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 <u>truthful and accurate</u> 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.
- 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

aforesaid.	tent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	02/10/2020 11:44
Date Of Accident	01/10/2020 11:55
Exact Location Of Accident	AYE TOWARDS LOWER DELTA ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJZ654H
Insured/Policyholder	
Name Of Registered Owner	HM AUTOMOBILE PTE. LTD
Co Reg No	2XXXXX820K
Email Address	CUST_SVCS@HAPPYMOTOR.COM.SG
Mobile Phone No	(LOCAL) +65-86860109
Alternative Phone No	OFFICE-86860109
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	ATTEND MEETING
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5110962961-01

Driver

Cover Note Number

Name of Driver LIM YEW KIM MARK

NRIC No SXXXX136J
Date Of Birth 21/10/1960
Occupation INDOOR
Date Of Driving Pass 01/07/1981

Driving Experience 39 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-86860109

Fax Number

Contact Number OTHERS-86860109

EMail Address CUST SVCS@HAPPYMOTOR.COM.SG

BLK 135 CASHEW ROAD Address

#12-103

2

NO

NO

2

NO

NO

Postcode 670135

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

SIDE SWIPE Type Of Accident Weather Conditions AFTER RIAN

Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES 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)

Passenger 1

NAME: : DAUGHTER

GENDER: : FEMALE

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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD6379C Vehicle Make/Model/Colour **TOYOTA PRIUS**

Details Of Properties

Vehicle Category TAXI

ISKANDAR 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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- 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)
 - (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.
- 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

OBI MEG. NO

Date & Time: 03/10/20

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Beporting Centre Persannel's Signature

NRIC/FIN No.:

Accident Sketch Plan

TCH PLAN	(62)
1 1 militar	(sudden 550P)
1 2 图 1	
1 540 6379 = 552 654 H	B) SJZ 654 H
552 651	B) SHO 6379C
	p) •40 • 1
SCRIBE CIRCUMSTANCES OF THE ACCIDENT	
Along AUE the car in pout suc	iduly brokest.
I backed and in order to avo	id histing his rear
i shifted street to the left	and side-surred
SMRT toxi SHD 6379 C. Speci	. was - 55 lingle.
· ·	
I reticul entry slight scratch	to the last read
fender (photo attached). 109	theed to settle private
But Daver of GHD 6379 C SAIN	it is his company,
	e said the officer
will witer me.	
Since almost 24 hrs has ela	psed and so ere
from SMPT contented me, 1	decided to report
this + IDAC.	
DECLARATION /We declare the foregoing particulars are true in every respect.	
we denier the foregoing particulars are true in every respect.	/ 11
Standard ST	JUN 02/11/20 mg
Policyholder's Signature Driver's Signature	Reporting Centre Personnel's Signstrye
Date & Time: \$37(10\20) (If driver is not the policyholder)	

RENTAL AGREEMENT



HM Automobile Pte Ltd

61 Ubi Avenue 2, Automobile Megamart #04-14 Singspore 408898 Tel: 6844 4061 / 6844 2228 Reg No. 201902820K

VEHICLE LEASING AGREEMENT					
Agreement Number: R3007002		Date: 0107 3.0			
Agreement Number:					
This Lease is by and between HM Automobile	Pte Ltd of 61 Ubi Ave 2, #04				
to as "Owner") and N A		200	Po P		
Employee/Driver Linn Tell Kinn				5134 0	
RIKESS CASHENS POR #10	25mf)2 201-11th	(her	einafter refer	red to as "Lessee	
EASE TERM					
This lease is for a term of continuous mont	hs beginning 36 J 63 J 3(3	1) and ending	25/51	12031	
PAYMENT & DEPOSIT		. If he are a second	in to Oumar f	or monthly/wask	
In consideration for the provision of the moto payment amount of SGD\$ of payment is for the mentioned motor vehicle	fective from	through	1 0 1 J 20	21. The month	
2 A SGDS 300 refundable deposit pa the Lessee. The Lessee is to ensure month	syment in advance is required for sty payment is paid to Owner in a	the above-me dvance prior to	ntioned moto each new c	r vehicle leased t glendar month.	
3 Payment to be made to HM Automobile Pts	Ltd. OCBC Bank Account 514-	807171-001.			
LESSEE & NAMED DRIVER					
1 LESSEE & NAMED DRIVER PARTICULARS					
I LESSEE & NAMED DRIVER PARTICULARS		IDIO.	-		
essee's Name: www New Killian MADA'S		NRIC: 514x 5136 3			
Contact (1): 8424 6409		0.0.8: 51	Ludi (Re	O .	
Contact (2):					
Email: MLYM (US) & GUMA (COM)		Driving License Pass Date: 0.10 4 (1 5 2)			
Additonal/Named Driver (1):		NRIC:			
*					
Contact (1):		D.O.B:			
Contact (2):		Driving License Pass Date:			
Email:			Silving Exerise Field Balletin		
VEHICLES	en in de montaga (an ac nach)				
.1 Owner hereby leases to Lessee the vehicles and					
Type of Motor Vehicle	Vehicle Registration No	. Mo	Monthly Leasing Rate		
			90.000	4.	

Page 1 of 4





















