

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	24/07/2019 13:37
Date Of Accident	18/01/2019 13:05
Exact Location Of Accident	JUNC OF BEDOK NORTH AVE 3 & BEDOK RESERVOIR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP8452Z
Insured/Policyholder	
Name Of Registered Owner	JACOB'S CAR LEASING PTE LTD
Co Reg No	201734207N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90303074

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5101451044
Cover Note Number	-

Driver

Name of Driver	IRFAAN ASRYIL HAQ
NRIC No	S9523523I
Date Of Birth	12/07/1995
Occupation	OUTDOOR
Date Of Driving Pass	30/12/2014
Driving Experience	4 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81897243
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 845 JURONG WEST ST 81 #04-227
Postcode	640845
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?	
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I STOP BEHIND VEH B AT THE SLIP RD FROM BEDOK NORTH AVE 3 TWDS BEDOK RESERVOIR RD, WHEN NOTICED VEH B STARTED TO MOVE, AS SUCH I FOLLOW TO MOVE AND CHECK ON MY RIGHT SIDE FRO THE ON COMING TRAFFIC ON THE MAIN ROAD, WHEN TURN BACK MY VIEW, SUDDENLY VEH B STOP, I MANAGE TO STOP BUT CANNOT STOP IN TIME, AS THE RESULT, MY VEH HIT ONTO VEH B REAR PORTION. REMARK: VEHICLE HAD BEEN SCRAP. NO PHOTO TAKEN FOR THIS VEHICLE. TRANSFER OWNERSHIP DOC AS PER ATTACHED.

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGZ8288P
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)**

(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.



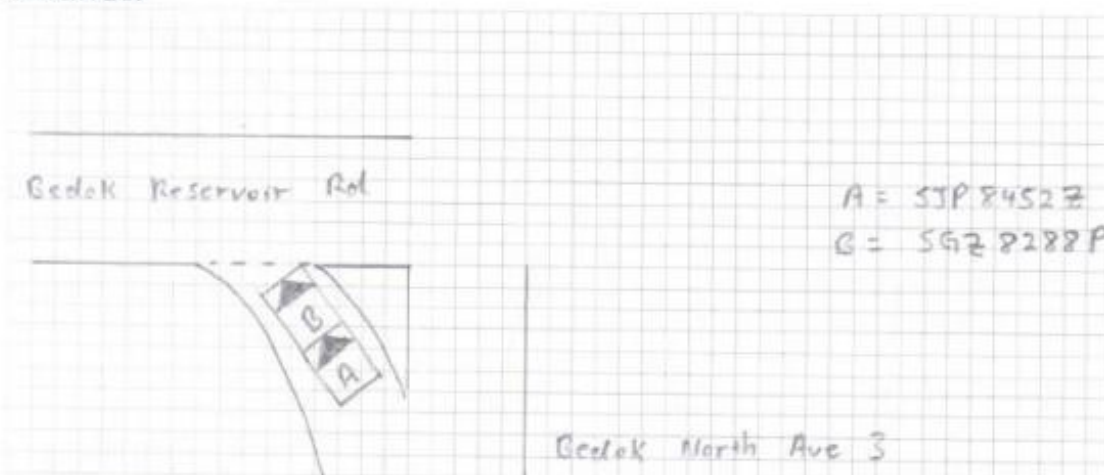
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Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

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

10 Sin Ming Drive Singapore 575701
www.lta.gov.sg

13 Apr 2019

Our ref 1304190501N001266035

JACOB'S CAR LEASING PTE. LTD.
10 UBI CRESCENT
#05-16 UBI TECHPARK
SINGAPORE 408564



Dear Sir/Madam

NOTIFICATION ON TRANSFER OF OWNERSHIP FOR VEHICLE NO. SJP8452Z

We are pleased to inform you that your application to transfer ownership of the above-mentioned vehicle has been approved. You are no longer the registered owner of the vehicle with effect from 13 Apr 2019. The details are as follows:

Vehicle No.	: SJP8452Z
Application Date	: 12 Apr 2019
Effective Transfer of Ownership Date	: 13 Apr 2019
Vehicle Make	: TOYOTA
Vehicle Model	: WISH 1.8 AUTO
Chassis No./Trailer Chassis No.	: JTDER12W603002904 / -
Engine No./Motor No.	: 1ZZ3238476 / -

- Please contact our customer service officers at tel: 1800-CALL LTA (1800-2255 582) should you require further assistance.
- Thank you.

Yours sincerely

Ng Lay Choo (Ms)
Deputy Director, VRL Service Operations
Vehicle Services Group
Land Transport Authority

[This letter is computer-generated, no signature is required.]

From 01 Jun 2019, your hardcopy letters will be replaced with SMSes and e-letters in your OneMotoring inbox. Hardcopy letters will only be sent for letters mandated by law, such as summonses. If you wish to continue receiving hardcopy letters, please notify LTA by 31 May 2019 by logging in to www.onemotoring.com.sg using your SingPass/CorpPass.

RENTAL AGREEMENT

JACOB'S CAR LEASING PTE LTD

10 Ubi Crescent #05-16 Ubi Techpark Lobby B Singapore 408564
Tel: 90303074 Fax: 67490702 CO.Registration No. 201734207N

DATE: 8/1/19

No. JC0034

(Hirer's Copy)

Car Rental Agreement

Hirer Particulars

Name (as per NRIC): IRFAAN ASRYIL HAQ License Date Pass 30/12/2014
NRIC/Driving License: S95235237 Date of Birth: 12/7/1995 (DD/MM/YYYY)
Address: 845 JURONG WEST ST1 #04-227 (S) 640845
Contact Number: 81897243 2ND Contact Number: _____

Vehicle Description

Make / Model: 10401A WISH 1.8A Vehicle Number: SJP8452Z
Date of Collection: 8/1/19 Date of Return: 08/4/19
Time of Collection: 2 pm Time of Return: 2.50pm
Contract Period: 8/4/19 Insurance Excess: \$1500
Fuel: _____

Payment

Rental Amount: \$380/- (Per Week) Pro Rate From 9/1/19 To 13/1/19 (C\$272)
Deposit: \$500/-

Return Of Deposit To Hirer: _____ (Hirer Signature & Date)

Payment for the subsequent week rental is to be made on every Sunday before 2359 hours and penalty of SGD \$10 will be imposed for every day of late payment.

[Signature] 8/1/19
Hirer Signature & Date

[Signature]
Authorized Staff Signature & Date

Vehicle returned in good condition

DBS CURRENT ACCOUNT : 0039541660

Accident Photo



Accident Photo

