

## 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	18/05/2020 17:14
Date Of Accident	15/05/2020 14:50
Exact Location Of Accident	ALONG CHANGI ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP3498U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GHC PRIVATE LIMITED
Co Reg No	1XXXXX075D
Email Address	DAVIDCHEONG98@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82891744
Alternative Phone No	OFFICE-62923737

### Vehicle Particulars

Manufacturer	KEEWAY
Model	SILVERBLADE 125
Exact Purpose for which vehicle was being used at time of accident	BIKE WAS PARKED
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	MOTORCYCLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5112116476
Cover Note Number	

### Driver

Name of Driver	SYED ABDUL AZIZ BIN SYED HAMID
NRIC No	SXXXX229G
Date Of Birth	05/06/1970
Occupation	OUTDOOR
Date Of Driving Pass	31/03/1994
Driving Experience	26 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82891744
Fax Number	
Contact Number	OFFICE-62923737
Email Address	DAVIDCHEONG98@GMAIL.COM

Address	BLK 38 BEDOK SOUTH ROAD #06-669
Postcode	460038
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

#### 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 SETCH 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	GBC5605H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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.



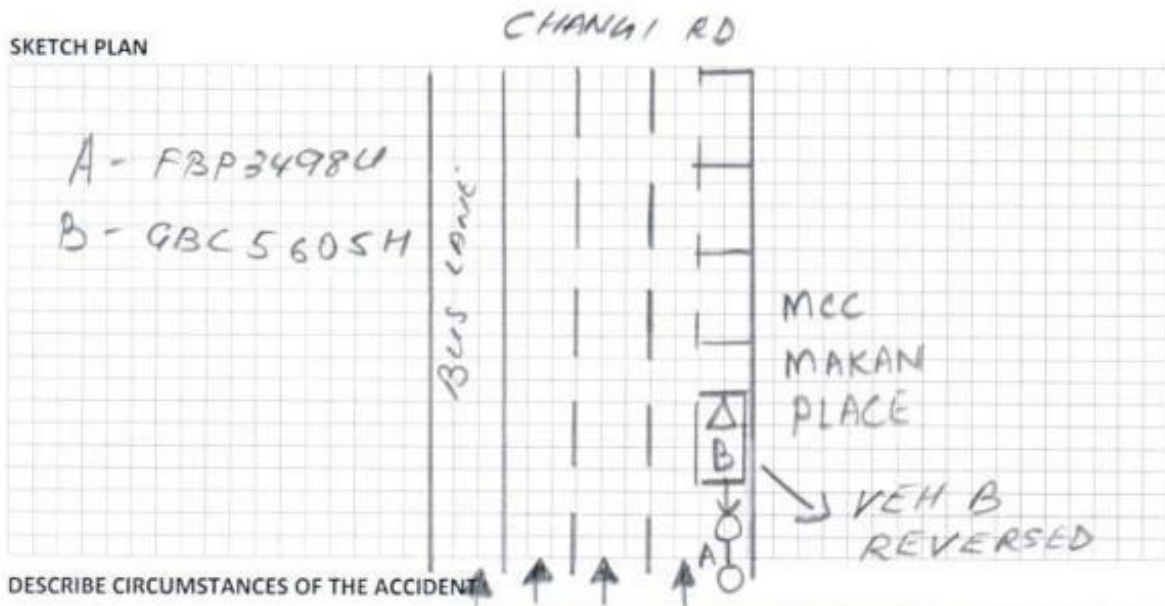
Policyholder's Signature  
Date & Time:

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

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

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My motorbike was parked beside mcc Makan Place. I bought food for my breakfast. Suddenly one of the person selling drinks told me that my veh was hit by veh B when the veh B was reversing. I approach the veh B driver and he asked me to make a report.

## 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.:



# RENTAL AGREEMENT



**源和昌私營有限公司**  
**GHC PRIVATE LIMITED**

Since 1978

1110 Serangoon Road Singapore 328200  
Tel: 6292 3737 Fax: 6292 7252

## RENTAL AGREEMENT



### VEHICLE DETAILS

Vehicle Reg. No:	FBP 3498 U
Make / Model / Colour:	Keeway Silverblade 125
With Rear top box	____ Litre

### RENTER'S DETAILS

Company Name:	
Name: Syed Abdul Aziz Bin Syed Hamid	
Address: Blk 38 Bechook South Road	
#06-669	Postal Code: 460038
Home Phone:	Passport / IC # S7018229G
Local Address:	
Local Phone:	Work Phone: 82891744
Date of Birth: 05-06-1970	
Driving License #	Expiration Date:

### MAIN DRIVER DETAILS

Name: Syed Abdul Aziz Bin Syed Hamid	
Date of Birth: 05-06-1970	Passport / IC # S7018229G
Address: same as above	
	Phone: 82891744
Driving License #	Expiration Date:

### ADDITIONAL DRIVER

Name:	
Date of Birth:	Passport / IC #
Address:	
	Phone:
Driving License #	Expiration Date:
Requirement :- Age >= 22 years old 2 Years riding experience from pass date of license ! Note: Towing fee is chargeable if there is a need for this service !	

Signature Renter \_\_\_\_\_

Signature Driver \_\_\_\_\_

Signature Additional Driver \_\_\_\_\_

**In case of accident call 995**

Invoice #		Reservation #	
Vehicle Rented on: 30/4/2020		Vehicle will be returned on: 07/07/2020	
Date Out: 30/4/2020		Time Out: 1:40 pm	
Date In:		Time In:	
Mileage Out:		Mileage In:	
Duration	Rate	#	Amount
Daily			SGD
Weekly			SGD
Monthly	1 x 370		SGD 370
Annually			SGD
Deposit			SGD
1 month advance payment			SGD
Additional Driver			SGD
Drop off Charges			SGD
Rental Accessories			SGD
Total (payment before date out)			SGD 370

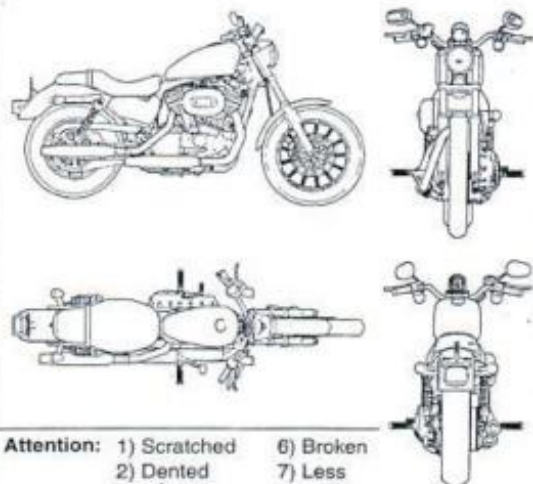
### Balance of payment after return of motorcycle

Amount Due	SGD
Late Payment charges	SGD
Extra Hours	SGD
Pick Up Charges	SGD
Damage	SGD
Petrol	SGD
Other Charges	SGD
Deposit Paid	SGD
Balance	SGD

### Remarks:

### Excess amount paid

Fuel Level: E 1/4 1/2 3/4 ☒ F



- Attention:**
- |              |             |
|--------------|-------------|
| 1) Scratched | 6) Broken   |
| 2) Dented    | 7) Less     |
| 3) Bent      | 8) Paint    |
| 4) Carved    | 9) Cracked  |
| 5) Crushed   | 10) Scraped |

Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



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