

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	24/10/2019 15:43
Date Of Accident	08/10/2019 17:00
Exact Location Of Accident	ALONG ROCHOR ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY4069B
Insured/Policyholder	
Name Of Registered Owner	5M CAR RENTAL PTE. LTD.
Co Reg No	201900552G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96320477
Alternative Phone No	OFFICE-96320477

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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	19-MK000445-R00
Cover Note Number	

Driver

Name of Driver	NICHOLAS LIEW WEN JIAN
NRIC No	S9218505B
Date Of Birth	25/05/1992
Occupation	OUTDOOR
Date Of Driving Pass	01/03/2014
Driving Experience	5 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96320477
Fax Number	
Contact Number	OTHERS-96320477
Email Address	NOEMAIL

Address	BLK 109 JURONG EAST STREET 13 #17-324
Postcode	600109
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?	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)	2
Passenger 1	NAME: : IWAN 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	SGY1800L
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)

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.



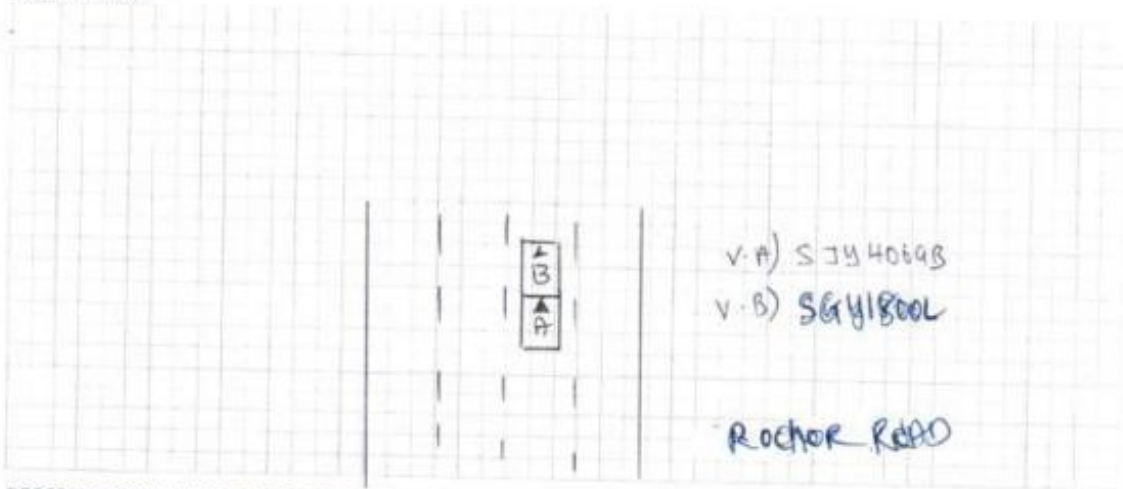
Policyholder's Signature
Date & Time:

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

24/10/2019
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 was travelling on the stated venue. The traffic was green, however vehicle 'B' did not move, my vehicle accidentally rolled forward and accidentally came in contact with the vehicle in front. We got out of our vehicle and exchange contact, vehicle 'B' request \$300 for his vehicle repair, I agreed and decided to transfer him the weekend, however later he mentioned the repair cost alot more than \$300 and he wants to proceed for insurance claim. I will report this case to CAD to let them further investigate this matter. There is no camera on vehicle 'B'.

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 Person's Signature
Name:
NIC/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 @ 9487 9195

Agreement Date : 06/09/19
Rental Begins On : 06/09/19 2h
Time Out & Sign : 11:45AM h
Return Car Date & Time : 06/12/19 @ 10AM

Referrer Name : RENEW
Date & Time In : 12/10/19 10:30am
Signed by Staff : Tks h

Hirer's Name : <u>NICHOLAS LIEW WEN JIAN</u>	NRIC : <u>S9218565B</u>
Email : <u>NICK 109196 @ hotmail.com</u>	Contact No : <u>92343100</u>
Bank A/C : <u>331-04427-0 (POSB BANK)</u>	
Address : <u>BLK 109 JURONG EAST STREET 13, #17-324 SINGAPORE 600109</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 : SJY4069B

Mileage : -

2. RENTAL PERIOD : 3 / MONTHS, - DAYS

3. DEPOSIT AMOUNT : \$500.00

4. 1st WEEK / MONTH RENTAL PAYMENT STARTS ON 12/09/19 AMOUNT \$385.00
transfer to DBS Current Account. 5M Car Rental Pte Ltd. Account No: 019-905802-0

5. RENTAL FEE : \$385 / 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) ;

(HEVE)
Owner's Sign



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h
Hirer's Sign

Accident Photo



Accident Photo



Accident Photo



Accident Photo

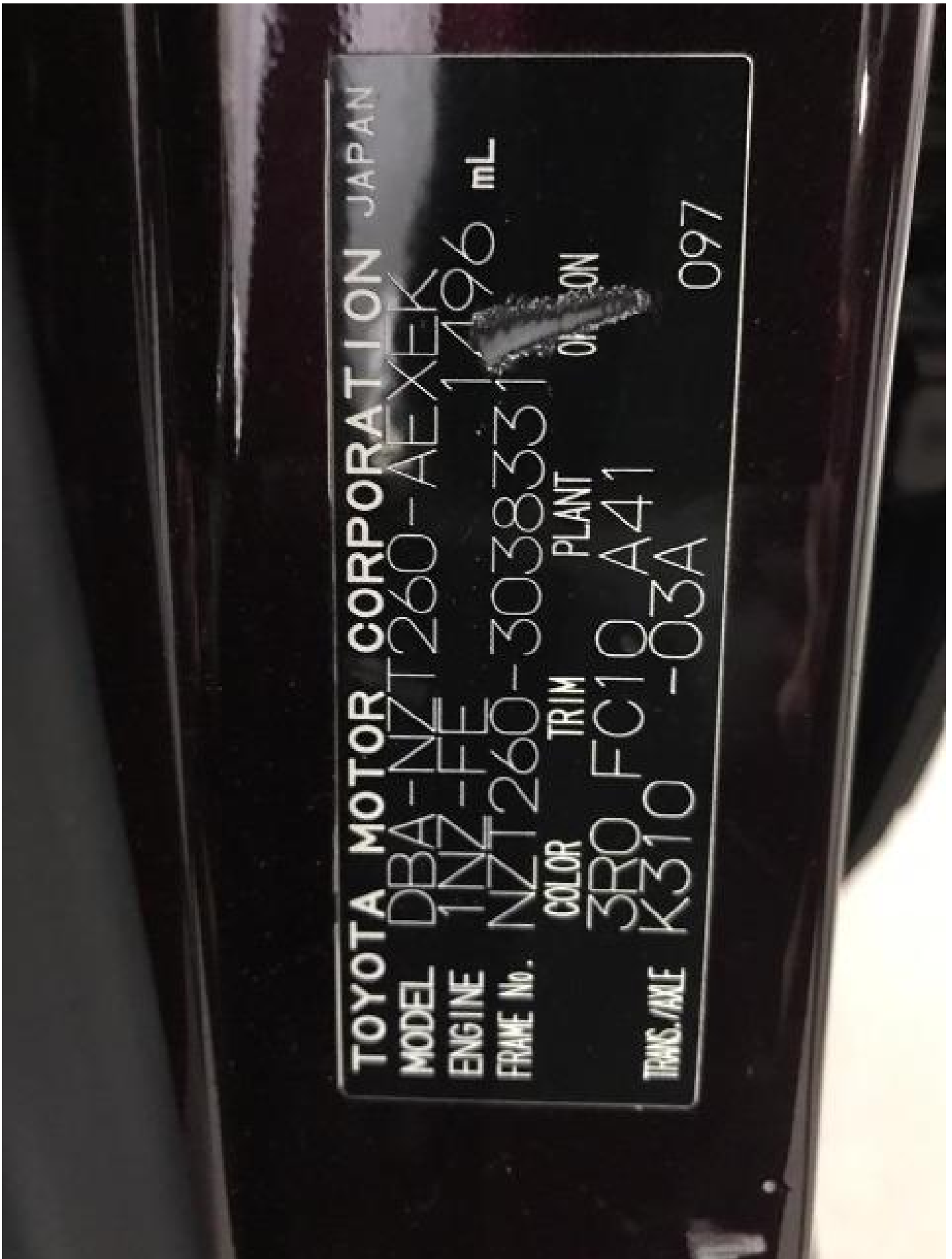


Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo

