

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 willful 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	06/11/2019 16:16
Date Of Accident	23/06/2017 03:30
Exact Location Of Accident	LOR 6 TOA PAYOH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ506L
Insured/Policyholder	
Name Of Registered Owner	RELIABLE RIDES PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81669797

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
Exact Purpose for which vehicle was being used at time of accident	GRAB
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	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MOMVP000000743-00-000
Cover Note Number	

Driver

Name of Driver	SIM QING QUAN PROSPER
NRIC No	S9437638F
Date Of Birth	09/10/1994
Occupation	OUTDOOR
Date Of Driving Pass	21/01/2014
Driving Experience	3 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92317355
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 936 TAMPINES AVE 5 #06-119
Postcode	520936
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)	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

REFER TO STATEMENT. VEH HAD BEEN DE-REGISTRATION.

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	SLL994B
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)**

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.

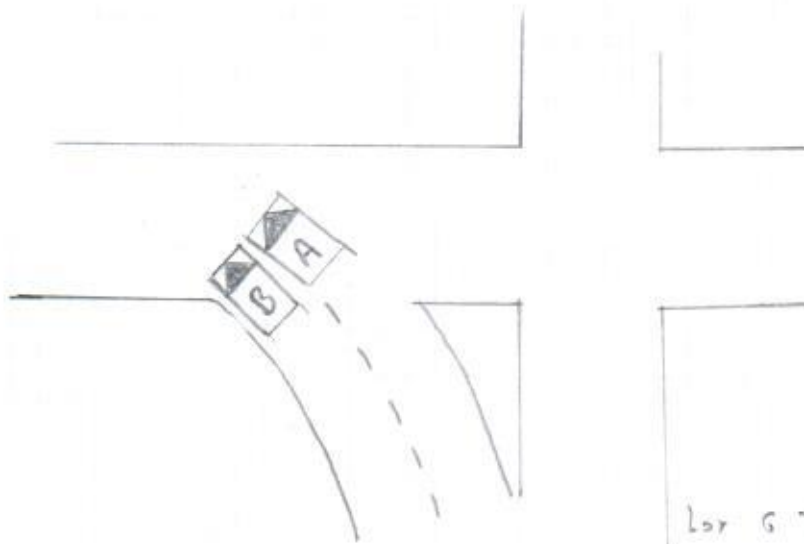


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



A = 533 5062
B = 511 994 B.

Lor G. Toa Payoh.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

After the sideswipe, I came down to inspect the vehicles visually.
According to my visual inspection, there is no damages. There are no personal injuries too. Both drivers are well.

I am doing this reporting for insurance purposes.

DECLARATION

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



Policyholder's Signature
Date & Time:

[Signature]

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

[Signature]

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

ACCIDENT STATEMENT

ACCIDENT DATE: (23 / 06 / 2017) (DD/MM/YYYY), TIME: (03 : 30) (HH:MM)

LOCATION: LORONG . 6 TOA PAYOH .

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJS 506 L
b) INSURANCE COMPANY: Great America
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota Camry
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Grab
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: reliable rides pte Ltd. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 923 866 999
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Prosper Sim aing Guan. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 3A437638F CONTACT: 923 7355
c) ADDRESS: Tampines 61 Block 636.

*d) DATE OF BIRTH: (09 / 10 / 1994.) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 21 Jan 2014

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS _____)

b) ROAD SURFACE: (DRY / WET / OTHERS _____)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLL 994 B MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

CI & car

email = reliable.

fax =

video = no.

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

13 Sep 2018

Our ref 1309180601N057106558

RELIABLE RIDES PTE LTD
8 KAKI BUKIT AVENUE 4
#05-50 PREMIER@KAKI BUKIT
SINGAPORE 415875

000776



Dear Sir/Madam

DISPOSAL OF DEREGISTERED VEHICLE SJJ506L

We have received the disposal details of your deregistered vehicle, SJJ506L and have updated the disposal in our records on 13 Sep 2018.

Please contact our customer service officers on tel: 1800-CALL LTA (1800-2255 582) if you have any question.

Yours sincerely

NG LAY CHOO (MS)
DEPUTY DIRECTOR, VRL SERVICE OPERATIONS
VEHICLE SERVICES GROUP
LAND TRANSPORT AUTHORITY

[This is a computer-generated notice that requires no signature.]

From 15 February 2017, you do not need to display road tax disc on the windscreen of your vehicle. LTA has stopped issuing physical road tax discs as part of our efforts to streamline our processes. Please ensure that your original motor insurance certificate is readily available in your vehicle at all times. If you are driving into Malaysia, you are advised to carry printed proof of the validity of your road tax in your vehicle.

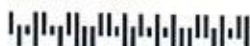
10 Sin Ming Drive Singapore 575701
www.lta.gov.sg

16 Aug 2018

Our ref 1608180601N052200782

RELIABLE RIDES PTE LTD
8 KAKI BUKIT AVENUE 4
#05-50 PREMIER@KAKI BUKIT
SINGAPORE 415875

000917



Dear Sir/Madam

DE-REGISTRATION STATUS OF VEHICLE SJJ506L

The above-mentioned vehicle was de-registered on 16 Aug 2018. If the vehicle has yet to be disposed of, you should by no later than 16 Sep 2018, scrap it (including the engine and chassis) at an Appointed Scrapyard or submit to LTA, valid documentary proof that the vehicle has been permanently exported out of Singapore. Otherwise, it constitutes an offence under the Road Traffic Act and you may be prosecuted in Court.

2. We have granted the following rebate(s), where applicable, to you. You may use the rebate(s) if there are no outstanding matters with the vehicle, e.g. no road tax arrears, submitted valid documentary proof that the vehicle has been permanently exported out of Singapore to LTA etc.

PARF Rebate Amount	: \$12,701.00
PARF Rebate Reference No.	: 1909269RP0000
Expiry Date of PARF Rebate	: 15 Aug 2019
COE Rebate Amount	: \$58.00
COE Rebate Reference No.	: 1909269RC0000
Expiry Date of COE Rebate	: 15 Aug 2019

3. The PARF rebate may only be used to offset the Additional Registration Fee (ARF), Registration Fee (RF), Quota Premium (QP) and Used Car Surcharge, where applicable, of a motor car to be registered in your name. The COE rebate may be used to offset the ARF, RF, QP and Used Car Surcharge, where applicable, of any motor vehicle to be registered in your name. The COE rebate can also be used to offset the Prevailing Quota Premium (PQP) payable for revalidating the COE of a vehicle that is currently registered in your name. You may also transfer the PARF/COE rebate(s) together or separately to a third party. A fee of \$15.00 is payable for each transfer.



GREAT AMERICAN INSURANCE COMPANY

UEN: T15FC0029B GST REG. NO.: M90370081T
3 TEMASEK AVENUE, #16-01 CENTENNIAL TOWER
SINGAPORE 039190
TEL: +65 6804 6000
FAX: +65 6235 2616

Our Ref: CLMOMVP000000860
Your Ref: SJJ506L

24/10/2019

Reliable Rides Pte Ltd
8 Kaki Bukit Ave 4
#05-50 Premier @ Kaki Bukit
Singapore 415875

ACCIDENT INVOLVING SJJ506L (OI) - SLL994B (AIG) ON 23/06/2017 3.30am

Dear Sir/Mdm,

We have been informed that the above-mentioned accident (the "**Accident**") has occurred, and we have received a claim (the "**Claim**") for property damage and/or personal injury against you, the driver and/or the hirer of Vehicle No. SJJ506L which is insured with us (the "**Insured Vehicle**").

Our records show that you, the driver and/or the hirer of the Insured Vehicle have yet to report the Accident. Failure to report the Accident would be a breach of General Condition 3 of the Motor Policy which requires the Insured to report an accident within 24 hours or by the next working day. You may have good reasons for failing to report the Accident for which you may wish to provide an explanation for our review.

In order for us to handle the Claim on your behalf, please proceed to any of our authorized Accident Reporting Centres, a list of which can be found in your Certificate of Insurance, to complete the Singapore Accident Statement form and extend a copy to our office. If applicable, please also provide us with a copy of any police report that may have been made in connection with the Accident.

Unless you provide the Singapore Accident Statement form (and any police report) within 5 business days from the date of this letter, and render all necessary co-operation to our office in dealing with the Claim, we shall take it that you do not wish to be assisted by us, in which event the Claim and all other third party claims whatsoever arising from the Accident will be directed to you to handle. Further, if we are required by the relevant legislation to satisfy any judgment, we reserve the right to recover against you.

Pending receipt of the above-mentioned documents, we reserve all our rights under the policy and at common law. Please contact our office should you require any clarification.

Please note that a police report is required by law if the Accident resulted in personal injury, damage to government property or foreign vehicle(s) or if it was a 'Hit and Run' case.

Yours Sincerely,

Claims Department
Great American Insurance Company

CC Capstone Insurance Agency Pte Ltd

This is a computer generated document. No signature is required.
knlgan

FW: URGENT- Non-reporting of accident/ Alleged Accident involving SJJ506L & SLL994B on 23.06.2017 at Lorong 6 Toa Payoh

Lee chao <lee.chao@capstone.com.sg>

Thu, Oct 19, 2017 at 5:19 PM

To: Reliable Rides <driverreliablerides@gmail.com>, reliableridespl@gmail.com, RentACar Leasing <rentacarleasing@gmail.com>, Rent A Ride SG <rentaridesg@gmail.com>

Cc: Shane Wong <wong.shane@capstone.com.sg>, wong.huiyee@capstone.com.sg

Hi Team Reliable,

INSURED: RELIABLE RIDES PTE LTD

POLICY NO: MOMVP00000074300

We refer to the above subject accident matter.

We have received a third party claim from Cycle & Carriage, the repairer representing the third party owner of SLL994B. Attached is the video footage of the alleged accident.

Muhammadd Muhaimin Bin Rahim

NRIC: S9404194E

Contact No: 97500876

Sim Qing Quan, Prosper

NRIC: S9437638F

Contact No: 9231 7355

* Spoken to CO Driver. Sim
Qing Quan on 5 Nov 2019 @ 12:50
Explain Liability.

Sketch Plan

Sketch Plan
LORONG 6 TOA PAYOH
VEHICLE P 141 1198
VEHICLE B 141 1198



Please urge **the insured to lodge a report**. Otherwise, we will have no choice but to repudiate and refer the third party claim to the insured.

Thank you.

Best Regards,

Lee Chao

Capstone Insurance Agency Pte Ltd

CERTIFICATE OF INSURANCE

- Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) - Motor Vehicles (Third Party Risks and Compensation) Rules, 1960
- Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

Policy Details

Certificate Number	: MOMVP000000743-00-000	Cover	: Private Car (Comprehensive)
Policyholder Name	: Reliable Rides Pte Ltd	Chassis Number	: MR053BK4107034411
NCD Entitlement	: Nil	Engine Number	: 1AZE114202
Hire Purchase	: TAI THONG LEE TRADING (PRIVATE) LIMITED	Registration Number	: SJJ506L
Period of Insurance	: From 01/07/2016 (00:00) To 31/06/2017 (23:59) (Both Dates Inclusive)		

Persons or Classes of Persons entitled to Drive

- a) The Policyholder
b) Any person who is driving on the Policyholder's order or with their permission
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor or so has been Vehicle permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle

Limitations as to Use

Use only for social, domestic and pleasure purposes and for Policyholder's business

This Policy does not cover:

- a) Use for racing, pace making, reliability trial or speed testing
b) Use for carriage of goods (other than samples) in connection with any trade of business
c) Use for any purpose in connection with Motor Trade

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987(Malaysia), are not to be included under these headings

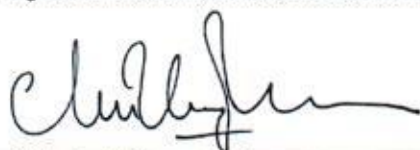
Excess (Section 1)	: SGD 1,500.00	Workshop	: Authorised Workshop
Excess (Section 2)	: SGD 1,500.00	Off Peak Car	: No
Windscreen Excess	: SGD 100.00	NCD Protection	: No
Unnamed Driver Excess	: Please refer overleaf		

Driver Details

Main Driver	: Any persons who is driving on the policyholder's order or with their permission
Named Driver 1	: N/A
Named Driver 2	: N/A
Named Driver 3	: N/A
Name of Intermediary	: Capstone Insurance Agency Pte Ltd
Date of Issue	: 01/07/2016

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Signed for and on behalf of **Great American Insurance Company**



Authorised Representative

FOR OFFICIAL USE ONLY

To the Registered Owner of Vehicle No:

333 506 L

This is to confirm that the above-mentioned vehicle has been deregistered on _____
Please note that the vehicle licence (i.e. road tax) and related fees, if outstanding, must be settled for the period up to the date of deregistration.
It is an offence for anyone to keep or use a deregistered vehicle.

Date _____

The information is current at time of printing (Jan 2018)
VRLSOF-D01-V17 (10PT150-02/17)

for Registrar of Vehicles

