

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	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

Vehicle Registration Number	SLD1886R
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INSURED/POLICYHOLDER

Is company?	Yes
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
CC	1496

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MFL0005172
Cover Note Number	-

DRIVER

Name of Driver	SIOW YOKE CUANG DOMINIC
NRIC No	SXXXX352D

Date Of Birth	12/08/1966
Occupation	Indoor
Date Of Driving Pass	02/01/1987
Driving experience	34 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86911448
Alt. Phone Number	-
Email Address	nicky1448@gmail.com
Address	19 JALAN TEMBUSU
Address complement	-
Postcode	438231
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	Raining
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 vehicle 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	SMH4197T
Vehicle Manufacturer	Mazda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ANGELINE
Contact Number	(Phone) +65-87259518
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	SIOW YOKE CUANG DOMINIC
Gender	Male
Phone No	(Phone) +65-86911448
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
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

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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' 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

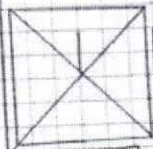
Sketch Plan

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

Witnessed by Reporting Centre Personnel

Personnel

320 HAWKWOOD ROAD on the worktable Home



Vehicle A: SLD 1886R
Vehicle B: SMH 4197T

Describe Circumstances of the Accident

On the stated date and time, I vehicle A was stationary on the stated venue due to red traffic light. Suddenly, I felt a huge impact on the rear of my vehicle. I then came down to check and realized that it was vehicle B who have collided onto my vehicle.

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

[Signature] 27/08/2024

Date of Accident : 26/08/21 Accident Time: 1450 (24-HR-Format)
 Accident Place : 320 Havelock Road outside The warehouse Hotel
 Vehicle. No. (Car Plate No.) : SLD1886R Make/Model: Toyota Sienta
 Insurance Company : INDIA Policy No: DZIMFL0005172
 Owner or Company Name /IC No. : Craft Leasing Pte Ltd (201718381N)
 Owner or Company Contact No. : 64844115 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : Siow Yoke Chuang Dominic (S17513520)
 DRIVER'S Date Of Birth : 12/08/1966 DRIVER'S License Pass Date 02/01/1987
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Hirer
 DRIVER'S Address : 19 Jalan Tembusu S(438231)
 DRIVER'S Contact No./ Alt No. : 1) 86911448 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : NICKY1448@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 Driver): 1
 Was the accident reported to the police? YES \ NO
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private-use \ Work purpose
 Any Injury (If YES, Pls state): YES

Other Party Driver's Particular (if any)

Vehicle. No: SMH 4197T
 Vehicle Make/Model: Mazda
 Name Driver: Angeline
 IC No. Driver/Contact: 8725 9518


Vehicle. No: _____
 Vehicle Make/Model: _____
 Name Driver: _____
 IC No. Driver/Contact: _____

*** NEW - Passenger's name & gender:**

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1969 ROAD TRANSPORT ACT 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-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.

CERTIFICATE NO.: D21MFL0005172		COVER: Comprehensive												
<p>1. Index Mark and Registration Number of Vehicle : SLD1886R</p> <p>Chassis No : NSP1707032710</p> <p>2. Name of Policyholder : CRAFT LEASING PTE LTD</p> <p>3. Effective date of Insurance : 17 Jul 2021</p> <p>4. Expiry date of Insurance : 16 Jul 2022</p> <p>5. Persons or Classes of Persons entitled to drive*</p> <p>Any person who is driving on the Policyholder's order or with his/her permission. The Hirer.</p> <p>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</p> <p>6. Limitations as to use*</p> <p>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</p> <p>The Policy does not cover</p> <p>(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.</p> <p>*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.</p>														
<table border="0"> <tr> <td>Excess Section I</td> <td>: SGD</td> <td>2,000.00</td> </tr> <tr> <td>Excess Section II</td> <td>: SGD</td> <td>1,500.00</td> </tr> <tr> <td>Windscreen Excess</td> <td>: SGD</td> <td>100.00</td> </tr> <tr> <td>Hire Purchase Company</td> <td>: GENIE FINANCIAL SERVICES PTE LTD</td> <td></td> </tr> </table> <p>SUNROOF EXCESS: S\$200/-</p> <p>FOR DRIVERS BELOW 20 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 S\$2,500/- ON SECTION I & II (SEPARATELY) WILL BE APPLICABLE.</p> <p>PRIVATE HIRE SERVICE (USE FOR HIRE & REWARD) - GEOGRAPHICAL AREA: WITHIN THE REPUBLIC OF SINGAPORE ONLY.</p> <p>FOR SOCIAL, DOMESTIC & LEISURE PURPOSES ONLY - GEOGRAPHICAL AREA: WITHIN THE REPUBLIC OF SINGAPORE & WEST MALAYSIA.</p> <p>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).</p> <p>Agent/Broker : B000002/AON SINGAPORE PTE LTD Date of Issue : 21/07/2021 11:56:16 M2406 - Hire Car (U/G)</p> <p style="text-align: right;">For India International Insurance Pte Ltd</p> <p style="text-align: right;"> _____ Authorised Signatory</p>			Excess Section I	: SGD	2,000.00	Excess Section II	: SGD	1,500.00	Windscreen Excess	: SGD	100.00	Hire Purchase Company	: GENIE FINANCIAL SERVICES PTE LTD	
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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

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	SIOW YOKE CHUANG DOMINIC S1751352D	NRIC No.	S1751352D
Address	19 JALAN TEMBUSU Singapore 438231	Contact No.	8719 8449
Email	nicky1448@gmail.com		
(Relief Driver)			
Name		NRIC	
Address		Contact No.	

DESCRIPTION OF VEHICLE ("The Vehicle")

Make/ Model	TOYOTA SIENTA	Vehicle Registration No.	SLD1886R TOYOTA SIENTA 1.5X A
Engine No.	2NR8616960	Chassis No.	NSP1707032710


RENTAL PAYMENT DETAILS

Contract 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 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
	26-08-2021	