#### 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	09/07/2019 17:17
Date Of Accident	08/07/2019 17:10
Exact Location Of Accident	TOH GUAN ROAD (EXIT FROM IMM BUILDING)
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GX8583Y
Insured/Policyholder	
Name Of Registered Owner	ACE LEASING
Co Reg No	53392060D
Email Address	DRUNNERSLOG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93222968
Alternative Phone No	OFFICE-87930570
Vehicle Particulars	
Manufacturer	TOYOTA
Model	LITEACE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5110547599
Cover Note Number	
Driver	

Name of Driver MUHAMMAD NORFAUZAN BIN PARSIM

NRIC No S8411462F
Date Of Birth 14/04/1984
Occupation OUTDOOR
Date Of Driving Pass 01/07/2008

Driving Experience 11 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93222968

Fax Number

Contact Number OTHERS-87930570

EMail Address DRUNNERSLOG@GMAIL.COM

Address BLK 450C SENGKANG WEST WAY

#25-351

Postcode 793450

Was driver an employee of the Insured's Company NO

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

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 RAINING
Road Surface WET

**Other Information** 

ambulance?

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

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)

1

**Details of Police Action** 

Was the accident reported to the police?

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 SLL3617X
Vehicle Make/Model/Colour MAZDA 6

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver NG JUN HUI (HUANG JIUHUI)

NRIC/Passport Number S7824415A Contact Number 97821690

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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#### **Accident Sketch Plan**

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

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  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 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:
  - 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:
  - 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 & Timer 9 0 9 2019

1519 hus

Reporting Centre Personne

NRIC/FIN No.:

#### **Accident Sketch Plan**

SKETCH PLAN		
REICH PLAN		
	TOH GUAN BOAD	A) GX 8583Y
		B) SLL 3617>
	4 TOWARDS PIE	3 22 20.(//
	718:	
	A	->
	IMM -	
ESCRIBE CIRCUMSTANCES		
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in Runt is a	Mazda 6, vegistration SLL.	3617x. As 1 was
	the cur in front of me 1	
	ranged to Stop in time, how	
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No & Casual	hies or injuries.	
	9	
Road was u	xet and it was dizzling.	
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magne was	THEORY - THE OWN E PLANT PENC	( (autos TIE)
ECLARATION		
	culars are true in every respect.	
	Inn.	av calorbos
olicyholder's Signature	Driver's Signature Res	porting Centre Personnel's/Signature And
ate & Time:	(If driver is not the policyholder) Nar	me: 108d, 10000-
	0 1 (0 1 1	IC/FIN No.:
	1519hrs	

# LETTER

ACE LEASING - AGREEMENT
Hirer Name : (as in IC) MUHAMMAD NORFAUZAN BILL TARSIM
NRIC/Passport No S8411462F Date of Birth 14 Apr 1984
Address BLK 607 BEDOK RESERVOIR ROAD
#07-632 s(470607)
AGE: 35 Occupation DELIVERY DRIVER
Driving Experience 11 years Driving License 58411462F 001620851E
License Type International / Cocal
Contact Number 8369 4605 87611017
Contact Number 9561 460¢   97611017
<ol> <li>The Hirer and the authorized driver must be over 23 years of age and under 65 years and be holding valid driving licenses and have a minimum of 2 years regular and qualified driving experience. Failure to observe stipulation may return all damages costs to be Borne by the Hirer/ the authorized Driver</li> <li>The vehicle in question refers to the stipulated vehicle rented to the hirer by ACE LEASING.</li> <li>All vehicles are supplied with fuel and should be returned with fuel level likewise. A service charge of \$5 on top of a fuel surcharge is payable by the hirer should he fail to return the vehicle at the appropriate fuel level.</li> <li>No refund for early return of vehicle. The hirer shall be liable for additional charges for any late return at the rate shown per hour per day. Any returns after our operation hours will be charged as a full day rental.</li> <li>Use of the vehicle for illegal purpose (For instance in connection with theft, drug peddling or trafficking, smuggling is strictly prohibited.</li> <li>Vehicle strictly for Singapore use only and may not be driven out of Singapore without prior written consent of ACE LEASING. The hirer is liable for a penalty of \$200 in additional to the appropriate insurance top up in the case of non-disclosure or Malaysia usage.</li> <li>The hirer and/or driver shall be responsible for all damages or losses howsover caused, all traffic violations, fines and penalties imposed on the vehicle for whatsoever reason in respect of or in connection with it's use or operation.</li> <li>The hirer and/or driver shall be responsible for all claims, damages, losses, increased insurance premiums, non-waiver excess and cost expense(including legal costs on a full indemnity basis), whatsoever and howsoever brought against, suffered or incurred by any person in regard to the vehicle or the use or the operation of the vehicle. Full excess amount have to be paid immediately in the event of an accident occurred. Any damage to the vehicle will</li></ol>
Hirer Signature JW

#### **LETTER**

harges				
Daily day @ S	per DAY			
Weekly Monthly Week @ \$ 5900	per_Week	y / (fonthly)		
others Tyr lease 6th	March 2019	- 5th March 2	090	
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IMPORTANT

Insurance EXCESS

ACCIDENT OWN CLAIM EXCESS \$3000

ACCIDENT 3rd PARTY CLAIM EXCESS \$3000

In the EVENT of an accident FULL EXCESS of \$6000 must be paid IMMEDIATELY

 Insurance does not cover accidents caused by DRINK DRIVING or ILLEGAL USE OF VEHICLE

HIRER/DRIVER WILL BEAR FULL LIABILITY

SECURITY DEPOSIT RECEIVED by ACE LEASING

Deposit will be returned once the lease ends.

I have read and agree to the terms and conditions on both sides of this agreement. If I have presented a charge/credit card for payment. I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to that account and my signature below will be considered to have been made on the charge/credit card voucher. All information I have been given ACE LEASING in connection with this agreement is true.

Hirer Signature















