

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 | 01/03/2021 19:42 (SGT) |
| Date of Accident | 27/02/2021 11:25 (SGT) |
| Exact Location of Accident | Paterson Rd, Singapore |
| Additional Location Information | SLIP ROAD TOWARDS ORCHARD BLVD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SGZ2993B |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|--|
| Is company? | Yes |
| Name Of Registered Owner | PRESTO EXPAT MOTORING SERVICES PTE. LTD. |
| Company Reg No | 2XXXXX089K |
| Email Address | rental@prestoequatmotoring.com |
| Mobile Phone No | (Phone) +65-91378666 |
| Alternative Phone No | +65-91378666 |

VEHICLE PARTICULARS

| | |
|--|---------------------|
| Manufacturer | Nissan |
| Model | Sylphy |
| 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 | NTUC |
| Type of Coverage | Comprehensive |
| Fleet Policy | Yes |
| Policy Number | 5109441522-01 |
| Cover Note Number | - |

DRIVER

| | |
|-----------------------|-------------------|
| Name of Driver | RUMBERG CATHERINE |
| Passport No/FIN | GXXXX950X |
| Date Of Birth | 09/07/1963 |
| Occupation | Indoor |

| | |
|--|---------------------------------|
| Date Of Driving Pass | 08/11/2012 |
| Driving experience | 8 YEARS AND 3 MONTHS |
| Gender | Female |
| Mobile Number | (Phone) +65-91378666 |
| Alt. Phone Number | - |
| Email Address | rental@prestoeexpatmotoring.com |
| Address | 1 KIM SENG WALK #25-04 |
| Address complement | - |
| Postcode | 239403 |
| 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) | 2 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------------|----------|
| 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 AND STATEMENT ATTACH

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 | SGY5606E |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | - |
| Contact Number | (Phone) +65-91170608 |

Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

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**.
3. Information provided must be as **truthful and accurate as possible**. Any willful 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. 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 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 :

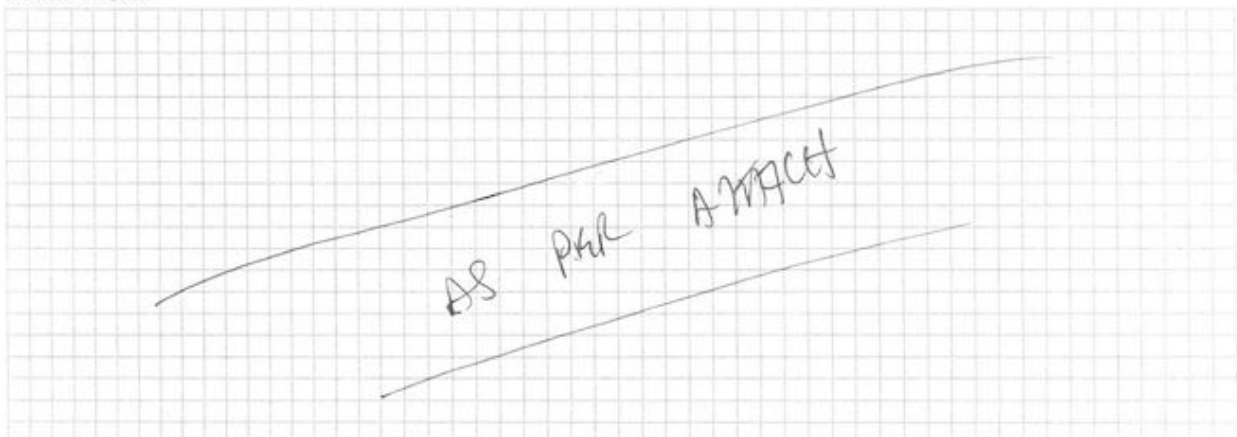
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.



Policyholder's Signature / Date & Time

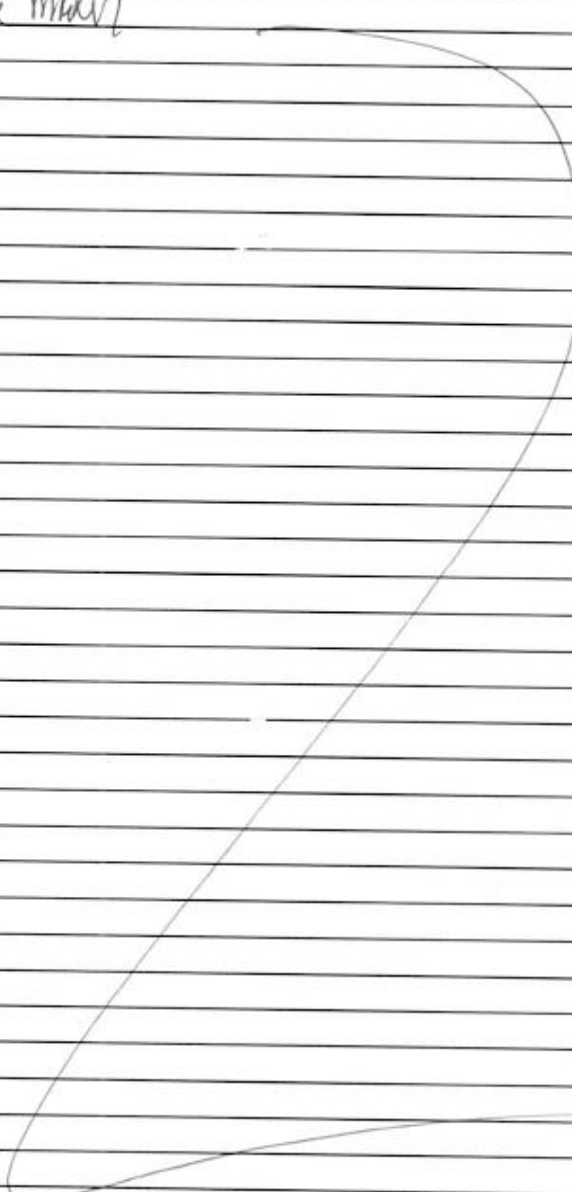
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

REFER TO STATE MAIN



Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Catherine 1/3/21 3:20 PM.
Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] 01/03/2021
Witnessed by Reporting Centre Personnel

SKETCH PLAN



Describe Circumstance of the Accident

A) SGY 5606E
B) SGZ 2993B

11-25 Turning left in the slip Road from Paterson Rd turning into Orchard Boulevard. Was stationary & then moved looking at traffic coming down Orchard Boulevard, I thought car in front had moved forward however car had not & I did not check & ran into the spare wheel ~~case~~ casing. Could only see small scratches on casing of my right front light ^{cover} was broken. No injury with either party, driver of other car said not to bother & was kind (checking on whether we were OK).

Then we exchanged particulars & left the scene.

(B) : SGZ 2993B
(A) : SGY 5606E



Catherine 1/3/21 3:20 PM.

01/03/2021





















401 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@prestoexpatmotoring.com
Website: www.prestoexpatmotoring.com

RA NO. : PEMS-R-200811 - E1

RENTAL AGREEMENT

DATE : 26-Dec-2020

| HIRER'S PARTICULARS | | | | VEHICLE PARTICULARS AND CHARGES | | |
|--|---|-----------------|------------------|---------------------------------------|--|----------|
| NAME | : RUMBERG CATHERINE | | | DETAILS | OUT | IN |
| ADDRESS | : 1 Kim Seng Walk #25-04 Singapore 239403 | | | REG NO. | SGZ 2993 B | |
| TELEPHONE | : 9137 8666 | | | COLOR/MAKE & TYPE | Blue / Nissan Sylphy 1.5 4AT | |
| EMPLOYER | : | | | DATE | 26-Dec-2020 | |
| ADDRESS | : | | | TIME | | |
| OCCUPATION | : | | | CHECKED BY | | |
| DATE OF BIRTH | : 9-Jul-1963 | | | DUE DATE | | |
| DOCUMENT : | PASSPORT/NRIC/ROC | DRIVING LICENCE | EMP / DEP'S PASS | EST. RENTAL DURATION | DAYS / WEEKS / MONTHS | |
| NO. | PA7016674 | G5237950X | G5237950X | | | |
| Place of Issue | AUSTRALIA | SINGAPORE | SINGAPORE | RENTAL RATE | \$ 1,100 PER MONTH | |
| Issue Date | 26-Oct-2016 | 23-Dec-2017 | 11-Nov-2019 | RENTAL | \$ | 1,037.38 |
| Expiry Date | 26-Oct-2026 | 22-Dec-2022 | 11-Nov-2021 | GST AMOUNT | \$ | 72.62 |
| ADDITIONAL DRIVER'S PARTICULARS | | | | TOTAL AFTER GST | \$ | 1,110.00 |
| NAME | : SMITH NEWTON JOHN | | | DEPOSIT via Cash/ Cheque/ Credit Card | \$ | 1,400.00 |
| TELEPHONE | : | | | | | |
| DATE OF BIRTH | : 15-Jun-1958 | | | | | |
| DOCUMENT : | PASSPORT/NRIC/ROC | DRIVING LICENCE | EMP / DEP'S PASS | | | |
| NO. | PE0385230 | G0461428W | G0461428W | | | |
| Place of Issue | AUSTRALIA | SINGAPORE | SINGAPORE | TOTAL AMOUNT TO COLLECT | \$ | 2,510.00 |
| Issue Date | 19-May-2015 | 13-May-2017 | 11-Nov-2019 | PAYMENT BY : | <input type="checkbox"/> Cash S\$ <input type="checkbox"/> Credit Card <input type="checkbox"/> Cheque #: | |
| Expiry Date | 19-May-2025 | 27-May-2022 | 11-Nov-2021 | | | |
| REMARKS Deposit of \$1400 transferred from previous agreement PEMS-R-200818 | | | | | | |

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 :-

\$ 1,000 (3rd Party) \$ 1,000 (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

Page 1 of 4

For and on behalf of Presto Expat Motoring Services Pte Ltd