#### 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 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.	
	ACCIDENT STATEMENT
Date Of Report	07/10/2019 11:19
Date Of Accident	05/10/2019 09:00
Exact Location Of Accident	BLK 376 BUKIT BATOK ST 31 CARPARK DRIVE WAY
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMM7435K
Insured/Policyholder	
Name Of Registered Owner	AUTO ALLIANCE LEASING PTE. LTD.
Co Reg No	201903807W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-83396986
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	ALTIS
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5110688602
Cover Note Number	
Driver	
Name of Driver	ROMY JUANDY BIN JUMMAAT

NRIC No S7907777A Date Of Birth 23/03/1979 Occupation **OUTDOOR** 15/08/2006 **Date Of Driving Pass** 

**Driving Experience** 13 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-88178987

Fax Number

**Contact Number** 

**EMail Address NOEMAIL**  Address BLK 113 TECK WHYE LANE #10-670

Postcode 680113

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?

Was any other material or property damaged?

I have been approached by unknown person(s)

YES

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 WAS TRAVELLING AT THE BLK 376 BUKIT BATOK ST 31 CARPARK DRIVE WAY, SUDDENLY VEH B COME FROM THE OPPOSITE DIRECTION OVERTAKE THE PARKED VEH AND WENT INTO MY LANE, AS THE RESULT, VEH B HIT ONTO MY VEH LEFT REAR PORTION.

### 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 XB9368K

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 21

#### Accident Sketch Plan

### SKETCH PLAN

### IMPORTANT NOTICE

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- 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.
- The 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.
- 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 & Time:

Reporting Centre Personnel's Signature

Name

NRIC/FIN No.:

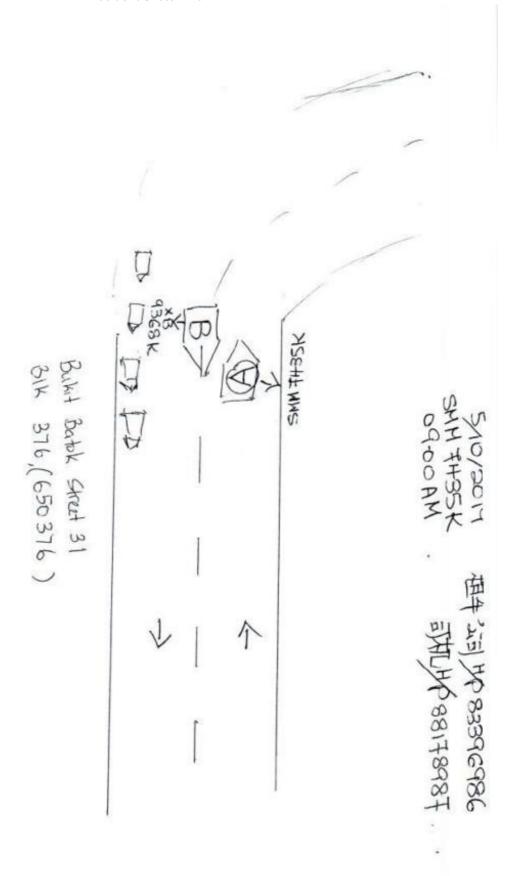
### **Accident Sketch Plan**

Refer		
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to		
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CLARATION		
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cyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
e & Time:	(If driver is not the policyholder)	Name:
e actime.	Date & Time:	NRIC/FIN No.:

Date & Time:

GIARMC SketchPlanForm\_V3

### **Accident Sketch Plan**



### BIZ CHECK

COMPANY NAME:

AUTO ALLIANCE LEASING PTE. LTD.

REGISTRATION NO.: 201903807W

SINGAPORE COMMERCIAL CREDIT BUREAU

REQUEST DATE	REQUEST NO	CLIENT'S A C REF	REMARKS
26/09/2019 10:44:33	ONL190439411		

# ACCOUNTING AND CORPORATE REGULATORY AUTHORITY BUSINESS PROFILE INFORMATION



### REGISTRY

REGISTRATION DATE	31/01/2019
NAME EFFECTIVE DATE	31/01/2019
COUNTRY OF INCORPORATION	SINGAPORE
COMPANY TYPE	EXEMPT PRIVATE COMPANY LIMITED BY SHARES
REGISTERED ADDRESS	210 TURF CLUB ROAD. LOT - c5 THE GRANDSTAND 287995 SINGAPORE
CHANGE ADDRESS DATE	31/01/2019
COMPANY STATUS	LIVE COMPANY .
STATUS EFFECTIVE DATE	31/01/2019
REGISTERED ACTIVITIES	1. 49219 - PASSENGER LAND TRANSPORT N.E.C. (EG PRIVATE CARS FOR HIRE WITH OPERATOR AND TRISHAWS) (RENTING AND LEASING OF PRIVATE CARS WITH & WITHOUT OPERATOR)     2. 64929 - OTHER CREDIT AGENCIES N.E.C. (EG MOTOR FINANCE) (RETAIL, FINANCE AND IMPORT & EXPORT OF MOTOR VEHICLES)
AUDITOR	•
AUDITOR APPOINTMENT DATE	
ACCOUNT DATE	•
DATE OF LAST AR	•
DATE OF LAST AGM	

# CHANGE OF COMPANY NAME

PREVIOUS NAME	EFFECTIVE DATE
Nii	

# CAPITAL

CAPITAL CATEGORY	CURRENCY	CAPITAL AMOUNT	NO. OF SHARES	
ISSUED ,ORDINARY	SINGAPORE, DOLLARS	10,000.00	10,000	
PAID-UP, ORDINARY	SINGAPORE, DOLLARS	10,000.00	NA NA	

Created on: Sep 26, 2019 10:45 AM

# OFFICER(S)/ OWNER(S)

OFFICER NAME/ ADDRESS/ CHANGE ADDRESS DATE	IDENTITY NO. / PA REG. NO.	POSITION	APPOINTMENT DATE / DISQUALIFIED DATE	NATIONALITY
CHUA MENG HOE 2D HONG SAN WALK 16 - 04 , PALM GARDENS 589050, SINGAPORE 18/06/2003	\$1631423D	SECRETARY	31/01/2019	SINGAPORE CITIZEN
CHUA QI JIN 55 YUK TONG AVENUE 55 , AIRVIEW PARK 596356, SINGAPORE	\$93318431	DIRECTOR	31/01/2019	SINGAPORE CITIZEN

<sup>\*</sup> Disqualified from acting as a director, However, heishe has obtained the Leave of the Count/Approval from the Official Assignee to act as a director,

### SHAREHOLDERS

SHAREHOLDER NAME / ADDRESS/ CHANGE ADDRESS DATE	COMPANY/ IDENTITY NO.	COUNTRY OF INCORPORATION	SHARE TYPE	CURRENCY	NOS. OF SHARES	SHARE	
CHUA QI JIN 55 YUK TONG AVENUE, 55 - AIRVIEW PARK 596356 SINGAPORE	593318431	SINGAPORE CITIZEN	Ordinary	SINGAPORE, DOLLARS	10,000	Individual	

# SHARE INTERESTS IN COMPANIES

COMPANY NAME	SHARES QWNED (%) / POSITION	STATUS
Nii		

# REGISTERED CHARGES

CHARGE NO	CHARGE DATE	CHARGEE(S) COMPANY	CURRENCY	AMOUNT SECURED	STATUS OF SATISFACTION
Nil					

# LIQUIDATOR(S) / RECEIVER(S) / JUDICIAL MANAGERS(S)

NAME / ID NUMBER	POSITION	COMPANY	ADDRESS	APPOINTMENT DATE
Nit	- Control of the Cont		- Land Control of the	

# SEARCH BY FINANCIAL SECTORS

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2019	0	0	0	1	1	1	2	1	1	0	0	0

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# SEARCH BY NON-FINANCIAL SECTORS

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