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# **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 witholding of material facts may allow insurance companies to repudiate
- 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 ... 27/08/2021 18:01 (SGT) Date of Accident 26/08/2021 14:50 (SGT) Exact Location of Accident 320 Havelock Rd, Singapore 169628 Additional Location Information OUTSIDE THE WARE HOUSE HOTEL Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

1496

Vehicle Registration Number SLD1886R

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner CRAFT LEASING PTE LTD Company Reg No 2XXXXX381N Email Address nicky1448@gmail.com Mobile Phone No (Phone) +65-86911448 Alternative Phone No (Office) +65-64844115

### VEHICLE PARTICULARS

Manufacturer

Toyota Model Sienta 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 - Claiming third party Vehicle Category Private hire Transmission Auto

### INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Policy Number D21MFL0005172 Cover Note Number

#### DRIVER

CC

Name of Driver SIOW YOKE CUANG DOMINIC NRIC No SXXXX352D

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	12/08/1966 Indoor 02/01/1987 34 YEARS AND 7 MONTHS Male (Phone) +65-86911448 - nicky1448@gmail.com 19 JALAN TEMBUSU - 438231 No Hirer No	
GENERAL INFORMATION OF THE ACCIDENT		
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Raining Dry	
OTHER INFORMATION		
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other vehicle or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 Yes No Yes 1	
DETAILS OF POLICE ACTION		
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No	
CIRCUMSTANCES OF ACCIDENT		
PLEASE REFER TO SKETCH PLAN		
ATTACHMENT(S)		
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No	
DETAILS OF OTHER	R VEHICLE PROPERTY 1	
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Contact Number Address Address complement	SMH4197T Mazda Private car ANGELINE (Phone) +65-87259518	

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

### INJURED PERSONS DETAILS

### INJURED 1

Name of injured person Gender Phone No	SIOW YOKE CUANG DOMINIC Male (Phone) +65-86911448
Address	-
Address Complement	
Post Code	======================================
Approximate Age Years Old	S1 ■
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLD1886R
Were seat belts worn?	
	Yes
Was this injured conveyed to hospital by ambulance?	No

### SKETCH PLAN

### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver
- 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 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)

l 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
- (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
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (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, (collectively the "Purposes") 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.

Witnessed by Reporting Centre Driver's Signature (if driver is not the policyholder) / Date Policyholder's Signature / Date & Ithe Workstack Time HAVMUCK 320 Sketch Plan vehicle A: SLD 1886 ? VENUCIEB: SMH 41977

cribe Circumstances of the Accident	and other many and the stated were of the	+0
n the stated date and time, I vehicle f	A way stationary on the stated verme due a impact on the near of my vehicle. I then as vehicle is who have counted and any	CHIVAS
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		OWNERS II
Declaration		
We declare the foregoing particulars are true in every re	espect.	
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(4) (201715381N)	100 724	08/20
	The state of the s	
(63 × 0)	e (If driver is not the policyholder) / Date  Witnessed by Report	ting Centre

Date of Accident	: 26/08/21 Accident Time: 1450 (24-HR-Format)	)		
Accident Place	: 320 Have lock Road outside The wavehouse Hotel	_		
Vehicle. No. (Car Plate No.)	: SLD 1886R Make/Model: Toyota Sterritor			
Insurance Company	: INDIA Policy No: DZIMFL0005173			
Owner or Company Name /IC No.	: craft leasing pte Ltd (201718381N)	THE STATE OF THE S		
Owner or Company Contact No.	: 64844115 Owner's Hp Company Tel			
DRIVER'S Name / IC No.	: Slow yoke chuang Dominic (517513520)			
DRIVER'S Date Of Birth	: 12/08/1966 DRIVER'S License Pass Date 02/01/198			
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee \ Otherst \ Hire			
DRIVER'S Address	: 19 Jalan Tembusy * S(438231)			
DRIVER'S Contact No./ Alt No.	:1) 8691 1448 2)	<del>Colory</del> )		
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)			
Email Address	: NICKY 1448 @. GMAIL . COM			
Weather & Road Surface	: CLEAR & DRY   RAINING & WET   AFTER RAIN & WET			
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance			
Number of Passengers (Including Was the accident reported to the p Was there any video Captured by Exact purpose for which vehicle vehicle vehicle vehicles of the Passengers (Including Was the Passengers (Including W	olice? YES\NO			
Othe	Party Driver's Particular (if any)			
Vehicle. No: SMH 41977	Vehicle. No:			
Vehicle Make\Model: MAZda	Vehicle Make\Model:			
Name Driver: Anguine	Name Driver:			
IC No. Driver/Contact: 8725				

\* NEW - Passenger's name & gender:



### INDIA INTERNATIONAL INSURANCE PTE LTD

Ca. Bug No. 19870 1792k | GST Beg No M2 407108B6-X nt surger ( ett s | ett.) ett. ett. ett | little Hadding | Singapore 04973 |

Office (65) 63476100 Email insure@miccoming Fix (n5) 62244174 Website www.in.com.sg.

### CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THRID-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THRID-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT 1982 (MALAYSIA)
MOTOR VEHICLES (THRID-PARTY RISKS) RULES, 1959 (MALAYSIA)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

COVER: Comprehensive CERTIFICATE NO.: D21MFL0005172

1. Index Mark and Registration Number of Vehicle

SLD1886R

NSP1707032710

2. Name of Policyholder

CRAFT LEASING PTE LTD

3 Effective date of Insurance

: 17 Jul 2021

4. Expiry date of Insurance

: 16 Jul 2022

5. Persons or Classes of Persons entitled to drive\*

Any person who is driving on the Policyholder's order or with his/their 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

Use for the carriage of passengers in connection with the Policyholder's business or the hirer's business. Use for social, domestic, pleasure purposes and business purposes of the Policyholder or of any person to whom the vehicle is hired

### The Policy does not cover

- (1) Use for racing, pace-making, reliability trial, or speed-testing.
- (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
- (3) Use for any purpose in connection with the Motor Trade.

\*Limitations rendered inoperative by Section 8 of the Motor Vehicles (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 I Excess Section II Windscreen Excess Mice Purchase Company	SGD SGD SGD GENIE F	2,000.00 1,500.00 100.00 INANCIAL SERVICES PTE LTD

Hire Purchase Company

### SUNROOF EXCESS: S\$200/-

FOR DRIVERS BELOW 26 YEARS OLD OR ABOVE 65 YEARS OLD & WITH LESS THAN 2 YEARS DRIVING EXPERIENCE IN SINGAPORE ON THE RELEVANT CLASSES OF DRIVING LICENCE, AN ADDITIONAL EXCESS OF \$2,500/- ON SECTION 1 & II (SEPARATELY) WILL BE APPLICABLE.

PRIVATE HIRE SERVICE (USE FOR HIRE & REWARD) - GEOGRAPHICAL AREA: WITHIN THE REPUBLIC OF SINGAPORE ONLY,

FOR SOCIAL, DOMESTIC & LEISURE PURPOSES ONLY - GEOGRAPHICAL AREA. WITHIN THE REPUBLIC OF SINGAPORE & WEST MALAYSIA.

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).

Agent/Broker : B000002/AON SINGAPORE PTE LTD

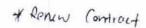
21/07/2021 11:56:16

MZ406 - Hire Car (U/G)

Date of Issue

For India International Insurance Pte Ltd

Authorised Signatory





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

### VEHICLE RENTAL AGREEMENT

(Owner)				
Name		Craft Leasing Pte Ltd	UEN No.	201718381N
Address		210 Turf Club Road, Lot C15A Car Mall, The Grar Tel: 6484 4115 Fax: 6468 8156, Email: admin@cra	ndstand, Singapore 287995	20171030114
(Hirer)		adminger.	anteasing.com	
Name	1	SIOW YOKE CHUANG DOMINIC \$1751352D	NRIC No.	S1751352D
Address	-	19 JALAN TEMBUSU Singapore 438231	Contact No.	8719 8449
Email		nicky1448@gmail.com		
(Relief Driver)	-			
Name	0		NRIC	
Address	1		Contact No.	

## DESCRIPTION OF VEHICLE ("The Vehicle")

	LD1886R TOYOTA SIENTA
Engine No. 2NR8616960 Chassis No. : NS	ISP1707032710

### RENTAL PAYMENT DETAILS

- 10	The state of the s		Contrac	t Date: 26-08-2021
1	Commencement Date: 02-05-2021			
2	Period of Hire: From 02-05-2021	to 02-05-2022		
3	Rental Payment of SGD \$ 55.00 Per Day	("the Rental") for period	12 MONTHS	due on the Friday of Each
4	Week (payable in advance) ("Due Date"). L Upon signing The Agreement, The Hirer sh (hereinafter referred to as "The Deposit")	ate Payment will be charged a	\$50 for each and	every naument due

# PURPOSE OF RENTING VEHICLE (Please tick the following:)

	Personal Usage	
~	Private Hire Usage	XX 100 100 100 100 100 100 100 100 100 1
- Indiana	Others (Please Specify):	

The Owner's Signature	Date	The Hirer's Signature
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