

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 23/01/2021 14:36 (SGT)
Date of Accident 23/01/2021 00:35 (SGT)
Exact Location of Accident 637 E Coast Rd, Singapore 459023
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLF1687M

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CRAFT LEASING PTE LTD
Company Reg No 2XXXXX381N
Email Address ADMIN@CRAFTLEASING.COM
Mobile Phone No (Phone) +65-64844115
Alternative Phone No +65-64844115

VEHICLE PARTICULARS

Manufacturer Mazda
Model 3
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
Vehicle Category Private hire

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5109925523-01
Cover Note Number -

DRIVER

Name of Driver TAN GEOK LENG
NRIC No SXXXX920Z
Date Of Birth 15/10/1966
Occupation Outdoor

Date Of Driving Pass	07/05/1987
Driving experience	33 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83063122
Alt. Phone Number	-
Email Address	KH@CRAFTLEASING.COM
Address	BLK 621 BEDOK RESERVOIR RD #04-1472
Address complement	-
Postcode	470621
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 - Change/cross lane
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

REFER TO STATEMENT.

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	SHD8534H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	-

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.

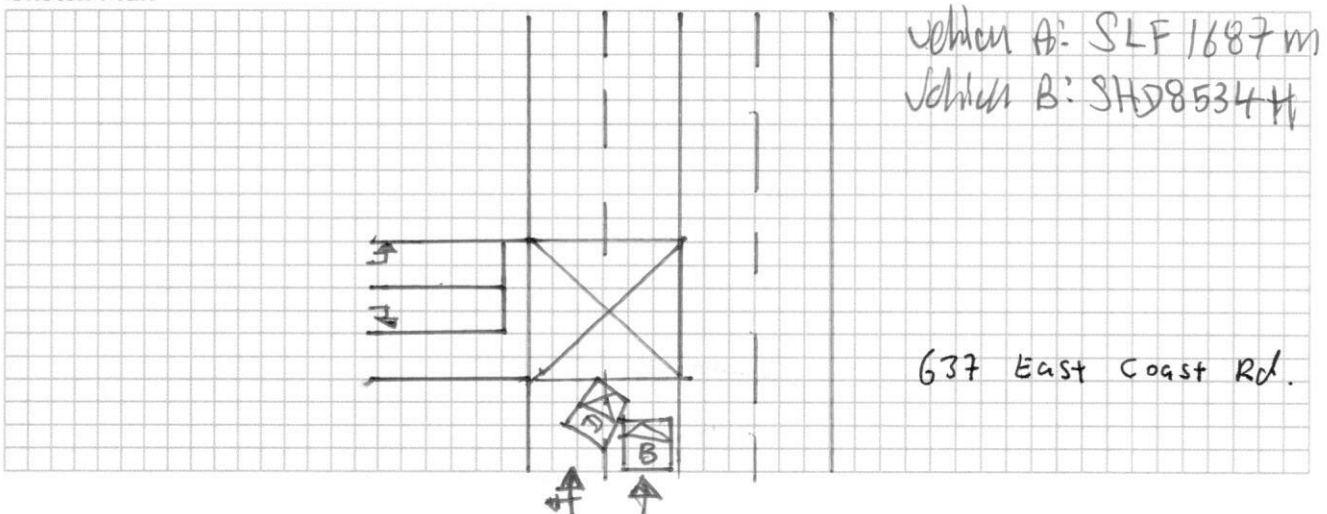


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

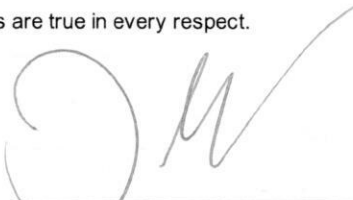
On the stated date & time I, vehicle A
was traveling straight on the stated lanes. I signal
to turn to the right lane didn't notice vehicle B
and collided into vehicle B front left portion.

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



Witnessed by Reporting Centre
Personnel

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: 5109925523-01-000017

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SLF1687M**
 Chassis Number : JM6BM42A8G0346088
2. Name of Policyholder : CRAFT LEASING PTE LTD
3. Effective Date of Insurance : 17 Jul 2020
4. Expiry Date of Insurance : 16 Jul 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)	: S\$1,500
EXCESS (SECTION 2)	: S\$2,500
WINDSCREEN EXCESS	: S\$100
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	: CASHWELL CREDIT PTE LTD
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 : CHUAN LEE ENTERPRISES PTE. LTD. (00000572826)
 Date of Issue : 01 Jul 2020 21:44 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive



210 Turf Club Road, Lot C15A Car Mall
The Grandstand, Singapore 287995
Tel: 6484 4115 Fax: 6468 8156
Email: admin@craftleasing.com
UEN: 201718381N

* Renew Contract

* 6 Days Leave

VEHICLE RENTAL AGREEMENT

(Owner)			
Name	: Craft Leasing Pte Ltd	UEN No.	: 201718381N
Address	: 210 Turf Club Road, Lot C15A Car Mall, The Grandstand, Singapore 287995 Tel: 6484 4115 Fax: 6468 8156, Email: admin@craftleasing.com		
(Hirer)			
Name	: TAN GEOK LENG S1741920Z	NRIC No.	: S1741920Z
Address	: 621 BEDOK RESERVOIR ROAD #04-1472 Singapore 470621	Contact No.	: 8306 3122
Email	: daniel.tan888888@gmail.com		
(Relief Driver)			
Name	:	NRIC	:
Address	:	Contact No.	:

DESCRIPTION OF VEHICLE ("The Vehicle")

Make/ Model	: MAZDA 3	Vehicle Registration No.	: SLF1687M MAZDA 3
Engine No.	: P520374537	Chassis No.	: JM6BM42A8G0346088

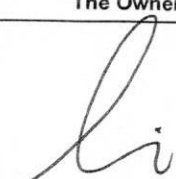

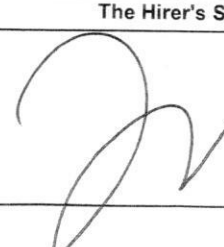
RENTAL PAYMENT DETAILS

Contract Date: 28-10-2020

1. Commencement Date:	28-10-2020
2. Period of Hire: From	28-10-2020 to 28-04-2021
3. Rental Payment of SGD \$ 45.00 Per Day ("the Rental") for period	6 MONTHS due on the Friday of Each Week (payable in advance) ("Due Date"). Late Payment will be charged at \$50 for each and every payment due.
4. Upon signing The Agreement, The Hirer shall pay The Owner a security deposit amount of SGD \$300 (hereinafter referred to as "The Deposit")	

PURPOSE OF RENTING VEHICLE (Please tick the following :)

<input type="checkbox"/>	Personal Usage
<input checked="" type="checkbox"/>	Private Hire Usage
<input type="checkbox"/>	Others (Please Specify):

The Owner's Signature	Date	The Hirer's Signature
 	28-10-2020	

VEHICLE NO: SLF1687m

MAKE & MODEL : Mazda 3

AUTO / MANUAL

DATE OF ACCIDENT

23 / 01 / 2021

*C.C.

TIME OF ACCIDENT

00:35 AM / PM

LOCATION OF ACCIDENT

637 East Coast Rd

EXACT PURPOSE USED AT TIME OF ACCIDENT

EMPLOYMENT / PRIVATE USE / PRIVATE HIRE

NAME OF OWNER

TELP NO

Cratt Leasing Pte Ltd

Email: admin@crattleasing.com

NRIC

Mobile: -

Office: 6484 4115

Home: -

CLAIM TYPE

201718381N

FLEET POLICY:

OD / THIRD PARTY / REPORTING ONLY

INSURANCE CO.

YES / NO ?

TYPE OF COVERAGE

NRIC

POLICY NO.

Comprehensive / Third Party / Third Party Fire & Theft

NAME OF DRIVER

NRIC

AS ABOVE / IF NO: Tan Geok Leng

DATE OF BIRTH

S17419202

15 / 10 / 1966

ANY PASSENGER

YES / NO :

NAME OF PASSENGER

GENDER OF PASSENGER

MALE / FEMALE

OCCUPATION

Outdoor / Indoor

DATE OF DRIVING PASS

07 / May / 1987

GENDER

Male / Female

CONTACT NO.

Mobile: 83063122 Office: -

Home: -

EMAIL:

kh@crattleasing.com

ADDRESS

B1K621 Bukit Persiaran Rd / #04-1472 (S) 470621

DOES DRIVER OWN OTHER VEHICLES?

NO / If yes: Reg No.

INSURER:

RELATIONSHIP

Employee / If No: *Partner*

WEATHER CONDITION

Clear / Raining / Other:

ROAD SURFACE

Dry / Wet / Other:

ANY INJURIES

No / If yes: Who?

CONTACT NO.

POLICE REPORT

No / If yes: Where?

NOTICE OF INTENDED PROSECUTION GIVEN?

NO/IF YES. WHO?

VEHICLE B NO.

SHD8534H

Any Passenger:

NAME

CONTACT NO.

VEHICLE C NO.

Any Passenger:

VEHICLE D NO.

Any Passenger:

VEHICLE E NO.

Any Passenger:

VEHICLE F NO.

Any Passenger:

ANY WITNESS

WITNESS CONTACT NO.

WAS THERE ANY VIDEO CAPTURE?

YES / NO

WAS THERE ANY AUDIO RECORDED?

YES / NO

SCENE ACCIDENT PHOTOS TAKEN?

YES / NO

Have you been approach by unknown person soliciting (s) /

offering accident claims assistance?

YES / NO

EMAIL:rico60autoservices@gmail.com