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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

 2. This Form must be <u>completed by the Policyholder and/or the Authorised Dayer</u>

 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.

- 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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	07/01/2021 12:16 (SGT) 06/01/2021 20:30 (SGT) Choa Chu Kang Rd, Singapore JUNCTION CHOA CHU KANG ROAD AND TECK WHYE AVE Singapore
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DETAILS OF OWN VEHICLES		
Vehicle Registration Number	SMM1191C	
INSURED/POLICYHOLDER		
Is company?	Yes	
Name Of Registered Owner	SG EXPRESS CAR RENTAL PTE LTD	
Company Reg No	2XXXXX092E	
Email Address	ADMIN@SG-CARLEASING.COM	
Mobile Phone No	(Phone) +65-88283303	
Alternative Phone No	(Office) +65-88283303	
VEHICLE PARTICULARS		
Manufacturer	Toyota	
Model	Noah	
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	Private car	
INSURANCE COMPANY		
Name of Insurance Company	China Taiping Insurance	
Type of Coverage	Comprehensive	
Fleet Policy	No	
Policy Number	DMHCSNA00000312000	
Cover Note Number	-	
DRIVER		
Name of Driver	RAIHANI BINTE ABDUL RAHMAN	
NRIC No	SXXXX019Z	
Date Of Birth	30/05/1978	

Outdoor

Occupation

Date Of Driving Pass	20/09/2005
Driving experience	15 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93221435
Alt, Phone Number	-
Email Address	RAIHANI.AR@GMAIL.COM
Address	APT BLK 269 TAMPINES ST 21 #06-179
Address complement	24 924 255 1740 1725 51 21 1155 175
Postcode	520269
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	10.73
	re .
Insurance Company of Other Vehicle Owned by Driver	·
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Change/cross lane
Weather Conditions	Clear
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) Has the driver been approached by unknown person(s)	1
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	
DRIVING STRAIGHT IN FIRST LANE, GOING STRAIGHT, WHE ON MY RIGHT SIDE.	N IN YELLOW BOX T-JUNCTION TRAFFIC LIGHT, THE CAR HIT
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	SHC3680G
Vehicle Manufacturer	GHOSOGOG

Vehicle Registration Number	SHC36800
Vehicle Manufacturer	311030000
Vehiala Mardal	⊼ .
Vehicle Variant	-
	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	_
Address	72
Address complement	
Destar de	
Postcode	33 7 5

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- Smm11915				-
- SHC 36806				
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mportant:			- Reporting Only	
ou have been advised by the workshi Jaim against your own policy (OD CLA	op that in the event that you wish to		- Claim OD	
AYS CLAUSE WHEREBY MUST BE MA	ADE within the stipulated time frame		- Claim TP	
om the day of the occurrence.			- Claim OD/ TP at other work	shop
DECLARATION				
/WE declare the foregoing particu	lars are true in every respect.			
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Pallodolder's March	***************************************	••••		
Policyholder's signature Date & Time	Driver's Signature		Reporting Centre Personnel's Signa	iture
	(if driver not the policyholde: Date & Time	1	Name: Nrk/Fin No.	

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.
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- 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.
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- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
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 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 personal information to all 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:

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Driver's Signature

(If driver is not the policyholder)

Date & Time: 7 - 1 - 2031

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

GIANNAC SkutchPlanturm_V3

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type: Owner ID:	Company 092E
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Vehicle No.	SMM1191C
Vehicle to be Exported:	No
Intended Deregistration Date:	12 Jan 2021
Vehicle Make:	TOYOTA
Vehicle Model:	NOAH HYBRID 18X CVT
Primary Colour:	White
Manufacturing Year:	2019
Engine No.:	2ZR0D36845
Chassis No.:	ZWR800377784
Maximum Power Output:	
Open Market Value:	100.0 kW (134 bhp) \$33,861.00
Original Registration Date:	18 Jun 2019
First Registration Date:	18 Jun 2019
Transfer Count:	de la productió de la company de la comp
Actual ARF Paid:	530.404.00
envariantemente en	\$29.406.00
PARF Eligibility:	Yes
PARF Eligibility Explry Date:	17 Jun 2029
PARF Rebate Amount:	\$22,054,00
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COE Expiry Date:	17 Jun 2029
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$32,200.00
	\$32,200.00 \$27,146.00

OK

Features

Type of Vehicle

4 Cylinder Inline DOHC Hybrid Engine, Electro Shiftmatic Auto Transmission, SRS Airbags, Auto Headlights, Traction Controls, Twin Power Doors. View specs of the Toyota Noah Hybrid (2017)



MPV