

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	06/07/2019 11:32
Date Of Accident	05/07/2019 21:00
Exact Location Of Accident	SEGAR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV4330L
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Insured/Policyholder

Name Of Registered Owner	GRACE ON WHEELS AUTOMOBILE PTE LTD
Co Reg No	201833077C
Email Address	GRACEOWHEELS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87823448
Alternative Phone No	OFFICE-87823448

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM 1.8L A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	5105872512
Cover Note Number	

Driver

Name of Driver	MOHAMMAD KHAIRUL BIN SAAD
NRIC No	S8423162B
Date Of Birth	13/08/1984
Occupation	INDOOR
Date Of Driving Pass	03/01/2011
Driving Experience	8 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90409094
Fax Number	
Contact Number	
Email Address	GRACEOWHEELS@GMAIL.COM

Address	BLK 470 SEGAR ROAD #08-228
Postcode	670470
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	SIDE SWIPE
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)	6
Passenger 1	NAME: : SAAD ZAINI GENDER: : MALE
Passenger 2	NAME: : SHADIAH AHMAD GENDER: : FEMALE
Passenger 3	NAME: : SERAMA GENDER: : FEMALE
Passenger 4	NAME: : RAYYAN KAISER GENDER: : MALE
Passenger 5	NAME: : ZOEY INARA 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

REFER TO ATTACHED SKETCH PLAN. WILL REPAIR AND CLAIM AT NGS TRADING.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	PASS TO OWNER WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLK3881D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HO TENG JONG
NRIC/Passport Number	S1766079I
Contact Number	90059193
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

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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.



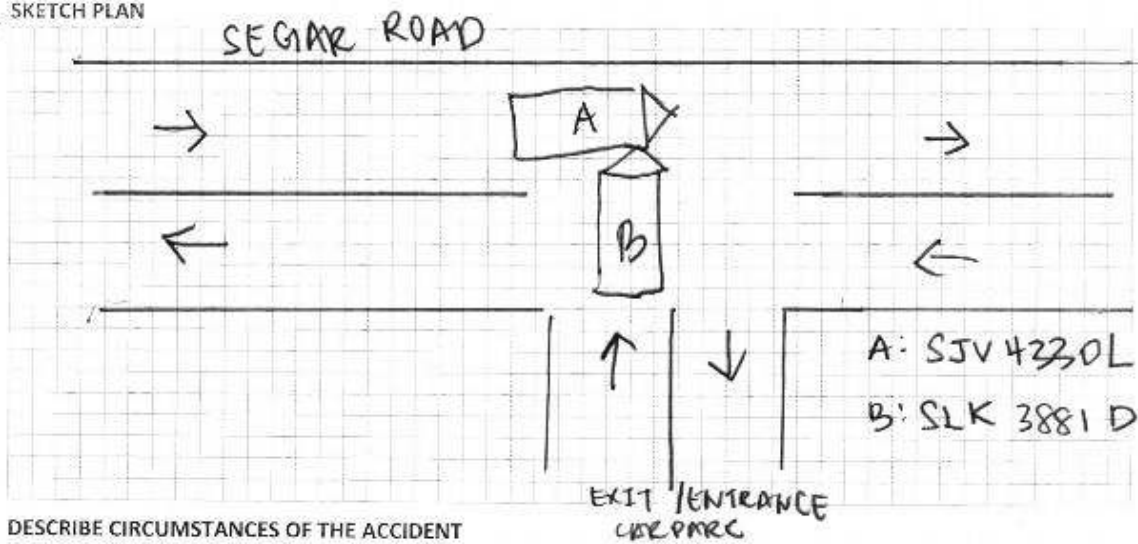
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 06 July '19

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ON SEGAR ROAD WHEN VEHICLE B
MAKE A CARELESS RIGHT TURN INTO SEGAR ROAD
AND COLLIDED INTO MY RIGHT-HAND PORTION OF
CAR.

WILL REPAIR AND CLAIM AT NGS TRADING.

DECLARATION

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



Policyholder's Signature

Date & Time:

06 July 19

GRAND SKETCH PLAN Form V1.0

Driver's Signature

(If driver is not the policyholder)

Date & Time:

06 July 19

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #3

Rental Agreement No.: 190131-KHAI
Date: 31 JAN. 2019

SCHEDULE

This is a lease agreement made between us, Grace On Wheels Automobile Pte Ltd (hereinafter referred to as "the Company" which shall include its successor-in-title and assigns), identified as the Lessors and having our registered address 5 Upper Aljunied Link #06-02, S367903 **AND YOU**, the person(s) identified as the Hirer below include (which shall include your successor-in-title and assigns)

Name of Hirer : MOHAMMAD KHAIROL BIN SAAD

NRIC/ Passport No : S8423162B

Date of Birth : 13 AUG 1984

Driving Licence No : S8423162B

Issue/ Expiry Date : _____

Country of Issue : SINGAPORE

Address : BLK 470 SEGAR ROAD #08-228
S (670470)

Telephone No. : (HP) 90409094 (Home) _____

Email Address : hydotcom@gmail.com

Bank/ Account No : POSB / 245-04893-9

Any change in Hirer's address or contact number shall be communicated to the Company within **ONE (1) day**.

1. DESCRIPTION OF VEHICLE ("THE VEHICLE")

Registration No : SJV 43302

Make/ Model : HONDA STREAM 1.8

Colour : GREY


Engine No. : R18A13861127

Chasis No. : JMMRN68695241133

Type : Passenger Motor Car

Date & Time Out : 31/1/19 Mileage 108150 @ 1915 hrs

Date & Time In : _____ Mileage @ _____ hrs


Company Representative




Hirer

**2. LEASE PERIOD**

Commencement Date : 31/01/19
 Period of Lease : 6 MONTHS
 Return Date : 31/07/19

3. LEASE CHARGES

Lease Charge : \$ 375 / week

The Lease Charge shall be paid by **12:00hrs every Monday** of the week. All outstanding Lease Charge after the above time shall be subjected to Late Payment Charges. The Lease Charge shall be paid to **UOB 395-309-693-3**

4. DEPOSIT

Amount : \$ 500

The deposit shall be refunded **TWO (2) weeks** after the Return Date by way of cheque.

5. INSURANCE EXCESS

The Company will arrange for comprehensive insurance coverage for the Hirer and the Authorised Drivers. In the event of an accident, the hirer is liable to an **Excess of \$4,000**. The hirer shall pay the Company \$3,000 within 72hrs of an accident. This is in addition to the Deposit stated in Clause 4.

6. PAYMENT OF FARES ACCRUED

All payment of fares accrued shall be paid on **every Friday** of the week. The payment will be credited into the bank account and the Summary of Fares will be emailed to the account stated in this Schedule.

7. OTHERS

In Car Camera x1

Please circle: 1 x 8/16 Gig SD card

Please circle fuel level: Empty / 1/4 / 1/3 / 1/2 / 3/4 / Full

Company Representative



Hirer