Your NCD will be affected due to late reporting

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 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.

ACCIDENT STATEMENT

Date of Submission	28/12/2020 13:46 (SGT)
Date of Accident	22/12/2020 14:45 (SGT)
Exact Location of Accident	Siglap Rd, Singapore
Additional Location Information	TOWARDS MARINE PARADE ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY6460R

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KIRALY PRIVATE LIMITED
Company Reg No	2XXXXX081C
Email Address	sansiong1993@hotmail.com
Mobile Phone No	(Phone) +65-92385010
Alternative Phone No	+65-92385010

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A6
Variant	-
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 - Claiming third party
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5119049969
Cover Note Number	-

DRIVER

Name of Driver	KOGILAVANI RICHARDS
NRIC No	SXXXX190C
Date Of Birth	12/07/1972
Occupation	Indoor

Date Of Driving Pass	14/01/2009
Driving experience	11 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92385010
Alt. Phone Number	-
Email Address	sansiong1993@hotmail.com
Address	7 JALAN KUANG
Address complement	-
Postcode	488866
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 on collision
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	RICHARDS
Gender	Male

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

PLEASE REFER TO SKETCH PLAN

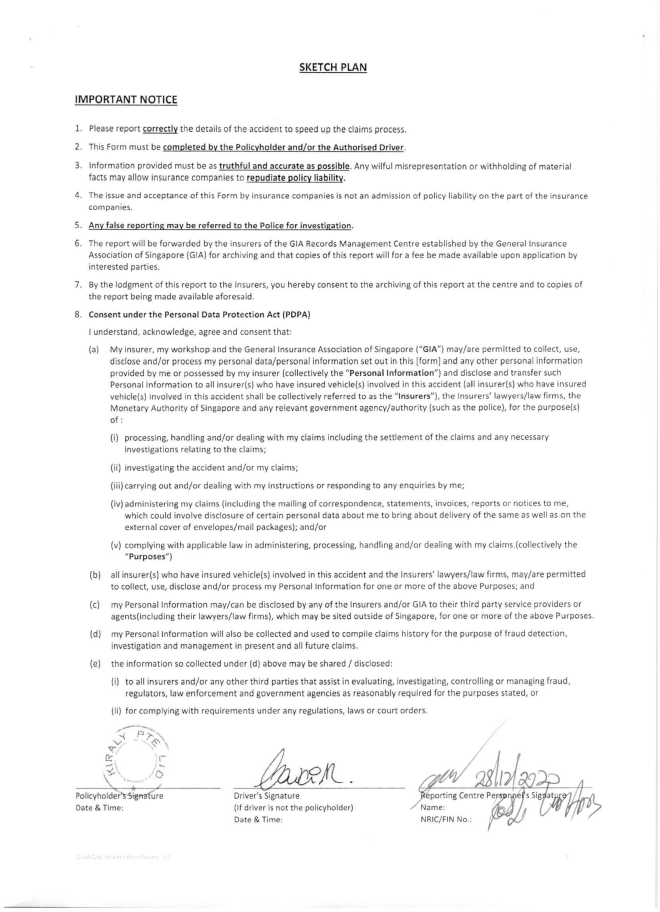
ATTACHMENT(S)

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	SCL8380B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

Address	-
Address complement	-
Postcode	-
Insurance Company Name	AIG
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-



SKETCH PLAN

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.**
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6. The 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 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) 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.

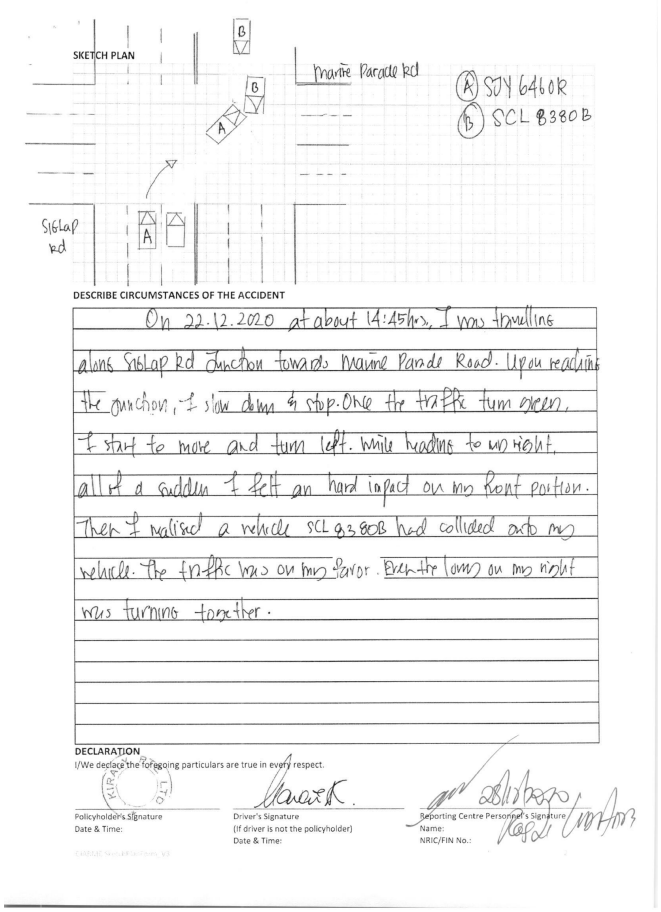
   (e) the information so collected under (d) above may be shared / disclosed:

   (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.:

SKETCH PLAN #2



SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22.12.2020 at about 14:45hrs, I was travelling along Siglap Rd Junction towards Marine Parade Road. Upon reaching the junction, I slow down & stop. Once the traffic turn green, I start to move and turn left. While reading to my right, all of a sudden I felt an hard impact on my front portion. Then I noticed a vehicle SCL 8380B had collided into my vehicle. The traffic was on my favor. Even the lorry on my right was turning together.

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.:

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

IMAGES #9

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #16-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17.00
UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the **same** Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SN0820CS0005 Vehicle Registration No: SJY6460R

Name(as shown in NRIC) : Kogilavani Richards NRIC/FIN/Passport No : S7225190C

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : 1 Jalan Kuang Singapore(488986)

Contact (Tel) : Mobile No. : 9238 5010

Email Address :

Date of Accident : 22.12.2020 Time of Accident : 19:45hrs

Place of Accident : Siglap Rd Twds Marine Parade Rd

Insurance Company : NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend email add: sansions1493@hotmail.com

Policyholder / Driver's Signature
Date:

14/01/2021
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

GIAMMC addendum form_V3

KPL A6 16 OCT - 2 DEC

16/10 - 2/11 = $800
3/11 - 2/12 = $2000
extends 2 months till 2/2/21

Total _____ day @$ _____ per day
Security Deposit: _____ By: KPL - UOB

KIRALY

24 HOURS HOTLINE: 9869 3087 / 9423 3975

VEHICLE HIRING AGREEMENT

Hirer's Signature

Rented Vehicle No.: SJY6460R

2nd Driver's Signature

Hirer's Own Vehicle No.: _____

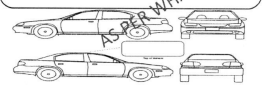
HIRER / DRIVER 'S PARTICULARS

Name (as in I/C): KOGILAVANI RICHARDS
NRIC/Passport No.: S7225190C
Date of Birth: _____
Address: _____
_____ S (_____)
Name & Address of Employer: _____
_____
Occupation: _____ Age: _____
Driving Exp: _____ Passed Date: _____
Driving License No: _____
D/L Type: (P/R) / International / Others: _____
Tel: (O) _____ H/P _____

AS PER NRIC / DRIVING LICENSE

Make & Model: AUDI A6
Date/Time Out: 16/10/20 Mileage: _____
Petrol Level Out: E / 1/4 / 1/2 / 3/4 / F
Date/Time In: 2/2/21 Mileage: _____
Petrol Level In: E / 1/4 / 1/2 / 3/4 / F

AS PER WHATSAPP



I have read and agree to the terms and condition on both sides of this agreement. I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to your account. All information that I have given to Kiraly Group in connection with this agreement is true.

Important

1. Only persons above 23 & below 65 yrs of age with more than 2 yrs driving experience authorised licensed and signing this agreement may drive this vehicle.
2. All vehicles are supplied with petrol and should be returned with petrol level likewise. A service charge of $10 on top of the petrol surcharge is payable by the hirer should he fail to return the vehicle at the appropriate petrol level.
3. No refund for early return of vehicle. The hirer shall be liable for additional charges for any late return at the rate shown per hour per day, inclusive of CDW and/or PAI where applicable. Any returns after our operation hours will be charged as full day rental.
4. Use of vehicle for illegal purpose (For instance: in connection with theft, drug pedalling or trafficking, smuggling) is strictly prohibited.
5. Vehicle strictly for Singapore use only and may not be driven out of Singapore without prior written consent of Kiraly Group. The hirer is liable for a penalty fee of $200 in additional to the appropriate insurance top up in the case of non-disclosure of Malaysia usage.
6. The hirer and/or driver shall be responsible for all damages or losses howsoever caused, all traffic violations, fines, and penalties imposed on the vehicle for whatsoever reason in respect of or in connection with its use or operation.
7. The hirer and/or driver shall be responsible for all claims, damages, losses, increased insurance premiums, non-waiver excess and cost expense (including legal costs on a full indemnity basis), whatsoever and howsoever brought against, suffered or incurred by you in respect of the vehicle or the use or the operation of the vehicle. Full excess amount to be paid immediately in the event of an accident.
8. Smoke or permit smoking and transport of pets in the vehicle are not allowed. Any offensive smell e.g. cigarette, durian or pet's smell, the hirer and/or driver shall bear the cost of removing the offensive smell or pet's hair between $200-$400.
9. Any punctured tyres, empty petrol tank, loss of vehicle's key or locked key inside a vehicle, by itself, does not constitute a breakdown and that in the event the owner's 24-hours Emergency Service is called upon to respond to such occurrence, the hirer shall bear the cost of such response at $100.00 per trip.
10. In case of accident, the hirer shall report to rental office immediately. An accident report must be made within 24 hours. Failure to comply, the hirer will have to borne all liability from all parties claim. Full excess amount have to be paid immediately in the event of an accident.
11. The hirer/driver also have the responsibility to ensure that the radiator water level in the car is sufficient and do not drive when the vehicle is stall and does not have sufficient water. Any damage to the engine will be bear by the hirer/driver.
12. I understand and agree to the personal data collection statement.

Hirer's Signature