

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 Submission 08/12/2020 16:20 (SGT)
Date of Accident 07/12/2020 14:25 (SGT)
Exact Location of Accident CTE, Singapore
Additional Location Information CTE (CITY) BEFORE BALESTIER EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMH2231R

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner DEFINE LEASING PTE LTD
Company Reg No 2XXXXX674Z
Email Address HOJO45@HOTMAIL.COM
Mobile Phone No (Phone) +65-88091783
Alternative Phone No +65-88091783

VEHICLE PARTICULARS

Manufacturer Toyota
Model Prius
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5115502938
Cover Note Number -

DRIVER

Name of Driver JOHN AUSTIN DUNCAN
NRIC No SXXXX652D
Date Of Birth 01/04/1977
Occupation Outdoor

Date Of Driving Pass	30/05/2017
Driving experience	3 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88091783
Alt. Phone Number	-
Email Address	HOJO45@HOTMAIL.COM
Address	BLK 232C SUMANG LANE #13-351
Address complement	-
Postcode	823232
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT.

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	SMT5968R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour -
 Vehicle Category Private car
 Name of Driver -
 Contact Number -
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person JOHN AUSTIN DUNCAN
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained BODY
 Injured person in which vehicle? SMH2231R
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

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:

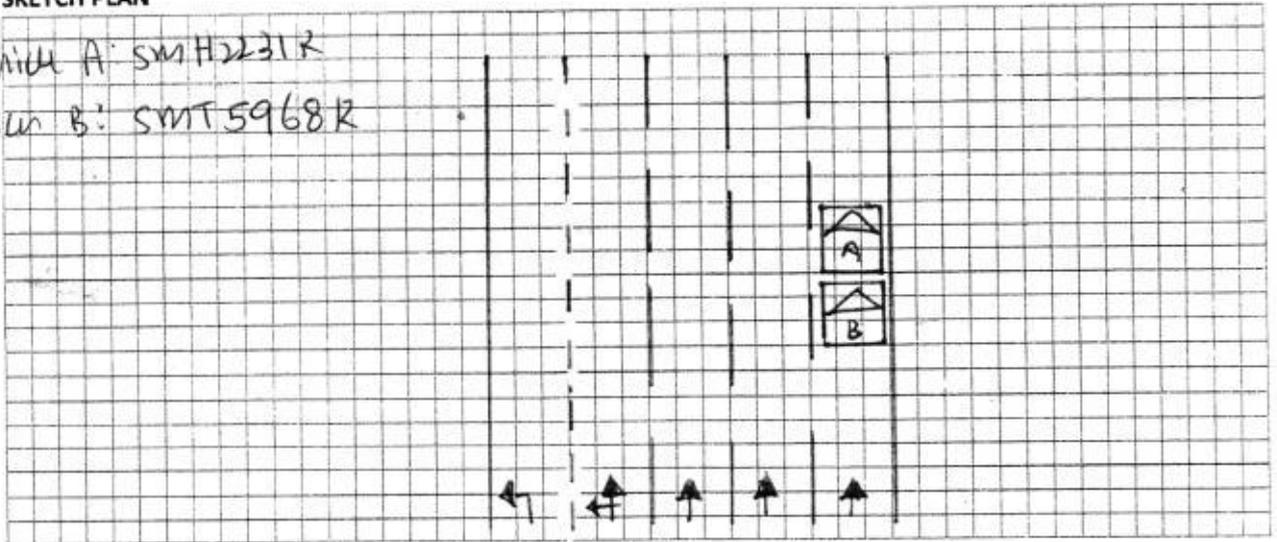
Driver's Signature
(If driver is not the policyholder)
Date & Time:

T _____ 5

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

SKETCH PLAN

Vehicle A: SMH2231R
Vehicle B: SMT5968R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, vehicle A was travelling straight on the stated venue. As the front vehicle slowed down and stop I followed suit without having any collision with the front vehicle. Suddenly I felt a huge impact from the rear portion of my vehicle. After I awoke I then realize that is vehicle B that had collided onto my vehicle.

DECLARATION

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



Policyholder's Signature
Date & Time:

[Handwritten Signature]

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

[Handwritten Signature]

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

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5115502938-000002 **Cover :** drivo CLASSIC

- | | |
|---|--------------------------|
| 1. Index mark and Registration Number of Vehicle | : SMH2231R |
| Chassis Number | : ZVW506138176 |
| 2. Name of Policyholder | : DEFINE LEASING PTE LTD |
| 3. Effective Date of Insurance | : 15 Jan 2020 |
| 4. Expiry Date of Insurance | : 14 Jan 2021 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business. | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: INDEX CREDIT PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

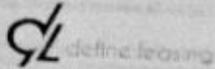
I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : CCL INSURANCE AGENCY PTE LTD (00000614988)
 Date of Issue : 11 Jan 2020 09:32 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive



* No contract
* 1 week notice to return

An exclusive partner of
GOFLEET

Define Leasing Pte Ltd co. Reg: 2018286742

26 Sin Ming Lane, #05-126 Midview City Singapore 573971 | Contact no: +65 8202 4804 | support@defineleasing.com

Rental Agreement

Date: 30 July 2020

Rental Vehicle Details

Vehicle Make: Toyota Vehicle Model: Prius Car Plate: SMH 2231R
Chassis Number: Vehicle Mileage: Fuel Bal:

Leasing Details

From: 30 July 2020 to 29 Aug 2020 (1mth) / 3mth / 6mth / 1year) 1st Payment Commence Date:

Deposit Due: \$500 / \$1,500 Deposit Collected: \$ Total Rental Weekly: \$

Rental Daily: \$ 65 Rental Weekly: \$ 455 Insurance Excess Buy Down: \$ 6 / Day

If hirer return vehicle within 1 month from the commencing date, Deposit of \$ 500 will be forfeited.

All payable(s) are to make to Define Leasing Pte Ltd. OCBC Banking Account: 7128-7262-1001

Hirer Particulars

Name: John Austin Duncan NRIC No: S77886520 DOB: 01-04-1974
Address: Blk 232C Sunny ME #13-351 Postal Code: 823232 Email: hoj045@hotmail.com
Home No: Mobile No: 8809 1783

Vehicle Insurance

Local (Singapore) Excess Fees: \$ 200 Own Damage, Excess Fees: \$ 1500 3rd Party Damage

Overseas (Out of Singapore) Excess Fees: \$ 400 Own Damage, Excess Fees: \$ 3000 3rd Party Damage

*If Hirer purchase CDW Buy down excess @ additional \$ / Day, Excess fees payable will be \$500 of each section.

*Engagement with the "HIRER" as per above detail ONLY. Failure to comply or subletting would be penalized. "Define Leasing" reserves all its rights.

HIRER's Signature

DEFINE LEASING- Signature



I, "HIRER" hereby agree, and understood all the terms & conditions of both sides of this agreement and signifies acceptance upon signing of agreement.

Our Family Physician Clinic & Surgery

829 Tampines St 81 #01 - 292, Singapore 520829

Phone: 6785 0147

MEDICAL CERTIFICATE

MC No: OD-TP0000056321

NAME: JOHN AUSTIN DUNCAN

NRIC: S7788652D

This is to certify that the above patient name is Unfit for Duty for a period of **5** day

from **07-12-2020** to **11-12-2020** inclusive.

Note: This certificate is not valid for absence from court or other judicial proceedings.

In accordance with the Infectious Diseases Act (Chapter 137) under Regulation 2020, patients diagnosed with acute respiratory infection must not leave their place of accommodation within the duration of this medical certificate other than to seek medical attention.

Timothy Tan
M.D. (UKM), DWD (CAW),
Practical cert in Andrology (S'pore)


Signature

07/12/2020
Date

Date of Accident : 7/12/2020 Accident Time: 14:25hr (24-HR-Format)
 Accident Place : CTE (city) Before Ballester Exit
 Vehicle No. (Car Plate No.) : SMH 2231R Make/Model: Toyota Prius
 Insurance Company : NTUC Policy No. 5115502938-600002
 Owner or Company Name /IC No. : Define Leasing Pte Ltd (201828674Z)
 Owner or Company Contact No. : - Owner's Hp - Company Tel -
 DRIVER'S Name / IC No. : John Austin Duncan (S7788652D)
 DRIVER'S Date Of Birth : 1/4/1977 DRIVER'S License Pass Date 30 May 2017
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Hirer
 DRIVER'S Address : Blk 232C Sumary Lane #13-351 (S) 823232
 DRIVER'S Contact No / Alt No. : 1) 8809 1783 2) -
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : hojot45@hotmail.com
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 03
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
 Any Injury (If YES, Pls state): Driver

Other Party Driver's Particular (if any)

Vehicle No: <u>SMH 5968 R</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender: ① Gojek male passenger
 ② Gojek Female passenger