

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	07/10/2019 16:57
Date Of Accident	06/10/2019 12:10
Exact Location Of Accident	23A CHAI CHEE ROAD SERVICE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU7300J
Insured/Policyholder	
Name Of Registered Owner	5M CAR RENTAL PTE LTD
Co Reg No	201700552G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94883766
Alternative Phone No	OFFICE-94883766

Vehicle Particulars

Manufacturer	TOYOTA
Model	PREMIO
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	19-MK000180-R00
Cover Note Number	

Driver

Name of Driver	CHELLIAH ANANTH
NRIC No	S7910820J
Date Of Birth	18/04/1979
Occupation	OUTDOOR
Date Of Driving Pass	03/05/2011
Driving Experience	8 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94883766
Fax Number	
Contact Number	OTHERS-94883766
E-Mail Address	NOEMAIL

Address	BLK 355A YISHUN RING ROAD #01-1792
Postcode	761355
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?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	4
Passenger 1	NAME: : SITI GENDER: : FEMALE
Passenger 2	NAME: : SITI MOTHER GENDER: : FEMALE
Passenger 3	NAME: : SITI FATHER GENDER: : MALE

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 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	SLA6287C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HAJI MUSA
NRIC/Passport Number	

Contact Number 83117811
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Accident 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:



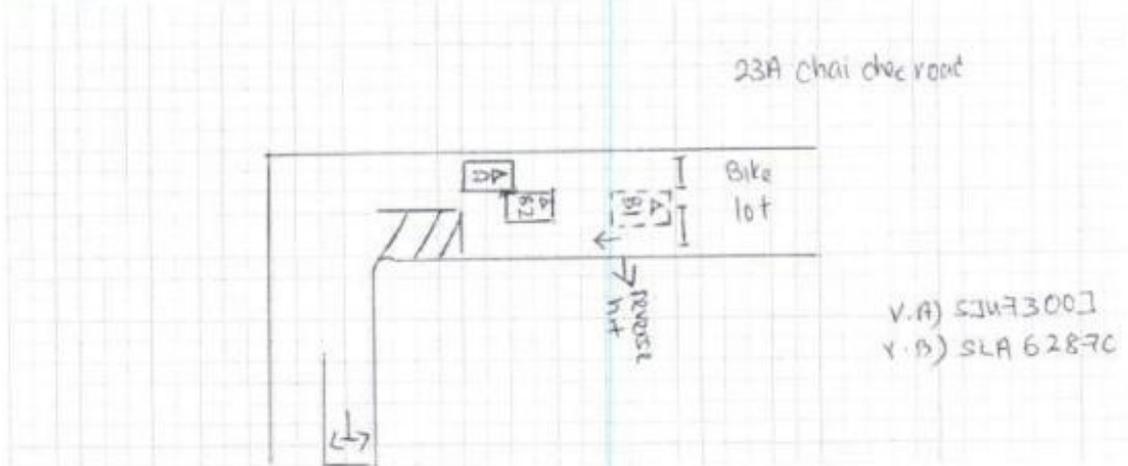
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



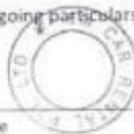
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle 'A' was stationary along the service road counting for change to my arab passenger. My vehicle was at parking gear and I was on my brake. suddenly I felt an impact on my vehicle front right portion. I look up and noticed vehicle 'B' rear left had collided against stationary vehicle right portion. I got out of my vehicle. later vehicle 'B' told me that while he was reversing, he did notice that I was there, hence he collided against my vehicle. There was 3 passenger in my vehicle when the accident happened.

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.:

[Handwritten signature]
[Handwritten name]
[Handwritten NRIC/FIN No.]



VEHICLE LEASE AGREEMENT

5M Car Rental Pte Ltd
7 Gambas Crescent #05-03
ARK @ Gambas Singapore 757087
(hereinafter known as "Owner")

Contact Us
Sales Department @ 9021 4503
Payment Department @ 9248 6768
Maintenance Department @ 9021 3379

Agreement Date : 06/06/19
Rental Begins On : 06/06/19
Time Out & Sign : 11AM *[Signature]*
Return Car Date & Time: 14/12/19 @ 10AM

Referrer Name : TAKE OVER
Date & Time In : _____
Signed by Staff : _____

Hirer's Name : <u>CHELLIAH ANANTH</u>	NRIC : <u>S7910820J</u>
Email : <u>Ananthchelliah@gmail.com</u>	Contact No : <u>9488 3766</u>
Bank A/C : <u>100-0-008651 (DBS SAVINGS)</u>	
Address : <u>BLK 355A YISHUN RING ROAD, #01-1792, SINGAPORE 761355</u>	
(hereinafter known as "The Hirer")	

hereby agrees that the Owner shall let and the Hirer shall take the vehicle described below or a replacement vehicle provided by the Owner (hereinafter known as "The Vehicle") upon the terms and conditions hereinafter appearing.

1. DESCRIPTION OF VEHICLE

Make & Model : TOYOTA PREMIO Car Plate No : SJU 7300J

Mileage : _____

2. RENTAL PERIOD : 6 MONTHS, 8 DAYS

3. DEPOSIT AMOUNT: \$500.00

4. 1st WEEK / MONTH RENTAL PAYMENT STARTS ON 13/06/19 **AMOUNT** \$370.00
transfer to DBS Current Account, 5M Car Rental Pte Ltd, Account No: 019-905802-0

5. RENTAL FEE : \$370 / DAY / WEEK / MONTH

- a. Rental Fee includes the following items :
 - Unlimited mileage ;
 - Service and maintenance ;
 - Road tax ;
 - Motor insurance coverage (Excess applicable) ;
 - 24-hours breakdown and emergency service (in Singapore only) ;

[Signature] (HERVE)
Owner's Sign



1

[Signature]
Hirer's Sign

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

