

# 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 ..... 01/04/2021 10:50 (SGT)  
Date of Accident ..... 30/03/2021 09:15 (SGT)  
Exact Location of Accident ..... Woodlands Ave 3, Singapore  
Additional Location Information ..... TOWARDS BKE/PIE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBK6157K

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... FLUX MOTOR RENTAL PTE LTD  
Company Reg No ..... 2XXXXX858C  
Email Address ..... yongleeong@gmail.com  
Mobile Phone No ..... (Phone) +65-90093214  
Alternative Phone No ..... +65-93860970

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Hiace  
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 - Claiming third party  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 2754

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMCVSNA00087012000  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... AWAL DIN BIN EMBI  
NRIC No ..... SXXXX435J

Date Of Birth .....	19/04/1960
Occupation .....	Outdoor
Date Of Driving Pass .....	08/02/1979
Driving experience .....	42 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-93860970
Alt. Phone Number .....	-
Email Address .....	yongleeong@gmail.com
Address .....	BLK 531 HOUGANG AVENUE 8 #01-291
Address complement .....	-
Postcode .....	530531
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	7
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	WORKER
Gender .....	Male

#### PASSENGER 2

Name .....	WORKER
Gender .....	Male

#### PASSENGER 3

Name .....	WORKER
Gender .....	Male

#### PASSENGER 4

Name .....	WORKER
Gender .....	Male

#### PASSENGER 5

Name .....	WORKER
Gender .....	Male

#### PASSENGER 6

Name .....	WORKER
Gender .....	Male

#### 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? ..... Yes  
 Reasons for not uploading a video of the accident ..... WITH TRAFFIC POLICE  
 Was there any audio recorded? ..... No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SMT7402T  
 Vehicle Manufacturer ..... Chevrolet  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Private car  
 Name of Driver ..... AGILAN S/O DAVID MUNISAMY  
 NRIC No ..... -1  
 Contact Number ..... (Phone) +65-88945576  
 Address ..... -  
 Address complement ..... -  
 Postcode ..... -  
 Insurance Company Name ..... -  
 Nature Of Damage ..... -  
 Details of property damaged in accident ..... -  
 No. Of Passenger (Including Driver) ..... -

## INJURED PERSONS DETAILS

## INJURED 1

Name of injured person ..... AWAL DIN BIN EMBI  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... SLIGHT INJURY  
 Injured person in which vehicle? ..... GBK6157K  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

## INJURED 2

Name of injured person ..... UNKNOWN WORKER  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... SLIGHT INJURY  
 Injured person in which vehicle? ..... GBK6157K  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

## INJURED 3

Name of injured person ..... UNKNOWN WORKER  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... SLIGHT INJURY  
 Injured person in which vehicle? ..... GBK6157K

Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... No

INJURED 4

Name of injured person ..... UNKNOWN WORKER  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... SLIGHT INJURY  
Injured person in which vehicle? ..... GBK6157K  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... No

INJURED 5

Name of injured person ..... UNKNOWN WORKER  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... SLIGHT INJURY  
Injured person in which vehicle? ..... GBK6157K  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... No

INJURED 6

Name of injured person ..... UNKNOWN WORKER  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... SLIGHT INJURY  
Injured person in which vehicle? ..... GBK6157K  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... No

INJURED 7

Name of injured person ..... UNKNOWN WORKER  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... SLIGHT INJURY  
Injured person in which vehicle? ..... GBK6157K  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... No

**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. 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 aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

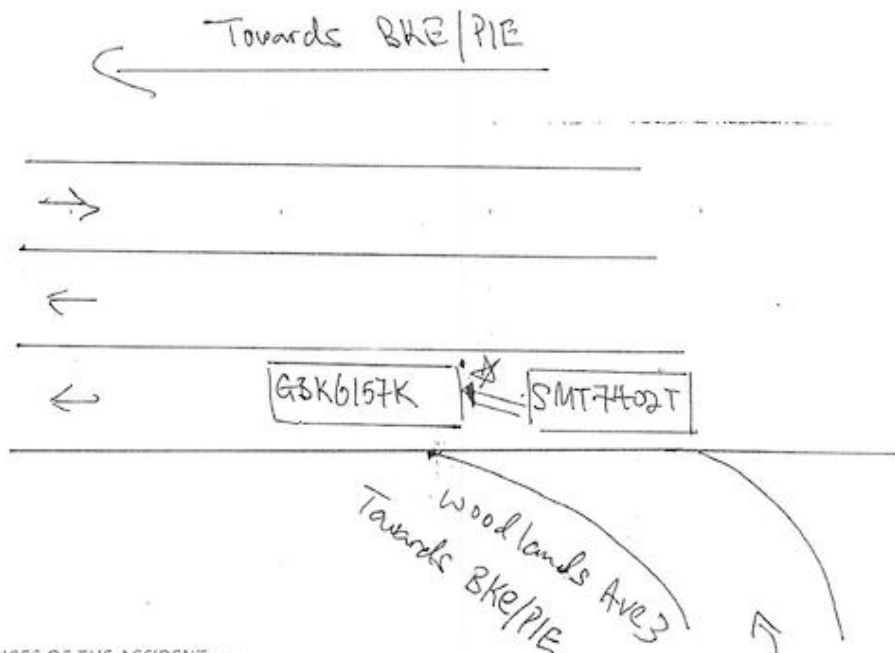
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' 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 legal 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/PRIC No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I am driving towards BKE/PIE from Woodlands Ave 3 exit, when motor car (SMT7402T) bang directly into the back of my Van (G3K6157K).  
Traffic police was call in and together with ambulance. Total was six people in the van during the accident.

DECLARATION

I/We declare the information provided is true in every respect.

Police/holder's Signature  
Date & Time:



Driver's Signature  
(If driver is not the police/holder)

Reporting Centre Personnel's Signature  
(Name):



























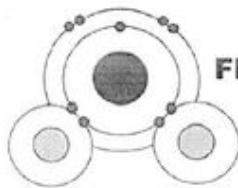












## FLUX MOTOR RENTAL PTE LTD

*Trusted. Reliable. Affordable.*  
Business Reg No : 201925858C

Main Office: 55 Serangoon North Ave 4 #02-11 S(555859)

Tel: 6226 6116 Fax: 6226 6118

Workshop: 55 Serangoon North Ave 4 #02-10 S(555859)

Lease Agreement Contract No: 20201016001

Date: 16/10/2020

This Rental Agreement made between us, FLUX MOTOR RENTAL PTE LTD (UEN: 201925858C) (hereinafter to be referred as "the Company", identified as the Leaser AND YOU, the person(s) identified as the Hirer below :

NAME OF HIRER(S) (IN FULL) : ARISING CLEANING MANAGEMENT PTE LTD

NRIC/PASSPORT/RC/RB NO. : 201937036H

ADDRESS : APT BLK 717A WOODLANDS DRIVE 70 #04-14 SINGAPORE 731717

CONTACT NUMBER : 88914491/84981216

PERSON IN CHARGE : SUYADI BIN SUJAYA

NAME OF DRIVER(S) (IN FULL) : SUYADI BIN SUJAYA

NRIC/PASSPORT NO. : S9605576H

DATE OF BIRTH : 21/02/1996

DRIVING LICENSE NO. : S9605776H

LICENSE ISSUE DATE : 22/01/2019

ADDRESS : APT BLK 717A WOODLANDS DRIVE 70 #04-14 SINGAPORE 731717

### 1. DESCRIPTION OF VEHICLE

REGISTRATION NO. : GBK 6157 K  
MAKE/MODEL : HIACE MANUAL  
COLOUR : SILVER  
ENGINE NO. : 1KDB048621  
CHASSIS NO. : JTFHT02P400250692

### 2. PERIOD OF LEASE

Monthly Basis

From 16/10/2020 ("Commencement Date") to 16/10/2021 ("End Date")

Upon the expiry of the Lease Period, unless this Agreement has already been terminated or the Hirer has served the required notice of termination pursuant to the terms herein, the lease of the vehicle under this agreement shall be renewed automatically on a monthly basis commencing the day immediately after the End date on the same terms and conditions herein.

Return Date: 16/10/2021

Page | 1

Hirer Signature :

**3. LEASE CHARGES**

Amount of SGD\$ 1400 per month (collectively, "Lease Charges") payable in advance on 15th of each month ("Payment Date").

If the Payment Date falls on a non-business day, the Hirer shall make payment of the Lease Charges on the Business Day immediately prior to the Payment Date. Timely payment is to be expected.

**4. DEPOSIT**

Amount: SGD\$ 1000

**5. INSURANCE, ROAD TAX AND MAINTENANCE**

The Company will be responsible for the road tax, maintenance, insurance, and servicing of the Vehicle.

The insurance coverage for the Vehicle will be as follows. The Hirer is to strictly comply with the terms and conditions of the insurance policy.

Excess Amount	:	As stated in the Terms and Conditions annex
Insurance Coverage	:	Third Party Insurance Policy
	:	Others _____

**6. PURPOSE OF USE**

Domestic / Commercial / Others\* \_\_\_\_\_

**7. EARLY TERMINATION OF AGREEMENT**

The Hirer shall be liable to the Company for early termination as stated under the Terms and Conditions in the annex.

**8. MODE OF PAYMENT**

Cash payments are to be made over the counter at the Company's Main Office registered address as stated above.

Bank transfer account number: UOB Current Account 344-313-7244

Company Paynow account number: 201925858C


Cheque can be made payable to: FLUX MOTOR RENTAL PTE LTD

Any payments sent to the Company by post will be at your own risk.

The Agreement Contract herein comprises of the information above and the Terms and Conditions in the annex. The Hirer hereby confirms that he has read, understood, and agreed to the Agreement Contract and Terms and Conditions. I, the Hirer and/or driver(s) understand the Agreement Contract and Terms and Conditions, which were explained to us by the Company's staff. Should there be any breach of the terms of the Agreement Contract herein, all costs and expenses (including legal costs on an indemnity basis) will be borne by the Hirer and Guarantor. Once the Agreement contract has been signed, all Lease Charges and Deposits are not refundable in accordance with the terms herein.

IN WITNESS whereof the Parties hereto have agreed on the day and year above written.

Signed by the Hirer



Name:

Designation:

Company Stamp:

Page | 2

Signed for and on behalf of FLUX MOTOR RENTAL PTE LTD



Name:

Designation:

Company Stamp:

Hirer Signature : 