO |
| 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) | 2 |
| Passenger 1 | NAME: : RAZINAH BINTE NORLI GENDER: : FEMALE |

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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------|
| Vehicle Registration Number | SJS2511K |
| 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)

Accident Sketch Plan

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.



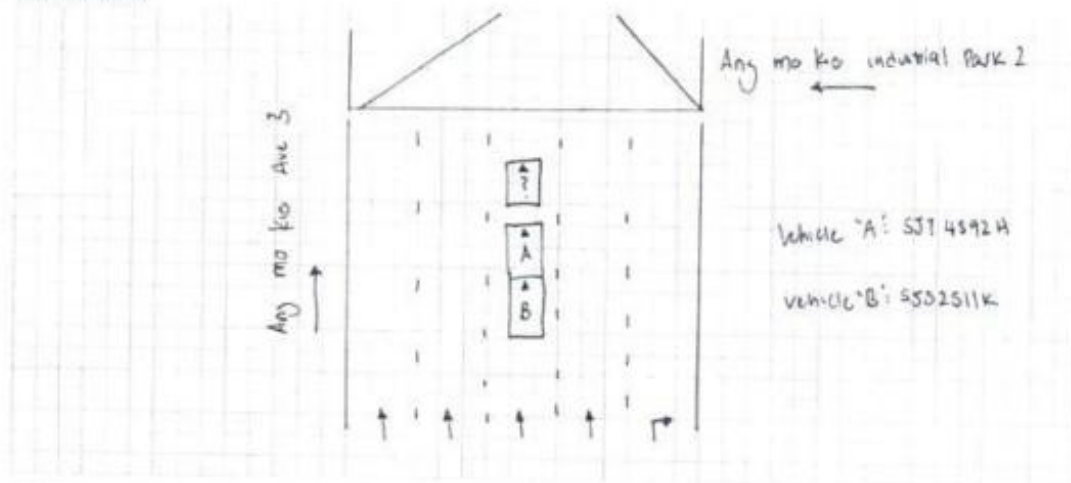
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle 'A' was travelling on my designated lane along Ang mo kio Ave 3 towards CTE Expressway direction. The traffic light was red as such I was stationary. The light turned green as such the cars in front of me were starting to move off. All of a sudden, I felt a huge impact hitting me on my rear. I got out from my vehicle to realise that vehicle 'B' had collided into me. That is all. I would like to mention that I was stationary at the point of impact.

DECLARATION

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

Policyholder's Signature
Date & Time:



Driver's Signature
(if driver is not the policyholder)
Date & Time:

Reporting Centre Person's Signature
Name:
NRIC/FIN No:

14/06/2019
Rashid Latif

AGREEMENT

MARIC & PARTNERS RENTAL CAR SPECIALIST VEHICLE LEASE AGREEMENT

Agreement Date: 18 May 2019

Referrer Name: Carousell

NRIC: _____

Car plate no.: _____

Company **Maric & Partners Pte Ltd**
Having its registered office at:
9 Tagore Lane #03-04, Singapore 787472
(hereinafter known as "The Owner")

Office No: 6452 4300
Office hour: 10 am - 7 pm

Rental Begins on: 18/5/2019
Time Out & Sign: 15:40pm John Reddy

Date & Time In: _____

Signed by Staff: _____

Hirer's Name: Muhammad Noor Faddy Bin Abdul Wahab IC: S9012678D

Address: APT BUK 4628 Yishun Avenue 6 #03-1143 S(712462)

(hereinafter known as "the Hirer")

hereby agrees that the Owner shall let and the Hirer shall take the vehicle described below or a replacement vehicle provided by the Owner (hereinafter known as "the Vehicle") upon the terms and conditions hereinafter appearing.

1. DESCRIPTION OF VEHICLE

- a. Make & Model: Toyota Vios E Auto
- b. Registration No: SJ1462H
- c. Mileage: _____ WS
- d. Contact No: 87660445 9141 8861
- e. Bank Account: _____
- f. Email: _____

2. RENTAL PERIOD: 3 month until 18/8/2019

3. DEPOSIT AMOUNT: \$300 top up until \$500

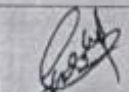

4. FIRST WEEK RENTAL STARTS ON 28 May 2019 AMOUNT \$188.57 + 100

5. RENTAL FEE: SS 330 per week

a. Rental Fee includes the following items:

- i. Unlimited mileage;
- ii. Service and maintenance;
- iii. Road Tax and Radio License;
- iv. Motor Insurance Coverage (Excess applicable);
- v. 24-hours breakdown and emergency service (in Singapore only); and

1

| | |
|---|---|
|  |  |
| Hirer's Initial | Owner's Initial |

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



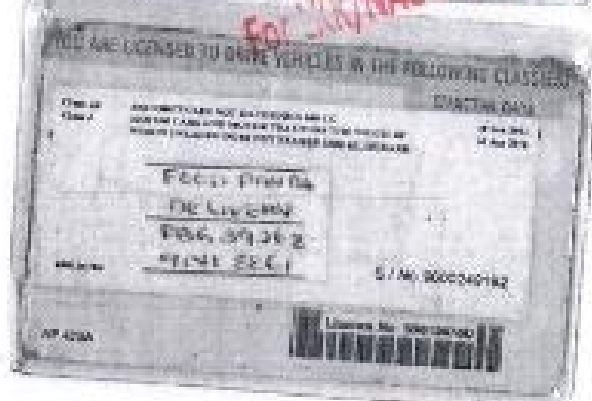
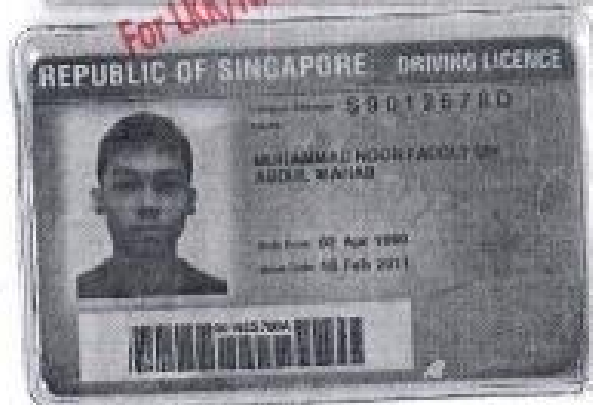
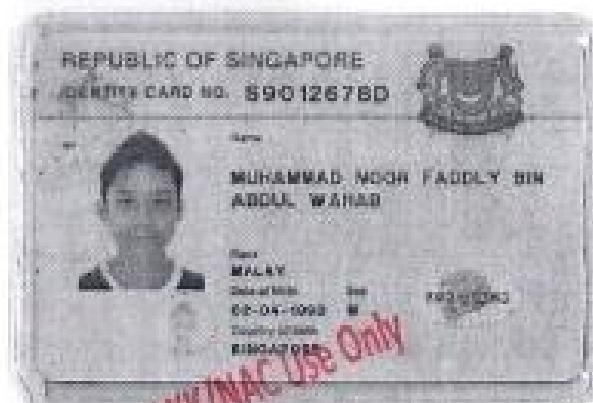
Accident Photo



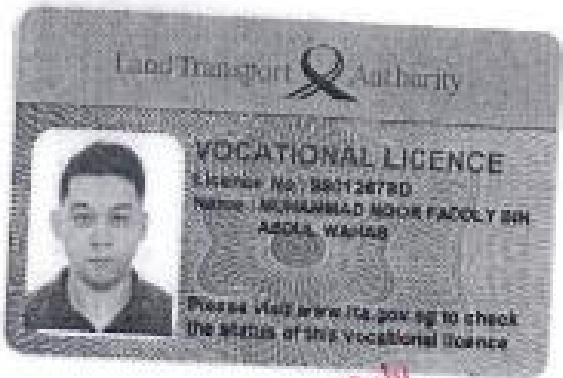
Accident Photo



Identification Card



Driving License



For LKK/NAC Use Only



For LKK/NAC Use Only