

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	10/11/2020 14:22
Date Of Accident	10/11/2020 09:50
Exact Location Of Accident	TRAFFIC LIGH MARYMOUNT LANE TOWARDS UPP THOMSON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN2054P
Insured/Policyholder	
Name Of Registered Owner	ST (PREMIUM) RENT & DRIVE PTE LTD
Co Reg No	2XXXXX664R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-90214279

Vehicle Particulars

Manufacturer	HONDA
Model	FIT-1.3 (A)
Exact Purpose for which vehicle was being used at time of accident	
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5107341458-01
Cover Note Number	

Driver

Name of Driver	MUHAMMAD FAHMIN BIN ABDUL KADIR
NRIC No	SXXXX313F
Date Of Birth	29/06/1993
Occupation	OUTDOOR
Date Of Driving Pass	25/05/2016
Driving Experience	4 YEARS AND 5 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-90214279
Fax Number	
Contact Number	
E-Mail Address	MINBOMERCURIO@GMAIL.COM
Address	BLK 312 WOODLANDS STREET 31 #04-50
Postcode	730312
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?	NO
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	GBK109P
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)

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:

[Signature]

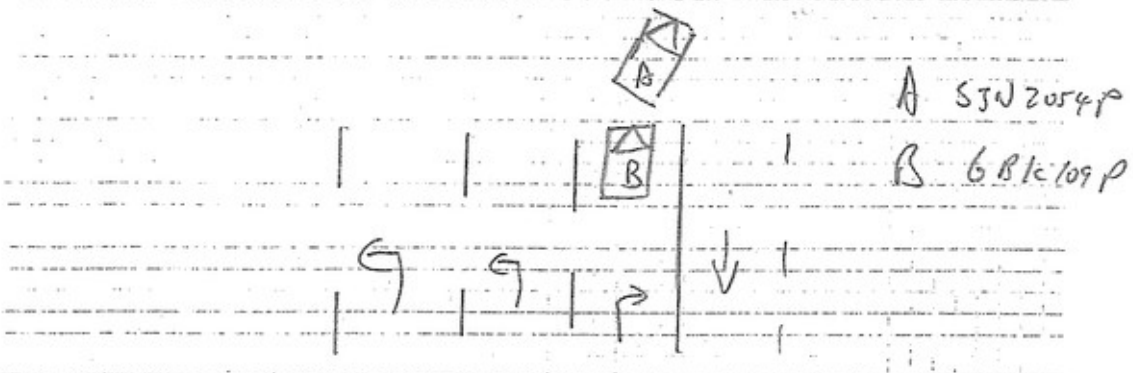
[Signature]

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10/11/2020 at around 0950am I was turning right from Marymount lane to upperthorson rd. on the time mention above when I was waiting for on coming traffic to be ~~clear~~ cleared, the lorry (GBK 109P) hit the rear of the car I'm driving (SJN2054P)

DECLARATION

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

Policyholder's signature
Date & Time:

L2

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

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

AGREEMENT

ST(PREMIUM) RENT & DRIVE PTE LTD

Reg No. 201816664R

(billing address) 210 Turf Club Road, The Grandstand Car Mall, Lot A12/A27, Singapore 287 995

(showroom) 210 Turf Club Road, The Grandstand Car Mall, Lot B66, Singapore 287 995

Contract No.: **E-6-000479**

Name: MUHAMMAD FAHMIN BIN ABDUL KADIR

NRIC No.: S9322313F

Address: APT BLK WOODLANDS STREET 31
#04-50 SINGAPORE 730312

Age: 27 DOB: 29/06/1993

Driving Experience: 4 Years

Contact No.: 90214279

Next-of-kin Contact No.: **87484435**

Email: **minbomercurio@gmail.com**



****Remark : Hirer agreed to allow this rental company to keep a photocopy of his NRIC and driving License**

Vehicle Details

Make & Model: HONDA FIT	Vehicle Reg No.: SJN2054P
Commencing Start Date/Time: 10 OCT 2020, 1145AM	Commencing End Date/Time: [REDACTED]
Rental Price Per Day: \$39	Collision Damage Waiver: \$5 Deposit: \$-

*** Things to take note

*It is the **customer's responsibility** to inspect the vehicle upon collection. He/she should take photographs of any existing scratches and dents and WhatsApp them **within 30 minutes to +65 96770677** after the collection of the vehicle. **Repair charges** will be imposed if the customer fail to do so when the vehicle is being returned.

***Termination** notice is minimum **1 month** or replacement driver found whichever is earlier. Failing to do so, **we will take legal action against tenants to compensate for the company's losses.**

*Deposit will only be **refunded** to customer by **cheque within 10 working days** upon returning of vehicle.

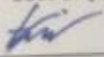
*Insurance Excess amount **must be paid in full** before the customer is able to do an accident report.


1 st Party Excess: \$500	3 rd Party Excess: \$500	Collision with Foreign Vehicles Excess \$5000
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*No additional charge for usage in Malaysia (**towing is not covered in Malaysia**).

*Smoking is **prohibited** in the vehicle. Cost of **\$300** will be charged if the car is returned with cigarette smoke smell and ashes.

*Cost of **\$100** will be charged if the **PH Decal** is being defaced or damaged.


Name/Signature of Customer


Name/Signature of Authorized Person

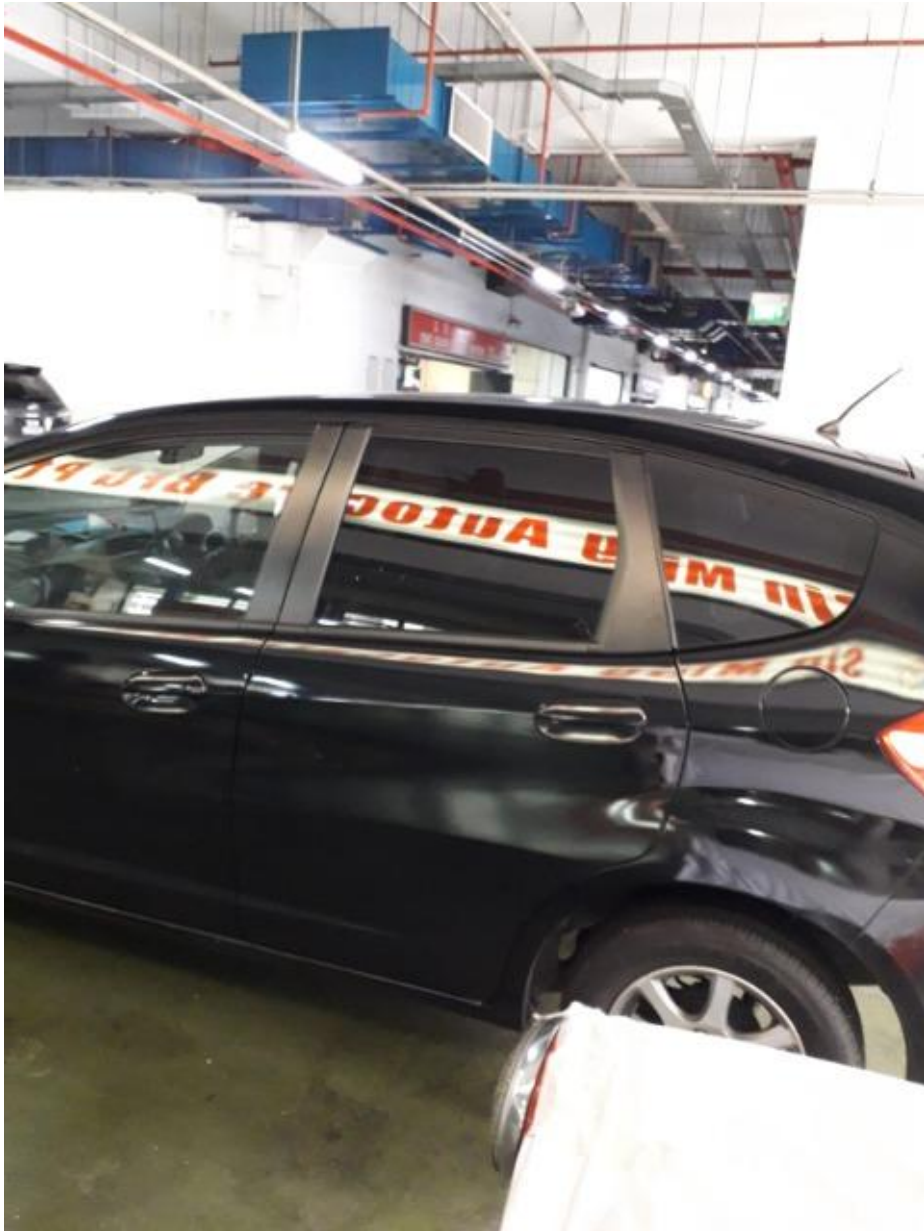
Accident Photo



Accident Photo



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