

# 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 ..... 06/01/2021 11:45 (SGT)  
Date of Accident ..... 31/12/2020 16:00 (SGT)  
Exact Location of Accident ..... 27 Marsiling Dr, Singapore 730027  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SML2033A

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... MATRIX ADVANCED PTE LTD  
Company Reg No ..... 2XXXXX318G  
Email Address ..... sajan\_knr@yahoo.com  
Mobile Phone No ..... (Phone) +65-97730025  
Alternative Phone No ..... +65-92777944

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Sienta  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Reporting only  
Vehicle Category ..... Commercial vehicle

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5110895607-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... NOORMOHIDEEN SHAJAHAN  
NRIC No ..... SXXXX651F  
Date Of Birth ..... 27/05/1979  
Occupation ..... Outdoor

Date Of Driving Pass .....	01/06/2011
Driving experience .....	9 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92777944
Alt. Phone Number .....	-
Email Address .....	sajahan_knr@yahoo.com
Address .....	BLK 522A TAMPINES CENTRAL 7 #07-07
Address complement .....	-
Postcode .....	521522
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 .....	Collided into Parked Vehicle
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) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### 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


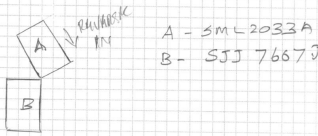
Vehicle Registration Number .....	SJJ7667J
Vehicle Manufacturer .....	Lexus
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	LIM CHEE KEONG
NRIC No .....	SXXXX585E
Contact Number .....	(Phone) +65-91888881
Address .....	-
Address 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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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.
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.

	<i>N. Singh</i> 05/01/2021 16:35	<i>[Signature]</i> 06/01/2020
	Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time
Sketch Plan NEAR BLK 27 MARSHALL GREENS GORPARK		
		

Describe Circumstances of the Accident

I try to Park my car into the parking lot  
 My left side got parked  
 I missed to double check the side  
 mirror only focus the reverse camera.  
 My car left behind bumper hit the  
 parked car front right front side

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*N. D. Singh* 05/01/2021 16:35

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

*[Signature]* 06/01/2021

Witnessed by Reporting Centre Personnel























TOYOTA MOTOR MANUFACTURING INDONESIA  
MODEL NSP170R-MWYNKT  
ENGINE 2NR-FE 1496 mL  
FRAME No. MHFZ28H3200029664  
COLOR TRIM GVM (Kg) OPTION  
1G3 FB20  
TRANS./AXLE K312 -01A  
PLANT/BUILT Z37 03.2017





## ALPHA EXCELLENCE PTE LTD

50 Kallang Pudding Road, Unit 04-01,  
AMA Building, Singapore 349326.  
Email: [alphaexc@gmail.com](mailto:alphaexc@gmail.com)  
Tel: +65 62080014 HP: 97730025

Reg no: 201127031R

## VEHICLE HIRE AGREEMENT

The Agreement made on 01-12-2020 between **ALPHA EXCELLENCE PTE LTD**and **NOORMOHIDEEN SHAJAHAN** holding the NRIC no: S7961651Ffor the period of 01-12-2020 to 30-04-2021 for hiring the vehicle.Customer Mobile no: **92777944**

Customer Emergency contact no:

Description of the Motor Vehicle: <b>2017</b>	Make: <b>TOYOTA</b>	Model: <b>SIENTA 1.5 CVT STD</b>
Vehicle Reg No: <b>SML 2033A</b>	Deposit Amount: <b>500</b>	Payment due date: <b>EVERY TUESDAY</b>
Insurance Company: <b>NTUC</b>	Policy no: <b>S110895607</b>	Expiry date: <b>08-JULY-2021</b>

Date OUT: **01-12-2020**Time OUT: **10:00 AM**Mileage: **142345KM**The Hirer hereby agrees to pay to owner daily / weekly / monthly / term rental of **SGD 360/-** which starts from **01-12-2020**. Hirer agrees to own the vehicle for agreement period of **5** months from above date. If terminate the agreement before the end date, hirer will not get the deposit amount and other than that additional penalty fee of Sgd 300 must be pay together with above stated.

If Hirer fails to make a payment on or before its due date, a late fee of 5 % shall be added to the balance due and shall be payable immediately.

It is the customer responsibility to inspect the vehicle upon collection. He/She should take photographs of any existing scratches and dents and whatsapp within 30 mins to **+65 97730025** after the collection of the vehicle. repair charges will be imposed if the customer fail to do/ new damage if any when the vehicle is being returned.

\*In case of breakdown in Malaysia, hirer responsibility to beware the cost for towing Singapore.

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

1<sup>st</sup> party Excess: **\$2000.00** 3<sup>rd</sup> Party Excess: **\$2000.00** Malaysia Excess: **\$3500.00**

\*Smoking is prohibited in the vehicle. Cost of \$200 will be charged if the car is returned with cigarette smoke smells an ashes.

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

VEHICLE CHECKLIST		
DEALER LOAN CAR REG. CARD & ACCOUNT PROCS	GAS TANK RELEASE LEVER	IGNITION KEY RELEASE BUTTON
OWNER'S MANUAL	DOOR LOCKS	WINDOW BLINDROOF CONTROLS
SEAT FASHION/STEERING CLAMP, ADJ.	HOOD RELEASE	TRANSMISSION CONTROLS
RADIO/CASSETTE DECK CONTROLS	WINDSHIELD WIPER/WASHER	PARKING BRAKE
A/C & HEATER CONTROLS	HEADLIGHTS & EMERG. FLASHER	SEAT BELTS

COMPLETE BEFORE CLOSING WORK ORDER	
CHECK EXTERIOR FOR DAMAGE (DENTS/SCRATCHES, INCLUDE MIRRORS, BUMPERS, AND LIGHTS)	DATE IN: _____
CHECK INTERIOR FOR DAMAGE AND CLEANLINESS, INCLUDE TRUNK	TIME IN: _____
CHECK FOR MISSING EQUIPMENT (RADIO, SPARE TIRE, WHEEL, JACK/TOOLS, OWNER'S MANUAL)	OCCUPANT IN: _____
NOTE CUSTOMER COMMENTS ON VEHICLE OPERATION	CHECKED IN BY: _____