

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	02/09/2019 13:58
Date Of Accident	30/08/2019 22:35
Exact Location Of Accident	AYE (LAMP POST 175A)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML2134S
Insured/Policyholder	
Name Of Registered Owner	SUNRITA PRIVATE LIMITED
Co Reg No	196800361G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97975784

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
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	5109463313
Cover Note Number	

Driver

Name of Driver	MD MIZANUR RAHMAN
NRIC No	S7966147C
Date Of Birth	01/02/1979
Occupation	OUTDOOR
Date Of Driving Pass	15/11/2011
Driving Experience	7 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87741562
Fax Number	
Contact Number	
Email Address	MIZAN7966@GMAIL.COM

Address	BLK 41 SIMS AVE DRIVE #14-255
Postcode	380041
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?	YES
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.	YES
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

PLEASE SEE ATTACHED.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

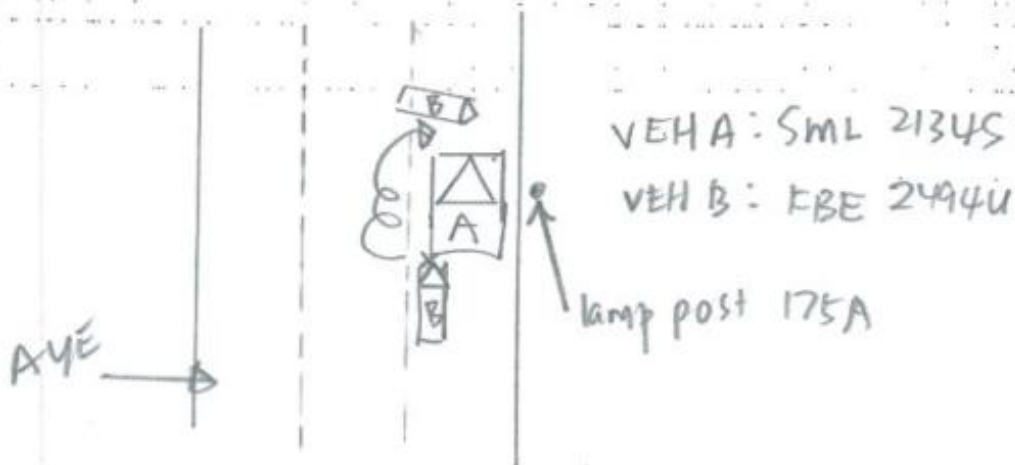
Vehicle Registration Number	FBE2494U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	DYLAN NGO JUN WEI
NRIC/Passport Number	S9447907Z
Contact Number	NA
Address	NA
	NA
Postcode	NA
Insurance Company Name	
Nature Of Damage	NA
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MD MIZANUR RAHMAN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SML2134S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 41 SIMS AVE DRIVE #14-255
Postcode	

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30/08/19 around 1035, I was driving SML 21345 at lane 1 along AYE towards Tuas. Suddenly my front vehicle jammed brake & I apply my brake as well. I felt impact from behind and suddenly FBE 2494U in front of my front. After check, FBE 2494U front hit my back rear (left portion) causing damage. & the incident happen around lamp post 175A.

DECLARATION

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

X

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

02/09/2019 13:50

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Individual Statement

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:

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

RENTAL AGREEMENT



LEASE AGREEMENT NO.:

DATE:

Schedule

This is a Rental Agreement made between us, **ONESTO LEASING PTE LTD** (hereinafter referred to as "the Company" which shall include its successors-in-title and assigns), identified as the Lessor and having our registered address at 210 Turf Club Road Lot A8 The Grandstand Car Mall Singapore 287995 **AND YOU**, the person(s) identified as the Hirer below include (which shall include your successors-in-title and assigns):-

NAME OF HIRER(S) (IN FULL)	: MD MIZANUR RAHMAN
NRIC/PASSPORT/RC/RB NO.	: S7966147C
ADDRESS	: BLK 41 SIMS DRIVE #14-255 S(380041)
TELEPHONE	: 87741562 / 97289814
PERSON IN CHARGE	: KELVIN LIN

NAME OF DRIVER(S) (IN FULL)	:
NRIC/PASSPORT NO.	:
DATE OF BIRTH	:
DRIVING LICENCE NO	:
ISSUE / EXPIRY DATE	:
COUNTRY OF ISSUE	:

1. **DESCRIPTION OF VEHICLE ("THE VEHICLE")**

REGISTRATION NO.	: SML2134S
MAKE / MODEL	: VEZEL HYBRID
COLOUR	: BLUE
ENGINE NO.	: LEB5926312
CHASSIS NO.	: RU31226298
TYPE.	: PASSENGER / COMMERCIAL*
	(* delete where inapplicable)
Date, Time and Mileage for Collection:	22/5/19_ (date) 6.30PM_ (time) _____ (mileage)
Date, Time and Mileage for Return:	_____ (date) _____ (time) _____ (mileage)
Petrol Out	: Empty / ¼ tank / ½ tank / ¾ tank / Full*
	(Vehicle must be returned with same level of petrol)

2. **PERIOD OF LEASE ("LEASE PERIOD")**

Daily/Weekly/Monthly/Yearly* Basis
From 23/5/19 ("Commencement Date") to 23/11/19 ("End Date")

* delete where not applicable

3. **LEASE CHARGES**

Amount S\$ 560 per day/week/month/year* exclusive of Goods and Services Tax ("GST") (collectively, "Lease Charges") payable in advance on the THUR day of each day/week/month/year* ("Payment Date").

In the event the Payment Date falls on a non-Business Day, the Hirer shall effect payment of the Lease Charges on the Business Day falling immediately prior to the Payment Date. GST is chargeable separately and the Hirer shall pay the prevailing GST together with the Lease Charges. Time of payment shall be of the essence.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

