

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 | 03/03/2020 10:12 |
| Date Of Accident | 02/03/2020 08:30 |
| Exact Location Of Accident | SELETAR WEST LINK BEFORE EXIT TPE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLT6324D |
| Insured/Policyholder | |
| Name Of Registered Owner | GO-RENT PTE LTD |
| Co Reg No | 2XXXXX747D |
| Email Address | XDETOX32@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-92223331 |
| Alternative Phone No | OFFICE-94506429 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | MAZDA |
| Model | 3 |
| 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 | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|---|
| Name of Insurance Company | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | DMHCSN00000782000 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | YEW CHEE KEONG |
| NRIC No | SXXXX147B |
| Date Of Birth | 02/04/1965 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 20/01/1992 |
| Driving Experience | 28 YEARS AND 1 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-92223331 |
| Fax Number | |
| Contact Number | OTHERS-94506429 |
| Email Address | XDETOX32@GMAIL.COM |

| | |
|---|-------------------------------------|
| Address | BLK 507B WELLINGTON LINK #09-132 |
| Postcode | 752507 |
| 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: : LYNDON CABLAO 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 | SMR6812K |
| Vehicle Make/Model/Colour | VOLKSWAGEN GOLF |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | 83321685 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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4. The value and acceptability 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 insurer of the Q&B Records Management Service established by the General Insurance Association of Singapore (GIAS) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodging of this report to the insurer, you hereby consent to the archiving of this report at the online sector. 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 employer and the General Insurance Association of Singapore ("GIAS") may be 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 which are the "Personal Information" and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (a "Insured") 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 purposes of:
 - (i) gathering, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claim;
 - (ii) investigating the accident and/or my claim;
 - (iii) carrying out and/or dealing with my obligations or responding to any enquiries to me;
 - (iv) administering my claims including the making of correspondence, statements, disclosures, reports/updates to me, which could involve disclosure of certain personal data about me including about delivery of the sum insured 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 be 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 GIAS to their third party service providers or agents (including their lawyers/law firms) which may be used 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 investigating, investigating, carrying out or managing legal or regulatory, law enforcement and government agencies as is/are required for the purposes stated; or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Insurer's Signature
(Date & Time)

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

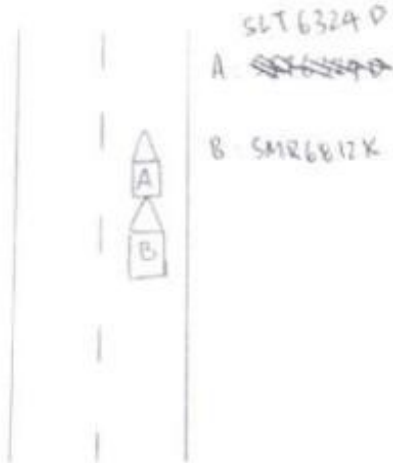
Reporting Centre Person's Signature
(Date & Time)

03/03/2020
Rajesh Kumar

Accident Sketch Plan

SKETCH PLAN

SECRETAR WEST LINK
BEFORE Exit TPE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above stated date and time, I was traveling
Secretar West Link Before Exit TPE. I was traveling straight
when suddenly vehicle collided on to my vehicle rear portion.

DECLARATION

I declare that the foregoing particulars are true and correct.



Date & Time

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

03/03/2020
Rafael Martinez

AGREEMENT

Go-Rent Pte Ltd
Reg No. 201824747D
Office Address: 2 Venture Drive #14-28 Vision Exchange Singapore 508526

AUTOMOBILE LEASE AGREEMENT

Agreement No. 55126
Agreement Date: 25/2/2020

| | | | |
|---------|--|------------|------------|
| Lessor | Go-Rent Pte Ltd | ROC No. | 201824747D |
| Address | 2 Venture Drive #14-28 Vision Exchange S(508526) | Office No. | 6904 8608 |

| | | | | | | |
|-------------------|---|---------------|------------|------------|------------|--|
| Lessee | Yew Chee Keng | NRIC/LEH No. | S168614585 | Contact 1 | 94506421 | |
| Address | BLK 507B, Wellington Circle #09-132 S(752302) | | | | Contact 2 | |
| Email Address | eddiejck@yahoo.com.sg | Date Of Birth | 2/4/1965 | Contact 1 | | |
| Address | | | | | Contact 2 | |
| Company | | | | | Occupation | |
| Cn. Address | | | | | | |
| Driving Pass Date | | Driving Class | | D.O. Birth | | |

| | | | | | | |
|-------------------|--|---------------|--|------------|------------|--|
| Cn. Lessee / CTR | | NRIC/LEH No. | | Contact 1 | | |
| Address | | | | | Contact 2 | |
| Named Driver 2 | | NRIC/LEH No. | | Contact 1 | | |
| Company | | | | | Occupation | |
| Cn. Address | | | | | | |
| Driving Pass Date | | Driving Class | | D.O. Birth | | |

DESCRIPTION OF VEHICLE (Personal/Private Hire)

| | | | |
|------------------|-----------------------------|-------------|-------------|
| Registration No. | SLT 6324D | Colour | Gold |
| Make / Model | MAZDA 3 1.6A | Chassis No. | As log card |
| Reg. Date | ** (New / Used) As log card | Engine No. | As log card |

TERMS OF RENTAL PAYMENT & PERIOD

| | | | |
|--------------------|-------------|----------------------------|------------------------------|
| Leasing Period | 8 months. | Deposit | \$500/ Contra over from 1455 |
| Leasing Start Date | 25/2/2020 | 1 st Rental Fee | \$301 |
| Leasing End Date | 17/10/2020 | Weekly Rental Fee | \$201 |
| Termination Charge | As Contract | Weekly Rental Due on | Every Friday |
| Other Charges | | Estimated Residual Value | |

AGREEMENT

| | |
|--|--|
| <p>1. Payment of deposit & 1st rental fee must be \$2800.00 upon collection of the car from Go-Rent Pte Ltd.</p> <p>2. Subsequent weekly rental fee can be made by telegraphic transfer to: 085 872-003207 (with clear indication of the car registration number on remarks).</p> <p>3. In the event that the Lessee decided to cancel a reservation whereby a booking deposit has already been placed, there shall be no refund on the deposit collected. Strictly no refund after deposit.</p> <p>4. You shall pay Go-Rent Pte Ltd a late fee of 5% of the late weekly / monthly payment, and an admin charge of \$525 for each late payment which is not paid within 2 days.</p> | |
|--|--|

VEHICLE DELIVERY

| | | | | | | |
|----------------------|---|-----------|------|---------|-----|-------|
| Vehicle check out: | Date | 23/2/2020 | Time | 12:55pm | By: | Steve |
| Vehicle is due back: | Date | | Time | | By: | |
| Vehicle returned: | Date | | Time | | By: | |
| Late Return: | <p>Every late hour is chargeable at \$510 for cars below 1600cc and below; \$520 per hour for cars above 1600cc up to the 4th hour.</p> <p>Further delays will result in the Lessee(s) being charged for a whole day rental for that particular vehicle.</p> | | | | | |

OTHER TERMS

| | |
|----------------------|--|
| Belonging | All belonging left in cars will be discarded. |
| Excessive wear & use | You may be charged for excessive wear based on our standard for normal use and for mileage in excess of kilometer (Clause 7.1-10) |
| Insurance | Mandatory excess of \$56000 before GST (in Singapore) in respect of each and every single accident. Mandatory excess of \$58000 before GST (in Malaysia) in respect of each and every single accident. |
| Others | Shall you failed to make / clear any due payment to Go-Rent Pte Ltd and result in towing of the rental / leased vehicle, charges of towing fee, lost of keys charges, vehicle repair charges, admin fee etc will be charged. |

By signing below, you acknowledge that you have read the entire Lease before signing it, and both you and we agree to the terms, conditions and obligation of the Lease.

| | |
|----------------------------------|----------------------------|
| Signed By Lessee | Signed By: Go-Rent Pte Ltd |
| X | X |
| Name / NRIC: <i>Yew Chee Jee</i> | Name / NRIC: |
| X | |
| Name / NRIC: <i>816861478</i> | |

For Singapore Usage only.

Additional Premium for Malaysia Usage applies.

Only Applicable to Named Driver Stated in the Contract.

Vehicle must be washed and vacuum upon returned.

Smoking is prohibited in Vehicle. Penalty of \$350 will be imposed if Vehicle is returned in such condition.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

