

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	04/01/2021 16:34 (SGT)
Date of Accident	02/01/2021 11:20 (SGT)
Exact Location of Accident	Sheares Link, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK7879Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PRESTO EXPAT MOTORING SERVICES PTE. LTD.
Company Reg No	2XXXXX089K
Email Address	rental@prestoeexpatmotoring.com
Mobile Phone No	(Phone) +65-86082971
Alternative Phone No	(Office) +65-67327737

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
Variant	-
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 - Claiming third party
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5109441522-01
Cover Note Number	-

DRIVER

Name of Driver	SAUNDERS-BOYCE TIMOTHY GEORGE
Passport No/FIN	GXXXX158L

Date Of Driving Pass	14/08/2020
Driving experience	5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86082971
Alt. Phone Number	-
Email Address	tim.boyce@icap.com.sg
Address	27 ELLIOT ROAD #04-11
Address complement	ELLIOT BY THE EAST
Postcode	458706
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 - Major/Minor Rd
Weather Conditions	Raining
Road Surface	Wet

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)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	WIFE
Gender	Female

PASSENGER 2

Name	SON
Gender	Male

PASSENGER 3

Name	DAUGHTER
Gender	Female

PASSENGER 4

Name	DAUGHTER
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

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
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Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM9190P
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ZHANG WUJUN
NRIC No	SXXXX320B
Contact Number	(Phone) +65-97260835
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

AS PER ATTACHED

Google Maps Sheares Link



[Handwritten signature]

12:10
04/01/21

[Handwritten signature]
04/01/2021

Describe Circumstances of the Accident

At approximately 11:20 a.m. on Saturday the 2nd of Jan 2021 I made a right turn from Bayfront Avenue into Sheares Link. Around 20 metres into Sheares Link a white Toyota (Reg- SLM 9190P) made a right turn from Stop Sign on the opposite side of Sheares Link going towards Marina Bay Sands Hotel Tower 1+2, heading directly into the drivers side of my car. I managed to swerve to my left but I was still hit by the Toyota. There was impact made on the rear drivers side door and wheel arch.

Declaration

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

12:10

04/01/21

Witnessed by Reporting Centre Personnel

04/01/2021

ACCIDENT STATEMENT

ACCIDENT DATE: (02 / 01 / 2014) (DD/MM/YYYY), TIME: (11 : 20) (HH:MM)

LOCATION: Sheaves Link

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMK 7879Z
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Mazda 3
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: PERASO EXOT (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 8608 2971
 c) ADDRESS: 27 Elliot Road #04-11
ELLIOT SUTHERLAND 45876

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Husband

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLM 9190 P MODEL: Toyota
 b) DRIVER'S NAME: THONG WUJUN
 c) NRIC/FIN/PASSPORT: S7285320B CONTACT: 9726 0835

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = tim.boyce@icap.com.sg
 VIDEO



491 River Valley Road #01-04 Valley Point Shopping Centre Singapore 248371
Tel: (+65) 6732 7737 Fax: (+65) 6734 7737
CO. REG. NO.: 200713089K
Email: info@prestexpatmotoring.com
Website: www.prestexpatmotoring.com

RA NO. : PEMS-R-200928

RENTAL AGREEMENT

DATE : 28-Sep-2020

HIRER'S PARTICULARS				VEHICLE PARTICULARS AND CHARGES		
NAME : SAUNDERS-BOYCE TIMOTHY GEORGE				DETAILS	OUT	IN
ADDRESS : 27 Elliot Road 04-11 Elliot by the East Singapore 458706				REG NO.	SMK 7879 Z	
TELEPHONE : 8608 2971				COLOR/MAKE & TYPE	Black / Mazda 3 1.5L SP	
EMPLOYER : ICAP ENERGY (SINGAPORE) PTE LTD				DATE	28-Sep-2020	
ADDRESS :				TIME	2PM	
OCCUPATION :				CHECKED BY		
DATE OF BIRTH : 17-Mar-1980				DUE DATE	27-Sep-2022	
DOCUMENT :	PASSPORT/NRIC/ROC	DRIVING LICENCE	EMP / DEP'S PASS	EST. RENTAL DURATION	DAYS / WEEKS / MONTHS	
NO.	535012551	G3006158L	G3006158L		24 MONTHS	
Place of Issue	UK	SINGAPORE	SINGAPORE	RENTAL RATE	\$1,300.00	PER MONTH
Issue Date	21-Mar-2016	14-Aug-2020	27-Mar-2019	RENTAL	\$	1,300.00
Expiry Date	21-Oct-2026	13-Aug-2025	26-Apr-2021	GST AMOUNT	\$	91.00
				TOTAL AFTER GST	\$	1,391.00
ADDITIONAL DRIVER'S PARTICULARS						
NAME : JENNY BOYCE				DEPOSIT via Cash/ Cheque/ Credit Card		
TELEPHONE : 8608 2970				\$ 2,600.00		
DATE OF BIRTH : 21-Apr-1978						
DOCUMENT :	PASSPORT/NRIC/ROC	DRIVING LICENCE	EMP / DEP'S PASS			
NO.	506556401	G3009208U	G3009208U			
Place of Issue	UK	SINGAPORE	SINGAPORE	TOTAL AMOUNT TO COLLECT	\$	3,991.00
Issue Date	4-Nov-2011	14-Aug-2020	27-Mar-2019	PAYMENT BY : <input type="checkbox"/> Cash \$S		
Expiry Date	4-Aug-2022	13-Aug-2025	26-Apr-2021	<input type="checkbox"/> Credit Card <input type="checkbox"/> Cheque #:		
REMARKS						

IMPORTANT:

The said vehicle shall be driven only in Singapore and is NOT insured for use in Malaysia. You are liable to indemnify the OWNER for all loss and damage, (including but not limited to legal costs on an indemnity basis) that arise from the usage of the vehicle in Malaysia.

For non-Singapore Driving Licence holders, it is the HIRER's responsibility to convert his/her foreign driving licence to a Singapore driving licence according to the current Singapore Road Traffic Act. Failing which the HIRER is liable for all loss and damage suffered by the OWNER.

I agree to hire the abovementioned vehicle for the period stated above and be bound by the terms and conditions (page 1 to 4) which I have read and understood.

I further agree that I shall be responsible for the following insurance excess :-
\$1,500 (3rd Party) \$1,500 (Own Damage) of any collision loss or damage howsoever caused to the vehicle whether or not such damage or loss is caused by my or the Authorised Driver's negligence or any breach by me of the terms and conditions of hire. This includes accident loss, damage or liability in connection with flood, strike/riot or other convulsion of nature.


Signature of HIRER

Claim Handling

Accident MT/1115977

Policy No.	5109441522-01	Vehicle No.	SMK7879Z	GST Registration No.
Certificate No.	5109441522-01-000060			
Policyholder Name	PRESTO EXPAT MOTORING SERVICES PTE. LTD.			Policyholder NRIC
Product Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	86082971	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KPK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details				
Report Date	04/01/2021 16:03	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	02/01/2021	Time of Accident hh:mm	11:20	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	SHEARES LINK			

▼ Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	500.00	TP Standard Excess	500.00	
YIED OD Excess	500.00	YIED TP Excess	500.00	Driver is Covered?
Additional Excess	0.00			
Total OD Excess Applicable	1,000.00	Total TP Excess Applicable	1,000.00	

▼ Benefits				
▼ GST Registered Information				
GST Registered	Yes	GST Registration Date	12/05/21	
GST Registration No.	200713089K	GST Status Verified	Yes	
Modification History				

▼ Policyholder Mailing Address				
Address 1	491 RIVER VALLEY ROAD	Address 2	#01-04 VALLEY POINT	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5109441522-01	

▼ OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	SAUNDERS-BOYCE TIMOTHY C	Driver NRIC	G3006158L	Driver DOB
Register Date of Driver License	14/08/2020	Driver Age	40	Driving Experience
Contact No.(Mobile)	86082971	Contact No.(Office)		Contact No.(Home)
Address 1	27 ELLIOT ROAD	Address 2	#04-11 ELLIOT AT THE EAST C	Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.	04-11			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SMK7879Z	Driver Insurer Com.

Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes <input type="radio"/> No <input type="radio"/>	

Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	PRESTO
Contact No.(Mobile)		Contact No.(Home)	
Email Address		OI Vehicle Number	SMK78
Claim Description	SMK7879Z / SLM9190P ON 2 Jan 2021		
Preferred Workshop		Insured Liability	Not at Fault
Sanction No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
			04/01/2021 16:29
		Claim Close Date	

1/4/2021

Claim Handling(accident reporting Claim Task 001 OD-MX)

Report Taken By

ROSLI WAHAB

Workshop
Repairer

Print AK letter

Save

Submit

Attachment

Accident No.	MT/1115977	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	04/01/2021 16:38
Path *		Category *	Confidential
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jan 2021 16:38	SAS	Normal	SAS
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jan 2021 16:38	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jan 2021 16:38	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jan 2021 16:38	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jan 2021 16:38	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jan 2021 16:38	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jan 2021 16:29	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jan 2021 16:29	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jan 2021 16:29	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jan 2021 16:29	Photos	Normal	Photos

Video List

Uploaded By/Date

Folder Date

File Name

Display in New Window

Scan and uploading



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: 5109441522-01-000060

Cover: : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SMK7879Z**
Chassis Number : JM6BM42A8G0329423
2. Name of Policyholder : PRESTO EXPAT MOTORING SERVICES PTE. LTD.
3. Effective Date of Insurance : 09 Jun 2020
4. Expiry Date of Insurance : 08 Jun 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)	: As agreed in the policy terms
EXCESS (SECTION 2)	: As agreed in the policy terms
WINDSCREEN EXCESS	: As agreed in the policy terms
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	: UNITED OVERSEAS BANK LIMITED
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 : INCOME - MT DEPT (00000600471)

Date of Issue : 04 Jun 2020 14:35 hrs (BN)

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive