

# 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 ..... 15/01/2021 15:08 (SGT)  
Date of Accident ..... 16/12/2020 10:05 (SGT)  
Exact Location of Accident ..... PIE, Singapore  
Additional Location Information ..... AFTER PAYA LEBAR EXIT  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKT3852C

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... GO-RENT PTE LTD  
Company Reg No ..... 2XXXXX747D  
Email Address ..... xdetox32@gmail.com  
Mobile Phone No ..... (Phone) +65-92223331  
Alternative Phone No ..... +65-91154422

### VEHICLE PARTICULARS

Manufacturer ..... Volkswagen  
Model ..... Golf  
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 - Reporting only  
Vehicle Category ..... Commercial vehicle

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMHCSNA00000742000  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... YAZID MUNIR SUNGKAR  
NRIC No ..... SXXXX479D  
Date Of Birth ..... 12/04/1985  
Occupation ..... Outdoor

Date Of Driving Pass .....	27/10/2012
Driving experience .....	8 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91154422
Alt. Phone Number .....	-
Email Address .....	xdetox32@gmail.com
Address .....	BLK 607 BEDOK RESERVOIR ROAD
Address complement .....	#02-624
Postcode .....	470607
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? .....	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 .....	SMC5183E
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) ..... -

Accident Report

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE**

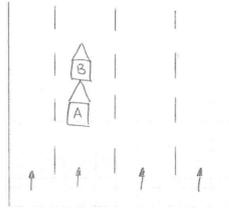
(This Form is to be completed by the Policyholder and/or the Authorised Driver)

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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 if needed.
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 (c) 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 Person's Signature:  Name: \_\_\_\_\_ (NRIC/FIN No.: \_\_\_\_\_)



A: SKT3852C

B: SML51B3E

PIE TUAS After Paya Lebar Rd

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above stated date and time, I was traveling along PIE TUAS After Paya Lebar Rd. I was traveling straight when suddenly vehicle B jammed brake abruptly and I couldn't stop in time and collided on to vehicle B rear portion.

DECLARATION

(We declare the foregoing particulars are true in every respect.)

  
Police Officer's Signature  
Date & Time

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

  
Reporting Centre Person's Signature  
Name  
NRIC/IN No.











Go-Rent Pte Ltd

Office Address: 2 Venture Drive #14-28 Vision Exchange Singapore 608526

**AUTOMOBILE LEASE AGREEMENT**

Agreement No. SK001424  
Agreement Date: 09-04-2020

Lessor	Go-Rent Pte Ltd	ROC No.	201824747D
Address	2 Venture Drive #14-28 Vision Exchange S(608526)	Office No.	6904 8608

Lessee	YAZID MUNIR SUNGKAR	NRIC/UEEN No.	S851177D	Contact 1	91154433
Address	BLK 67 BEDOK RESIDUAL #02-590			Contact 2	
Email Address	Yazidsungkar@rocketmail.com	Date of Birth	15.04.1985	Contact 1	
Address				Contact 2	
Company				Occupation	
Co. Address					
Driving Pass Date	27-10-2012	Driving Class	3	D.O.Birth	

Co-Lessee / GTR		NRIC/UEEN No.		Contact 1	
Address				Contact 2	
Named Driver 2		NRIC/UEEN No.		Contact 1	
Company				Occupation	
Co. Address					
Driving Pass Date		Driving Class		D.O.Birth	

**DESCRIPTION OF VEHICLE (Personal/Private Hire)**

Registration No.	SKT 3852C	Colour	BLACK
Make / Model	VW GOLF	Chassis No.	AS PER RECORD
Reg. Date	** (New / Used) 03-06-2015	Engine No.	AS PER RECORD

<b>TERMS OF RENTAL PAYMENT &amp; PERIOD 1 DAY FREE RENTAL</b>			
Leasing Period	1 MONTH	Deposit	\$500 TOP UP WEEKLY
Leasing Start Date	09-04-2020	1 <sup>st</sup> Rental Fee	\$500 (RENTAL \$256 + DEPOSIT \$254)
Leasing End Date	09-05-2020	Weekly Rental Fee	\$256
Termination Charge	AS PER CONTRACT	Weekly Rental Due on	EVERY 15th & PM

ADMIN CHARGE \$150  
APPLIES FOR A/U STICKER

\$500 PAYMENT  
19.04.2020 15:00H

Other remarks:

1. Payment of deposit & 1<sup>st</sup> rental fee must be cleared upon collection of the car from Go-Rent Pte Ltd.
2. Subsequent weekly rental fee can be made by telegraphic transfer to DBS : 072-003207-1 (with clear indication of the car registration number on remarks).
3. In the event that the Lessee decided to cancel a reservation whereby a booking deposit has already been placed, there shall be no refund on the deposit collected. Strictly no refund after deposit.
4. You shall pay Go-Rent Pte Ltd a late fee of 5% of the late weekly / monthly payment, and an admin charge of S\$25 for each late payment which is not paid within 1 days.

VEHICLE DELIVERY			
Vehicle check out	Date	Time	By:
Vehicle is due back	Date	Time	By:
Vehicle returned	Date	Time	By:
Late Return	Every late hour is chargeable at S\$10 for cars below 1600cc and below, S\$20 per hour for cars above 1600cc up to the 4 <sup>th</sup> hour. Further delays will result in the Lessee(s) being charged for a whole day rental for that particular vehicle.		

OTHER TERMS	
Belonging	All belonging left in cars will be discarded.
Excessive wear & use	You may be charged for excessive wear based on our standard for normal use and for mileage in excess of kilometer (Clause 7.1.10)
Insurance	Mandatory excess of S\$6,000.00 before GST (in Singapore) in respect of each and every single accident. Mandatory excess of S\$8,000.00 before GST (in Malaysia) in respect of each and every single accident.
Others	Shall you failed to make / clear any due payment to Go-Rent Pte Ltd and result in towing of the rental / leased vehicle, charges of towing fee, lost of keys charges, vehicle repair charges, admin fee etc will be charged.

By signing below, you acknowledge that you have read the entire Lease before signing it, and both you and we agree to the terms, conditions and obligation of the Lease.

Signed By Lessee	Signed by Lessor: Go-Rent Pte Ltd
X 	X 
Name / NRIC: <u>YAZID MUKER SUHAKAR</u>	Name / NRIC: Dave Lee S7532623H
X <u>S2511479D</u>	
Name / NRIC:	

For Singapore Usage only.

Additional Premium for Malaysia Usage applies.

Only Applicable to Named Driver Stated in the Contract.

Vehicle must be washed and vacuum upon returned.

Smoking is prohibited in Vehicle. Penalty of \$150 will be imposed if Vehicle is returned in such condition.