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#### 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.
- 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

	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
THE RESIDENCE OF THE PARTY OF T	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJJ506L
Insured/Policyholder	
Name Of Registered Owner	RELIABLE RIDES PTE LTD
Co Reg No	541
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81669797
Vehicle Particulars	
Manufacturer	ТОУОТА
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.	S0427629E

NRIC No. S9437638F Date Of Birth 09/10/1994 Occupation OUTDOOR Date Of Driving Pass

Driving Experience 3 YEARS AND 5 MONTHS

21/01/2014

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

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT, VEH HAD BEEN DE-REGISTRATION.

Attachment(s)

Are accident photos available for attachment?

NO NO

2

NO

YES

NO

NO

NO

1

Was there any video captured by Car Camera?

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1 SLL994B

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Page 2 of 6

## SKETCH PLAN

### 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. 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.
- 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
- 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.

Driver's Signature

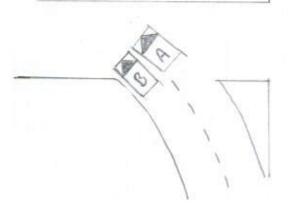
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

Policyholder's Signature Date & Time:



A = 575 5062 B = 511 994 B.

Lor G Ton Payoh.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

After	the	sideswipe	, I	came	don	in to	ms	pect +	ne vehicles	visually
Acco	ding	to my	visual	in	spection	, th	ere rs	ho	damages.	There
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DECLARATION

I/We declare the torogoing 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.:

## ACCIDENT STATEMENT

ACC	IDENT DATE: (23 / 06 / 2017) (DD/MM/YYYY), TIME: (03 : 30) (HH:MM)
LOCA	ATION: LORONG . 6 TOA PASOH .
1	DETAILS OF VEHICLE
1.	0 177 - 0 / 1
	G) VEHICLE HOWBER.
92	5/1 301/1 102 301/1 1111.
	c)POLICY NUMBER:
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
	e)MAKE & MODEL: Toyota Campy.
	f)TYPE: (SALOON / COUPE / MPV /V AN / 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: retrable rides pto Ltd. (MALE / FEMALE)
	b)NRIC/FIN/PASSPORT:CONTACT: 8 (66 9
	c)ADDRESS:
¥ ¥ 2	
	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
No of passay . 3	DRIVER
No of passenges Including driver)	a) NAME: Prosper Sim aing auan. (MALE / FEMALE)
Including driver)	b)NRIC/FIN/PASSPORT: \$4437638F CONTACT: 92317355
(1)	CIADDRESS: Tampines 6+ 91 BLOCK 936.
	C/ADDRESS
	*d) DATE OF BIRTH: ( 09 / 10 / 1994 ) (DD/MM/YYYY)
	e)OCCUPATION: (INDOOR / OUTDOOR)
	f)YEARS OF DRIVING EXPRERIENCE: 21 Jan 2014
4	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
V504.6	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
5	a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
٥.	b)ROAD SURFACE: (DRY, / WET / OTHERS
4	WAS ANYBODY INJURED (YES / NO)
	a) REPORTED TO POLICE (YES / NO)
7.	
0	IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE
of passenger	c
of hersender	a) VEHICLE NUMBER: SCLTPIAS MODEL:
iduding driver)	b) DRIVER'S NAME:
( )	c) NRIC/FIN/PASSPORT:CONTACT:
	THIRD PARTY VEHICLE
to of passinger	d) VEHICLE NUMBER:MODEL:
	e) DRIVER'S NAME:
"cluding driver)	f) NRIC/FIN/PASSPORT:CONTACT:
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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

## երիգկլյնելեիկյն<u>ի</u>նի

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

## կվեցկլյենինիկլյել**ե**լ

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.

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 <u>law</u> 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. knglan



# 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 <drivereliablerides@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.

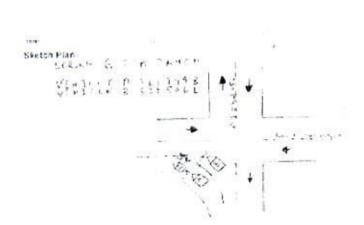
Muhammad Muhamin Ein Rahim
NECC: S9404194E

Control No. 97500876

Sim Ring Own, Prosper
NRIC 39437638F

Contact No.: 9321 3255

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.



# Sportan to CO priver Sin Quest Quan pun 5Nov 2019 @ 1250 Explain Liability.

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



#### 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

## 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

Private Car (Comprehensive)

Policyholder Name

Reliable Rides Pte Ltd

Chassis Number

MR053BK4107034411

NCD Entitlement

Engine Number

Nil

1AZE114202

Hire Purchase

TAI THONG LEE TRADING

Registration Number

SJJ506L

Period of Insurance

(PRIVATE) LIMITED

From 01/07/2016 (00:00) To 31/06/2017 (23:59) (Both Dates Inclusive)

## Persons or Classes of Persons entitled to Drive

- The Policyholder
- Any person who is driving on the Policyholder's order or with their permission b)

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:

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

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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

Please note that the vehicle licence (i.e. road tax) and related fees, if outstanding, musiche settled for the period up to the date of deregistration. It is an offence for anyone to keep or use a deregistered vehicle. To the Registered Owner of Vehicle No: SSI 50 6 L
This is to confirm that the above-mentioned vehicle has been deregistered on \_\_\_\_\_ Date

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

for Registrar of Vehicles