

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	05/10/2020 12:43
Date Of Accident	30/09/2020 17:25
Exact Location Of Accident	PIE(TUAS) BEFORE PAYA LEBAR ROAD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD8469R
Insured/Policyholder	
Name Of Registered Owner	NATIONAL CAR RENTALS (PRIVATE) LIMITED
Co Reg No	1XXXXX157E
Email Address	FLEET@AVIS.COM.SG
Mobile Phone No	(LOCAL) +65-96935663
Alternative Phone No	OFFICE-96935663

Vehicle Particulars

Manufacturer	MAZDA
Model	3-1.5 SEDAN L (A)
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	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	5113954130
Cover Note Number	

Driver

Name of Driver	LIM PEIQIN, CATHERINE
NRIC No	SXXXX452G
Date Of Birth	24/11/1965
Occupation	INDOOR
Date Of Driving Pass	07/05/1996
Driving Experience	24 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96935663
Fax Number	
Contact Number	OFFICE-96935663
Email Address	FLEET@AVIS.COM.SG

Address	BLK 853 HOUGANG CENTRAL #13-19
Postcode	530853
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	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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)	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

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	SGX155C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YVONNE LAM LI WIN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLK8932H
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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)

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

PIE

Paya Lebar
Exit

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

It was about 1725hrs; raining & the roads were wet. Traffic was lousy & I was about 2m behind the vehicle SAX 155C. I recalled I was driving about 60-70km/h. Suddenly, the vehicle in front of me jammed brakes & stopped. I also reacted quickly by braking but I still hit the car in front.

Location was about 200m before Paya Lebar Exit on the PIE.

I was on the way to meet my colleague for dinner to come from my work place @ Changi General Hospital.

The driver of the vehicle SAX 155C also admitted she thought she was too close to the vehicle in front (SLK 89324) & jammed brakes.

DECLARATION

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

Policyholder's Signature
Date & Time:

GIARMC SLURF Plan Form_V3

Driver's Signature
(if driver is not the policyholder)
Date & Time: 2/10/2020 1:30pm

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

RENTAL AGREEMENT

avis budget group

390A Havelock Road
#01-07 Waterfront Plaza
Singapore 169664

T +65 6737 1668
F +65 6235 4958

W www.avis.com.sg

LEASE AGREEMENT

Agreement Number: 1806069JEF

THE SCHEDULE TO THE LEASE TERMS AND CONDITIONS

Date of the Agreement: 25TH JUNE 2018

PART 1 – THE PARTIES

(A) THE HIRER

Name of Hirer: LIM PEIQIN, CATHERINE

NRIC / Passport Number: S1710452G

Address: BLK 853 HOUGANG CENTRAL
#13-19
SINGAPORE 530853

Telephone Number:

Mobile Telephone Number: +65 9693 5663

Nominated Driver(s): AS NAMED IN PART 4 OF THE SCHEDULE

(B) THE OWNER

Company Name: National Car Rentals Private Limited (Licensee of Avis)

Registration Number: 196100157E

Registered / Head Office: 390A Havelock Road
#01-07 Waterfront Plaza
Singapore 169664

PART 2 – THE VEHICLE

Make & Model: MAZDA 3 SEDAN 1.5L

Colour: BLUE

Registration Number: SLD8469R

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NATIONAL CAR RENTAL (PRIVATE) LTD - AVIS BUDGET LICENSEE

National Car Rental (Private) Ltd - AvisBudget Licensee
Registered Office: 390A Havelock Road #01-07, Waterfront Plaza, Singapore 169664
Co. Reg. No: 196100157E



RENTAL AGREEMENT

PART 3 – LEASE PERIOD AND RENTAL CHARGES

(A) PERIOD OF LEASE

Fixed period of: TWELVE [12] MONTHS
From: 25TH JUNE 2018
To: 24TH JUNE 2019

(B) RENTAL CHARGE

Rental charge per month: SINGAPORE DOLLAR
ONE THOUSAND THREE HUNDRED FIFTY-FIVE
ONLY
S\$1,355.00

(C) RENTAL CHARGE INCLUSIVE OF:

- a. Unlimited mileage
- b. Maintenance and servicing
- c. Replacement vehicle
- d. Vehicle Insurance – subject to a non-waivable insurance excess
- e. 24-hour breakdown service
- f. Road tax and radio license
- g. Singapore and Malaysia Use

(D) RENTAL CHARGE EXCLUSIVE OF:

- a. Goods and Service Tax (GST)
- b. Fuel
- c. Personal Accident Insurance
- d. Parking and Traffic Infringements

(E) INSURANCE EXCESS

Singapore S\$1,000.00/ Malaysia S\$3,000.00
Under 25-years subject to an additional S\$1,000.00

(F) DEPOSIT

SINGAPORE DOLLAR
ONE THOUSAND THREE HUNDRED FIFTY-FIVE
ONLY
S\$1,355.00

(G) TERMINATIO CLAUSE

Lease Period: A minimum lease period of six [06] months is to be fulfilled from the date of commencement.

A handwritten signature in black ink is written over a circular official stamp. The stamp contains text around its perimeter, including 'ASBURY TRADING & FINANCIAL SERVICES COMPANY' and 'SINGAPORE', with a central emblem.

RENTAL AGREEMENT

The Expatriate HIRER must provide documentary evidence that he/she will no longer be working/residing in Singapore

Notice Period: The Expatriate HIRER must inform the OWNER in writing at least ONE (1) month in advance of the impending departure of Singapore.

PART 4 – PARTICULARS OF DRIVERS				
Principal Driver	Driving License Number	Expiry Date	Place of Issue	FIN Number / Passport Number
LIM PEIQIN, CATHERINE	S1710452G	-	SINGAPORE	S1710452G
Additional Driver(s)	Driving License Number	Expiry Date	Place of Issue	NRIC Number / Passport Number

A copy of each driving license and NRIC/Passport must be attached to the schedule.

PART 5 – SIGNATURE OF PARTIES

To: National Car Rentals Pte Ltd (Avis)

- A I/WE the undersigned, warrant the above particulars are true and accurate.
- B I/WE wish to lease the above said Vehicle as described in the terms and conditions set out above and attached.
- C I/WE warrant that I have read and understand the terms and conditions of this Agreement and agree to be bound by the same.
- D I/WE warrant that I have examined the said Vehicle and that it is in good order and condition, free from defects and suitable for my needs in every respect.
- E I/WE authorize you to record this transaction or particulars thereof as may be your practice from time to time.
- F I/WE accept this agreement and I agree to submit the said Vehicle to the OWNER for all servicing and repairs as set out in Clause 5 of the attached terms and conditions.

SIGNED: 18/03/2018 BY LIM PEIQIN, CATHERINE

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RENTAL AGREEMENT

HIRER

For and on behalf of
LIM PEIQIN, CATHERINE

CATHERINE LIM
Name / Designation
Company Stamp

[Signature]
Signature

25/6/2018
Date

In the presence of

Jeffrey Oh
Name

[Signature]
Signature

25/06/2018
Date

OWNER

For and on behalf of
National Car Rentals Pte Ltd



HELEN LAU / GENERAL MANAGER
Name / Designation
Company Stamp

[Signature]
Signature

25/06/2018
Date

In the presence of

JEFFREY OH
Name

[Signature]
Signature

25/06/2018
Date

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

