

# 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 14:57 (SGT)  
Date of Accident ..... 30/03/2021 17:05 (SGT)  
Exact Location of Accident ..... Yishun Ave 2, Singapore  
Additional Location Information ..... CROSS JUNCTION OF YISHUN CENTRAL  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMW6403G

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... MKM CAR LEASING PTE. LTD.  
Company Reg No ..... 2XXXXX734R  
Email Address ..... rina@mkmcarleasing.com.sg  
Mobile Phone No ..... (Phone) +65-96624376  
Alternative Phone No ..... (Office) +65-67476880

### VEHICLE PARTICULARS

Manufacturer ..... Kia  
Model ..... Cerato  
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 ..... Private hire  
Transmission ..... Auto  
CC ..... 1591

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMHCSNA00005852000  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... EDWIN EMMANUEL JR TAMAYO BIRUNG  
NRIC No ..... SXXXX674Z

Date Of Birth .....	25/12/1982
Occupation .....	Outdoor
Date Of Driving Pass .....	12/06/2013
Driving experience .....	7 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96624376
Alt. Phone Number .....	-
Email Address .....	rina@mkmcarleasing.com.sg
Address .....	BLK 301 CLEMENTI AVENUE 4 #15-547
Address complement .....	-
Postcode .....	120301
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 .....	AFTER RAIN
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) .....	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

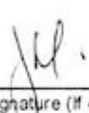
Vehicle Registration Number .....	SLF4765B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-


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

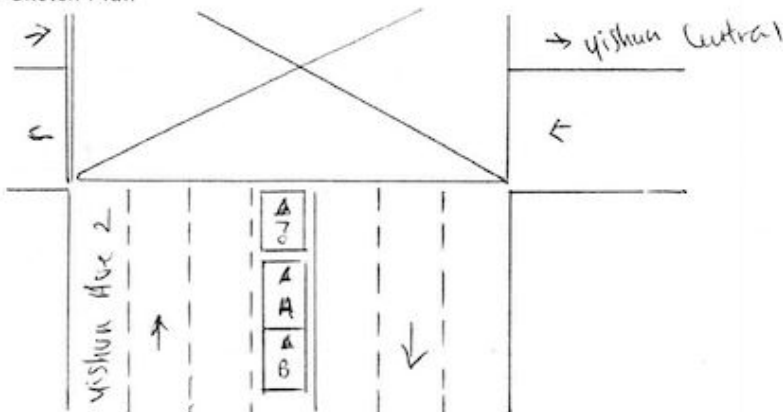
SKETCH PLANIMPORTANT NOTICE

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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' 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.

  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel

Sketch Plan

A = SMW 6403 G

B = SLF 4765 B

## Describe Circumstances of the Accident

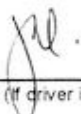
On the stated date and time, I Vehicle 'A' was stationary, suddenly i felt an impact from my rear, So i get out of my car and realized it was Vehicle 'B' hit against my rear portion of my car.

## 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

























176 Sin Ming Drive #04-08,  
Sin Ming AutoCare, Singapore 575721  
Tel: 6747-6880 Fax: 6352-0443  
Co. Reg. No./ GST Reg No.: 201224734R  
Website: www.mkmcarleasing.com.sg  
Email: enquiries@mkmcarleasing.com.sg



## LEASE AGREEMENT

**No. GR20120004**

Date: 03 Dec 2020

### VEHICLE DESCRIPTION

Vehicle No. : SMW6403G  
Make : KIA  
Model : CERATO 1.6(A) LX  
Chassis No. : KNAF1416ML5065308  
Engine No. : G4FGKH753053

### HIRER PARTICULARS

Name : EDWIN EMMANUEL JR TAMAYO BIRUNG  
NRIC/Passport No : S8287674Z  
Address : 301 Clementi Avenue 4  
#15-547 Singapore  
120301  
Contact No. : 96624376  
Email : edwinemmanueljr@gmail.com  
Driving License No. : S8287674Z  
Passing Date : 12/06/2013  
Date of Birth : 25/12/1982  
Next of Kin : EDWARD (Brother)  
Contact No. : 84348812

### LEASE DETAILS

Lease Start Date & Time : 03 Dec 2020 | 1200  
Lease End Date & Time : 09 Aug 2021 | 1200  
Lease Period: : 249 days  
Lease per Day: : S\$ 56.08  
GST 7.00% : S\$ 3.93  
Nett Amount per Day : S\$ 60.01  
Security Deposit (No GST) : S\$ 1,000.00

### IMPORTANT

It is essential that the vehicle be returned to us not later than the period stated above. On the expiration of that period, all third party or the insurance cover ceases to be effective.

### ADDITIONAL DRIVER PARTICULARS

Name :  
NRIC/FIN/Passport No :  
Address :  
Contact No. :  
Driving License No. :  
Passing Date :  
Date of Birth :

### REMARKS

2ND ACCIDENT TO OCCUR, \$3000+ 7% GST

### INSURANCE

(a) Own Excess Damage fee per claim is S\$ 2,000.00;  
(b) Third Party Damage Excess fee per claim is S\$ 2,000.00;  
(c) Outside Singapore Damage Excess fee per claim is S\$ 4,000.00;  
(d) Addition Own Damage Excess fee per claim S\$ 3,000.00;  
is applicable for any of the drivers below:  
(i) Aged 24 years old or below;  
(ii) Aged 66 years or above; or  
(iii) Driving experience in Singapore of less than 2 years under the relevant class of driving license.  
(e) Windscreen Damage Excess fee per claim is S\$ 200.00;

The Agreement herein comprises the Schedule above and the Terms and Conditions annexed hereto. The Hirer confirms that he has read, understood and agreed to the terms of this Agreement.

IN WITNESS whereof the Parties hereto have set their hands the day and the year first above written.

Hirer's Signature  
EDWIN EMMANUEL JR TAMAYO  
BIRUNG

Rented out by  
Leasing Consultant  
MKM Car Leasing