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 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.

- 4. The issue and acceptance of this is form by instrained 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 08/09/2021 16:40 (SGT) Date of Accident 07/09/2021 22:00 (SGT) Exact Location of Accident Sentosa, Singapore Additional Location Information MAIN ROAD TOWARDS CITY Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number SGW3601S

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner DYNAMIC CAR RENTAL Company Reg No 5XXXX467K Email Address jasonkcapl@gmail.com Mobile Phone No (Phone) +65-91384753 Alternative Phone No (Office) +65-67465405

VEHICLE PARTICULARS

Manufacturer

Model Wish Variant Exact purpose for which vehicle was being used at time of Employment accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Commercial vehicle Transmission Auto CC 1794

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage ThirdParty Fleet Policy Policy Number DMHCSNA00006442000 Cover Note Number

DRIVER

Name of Driver HAIRUL HIDAYAT BIN ISA NRIC No. SXXXX597F

Date Of Birth 10/09/1982 Occupation Indoor Date Of Driving Pass 18/12/2003 Driving experience 17 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-91384753 Alt. Phone Number Email Address jasonkcapl@gmail.com Address 28 SIMEI STREET 1 #07-12 Address complement Postcode 529948 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 - Change/cross lane Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No 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? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name **HAFIYAH** 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 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 SGY2655H Vehicle Manufacturer

Private car

Vehicle Variant

Vehicle Category

Vehicle Model

Vehicle Colour

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 PLAN

IMPORTANT NOTICE

- 1. 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 <u>truthful and accurate as possible</u>. Any willul misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- The report will be forwarded by the insurers of the GA 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.
- 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)

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

Sketch Plan

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

Sketch Plan

Driver's Signature (If driver is not the policyholder) / Date Reporting Centre Rersonnel
CTY

A: SGW 3601S

B: SGY 2655H

Descr	ibe	Circu	ımsta	nces	of the Ad	cic	lent											
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Declaration

VWe declare the foregoing particulars are true in every respect.

C CAR PROPERTY OF THE PROPERTY

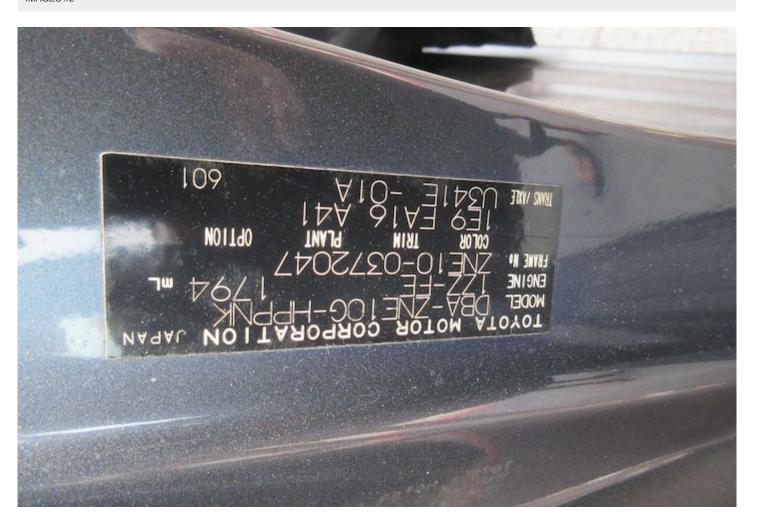
Policyholder's Signature / Date & Time

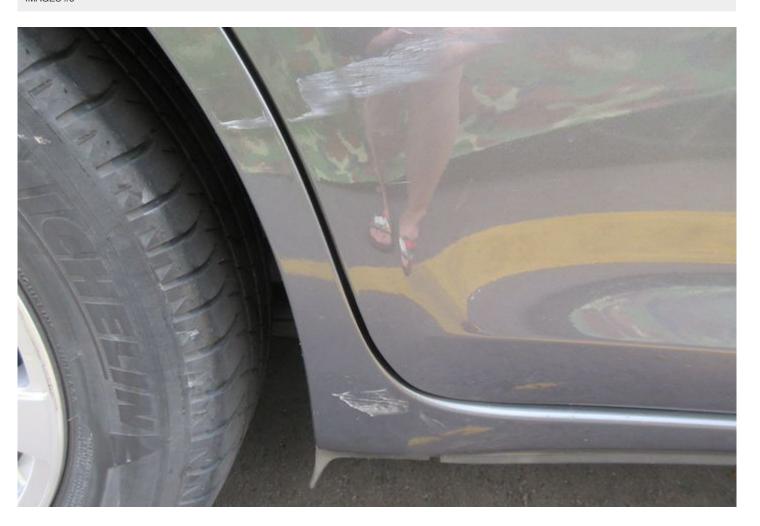
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre

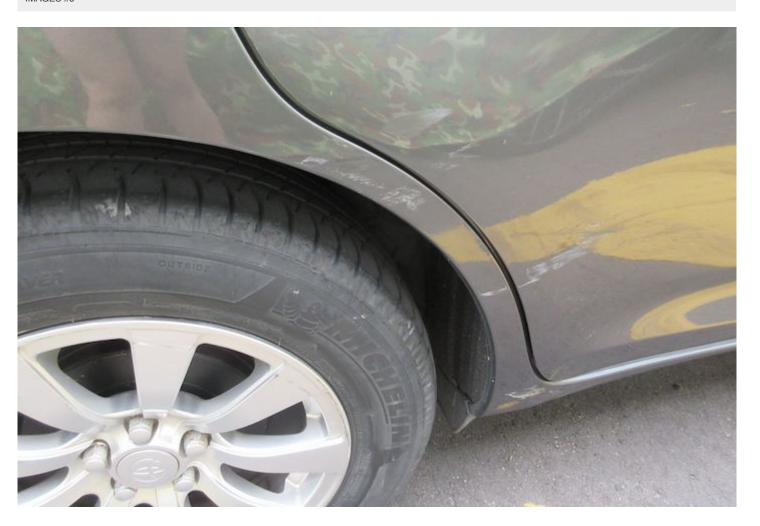
Personnel























Dynamic Car Rental

1 KAKI BUKIT AVENUE 6, #01-46/48/50 AUTOBAY, SINGAPORE 417883. TEL: (+65) 6741 7244, 6746 5405 FAX: (+65) 6745 8520, 6746 5786 Co. Reg. No. 52928467K

RENTAL TERMS AND CONDITIONS No. 21967

Hoirul Hiday	iat Bin Isa		REG. No.	MAKE	MODEL				
DORESS 28 Smei			SU098 MBS	DIESE	L PETROL	E 3/A 1/2 3/4 1			
	21661		KDA TN		DATE & TIME IN	14 22 000			
# 07 - 12			KM		00,09,0001 @	14-20 MI			
Singapore	529948				03 09 2021 @ 14:200m				
31			DRIVEN		TIME USED				
AMED DRIVER									
RIVING LICENCE NO	DATE OF EXPIRY	PLACE OF ISSUE		HOURS	8-55				
S 8229597 F	DATE OF ISSUE	PLACE OF ISSUE			224	11 000 00			
WASSPORT NO	DATE OF ISSUE	Puloc of troot	5	DAVS	©85 180.00	\$ 900.00			
NDD NAMED DRIVER				WEEKS	9'S5				
DRIVING LICENCE NO	DATE OF EXPIRY	PLACE OF ISSUE	I.	ONTHS	988				
PASSPORT NO	BY INITIALLING, F AGREES TO PAY A FOR COLLISION DE	DD FEE	SUB-TOTAL						
IMPORTANT NOTES:			WAIVER (C.D.W.)						
This vehicle is licenced to carry 06 patter too cellund will be given for vehicle return	m eerly				TOTAL RENTAL	\$ 900.00			
No returns will be given for period left in timer in Rabbe to pay loss of earnings who hours in Rabbe to pay all parking fee and it	le damaged setticle is under cepair.				DELIVERY FEE				
Vehicle return during affect from only. No service on Public Holiday and Sumfay					COLLECTION FEI				
Geographical areas: Singapose & West & Down rount for at 18 years old and elever. In trodding a variet relevant class of driver. The vehicle is strengt to be driven by the	og ligenter r person to whom it is hand to and the add	stional driver named in the agreement.	PER DAY PER	WEEK	PER MONTH S				
The twee is not allowed for sub-let the vi ADDITIONAL CONDITIONS:	elucie to another party and subjetting is no	a constrain	BY INITIALLING, I	ENTER					
COMPREHENSIVE COVERED EXCE "Section 1 - Used in Spore Only : 960 "Section II - Used in Spore Only : 960	2000.00 "Section II - Used Dutyide Signi 1500.00 "Section II - Used Dythide Signi	re : 160 3000 80	FOR PERSONAL ACTIVISION AND ACTIVISION AND ACTIVISION AND ACTIVISION ACTIVISI	CLOENT					
*Victories Enters in Spare : SGD 200.0 THIRD PARTY COVERED EXCESS:	0 *VS/screen Extens Outside S por	ne 16D 100 00							
"three must been all costs to the damag "Section II. Used in Spore Deby: 3GD			X						
*Street must be in all costs to the domay "Section II - Used Outside Spore - 560	ps of the return valuele.		PER DAY PER S S	WEEK	PER MONTH \$				
	(E) ge /2 years old (on the date accident) and b	below or paren	PREPAYMENT		TOTAL CHARGE				
COMPREHENSIVE COVERED EXCI	33.		CHECK		DEPOSIT				
*Section 1 - Used in Sipore Dely : 160 *Section II - Dual in Sipore Dely : 160	6000.00 "Section II - Used Outside Sipo	re : 950 12,000 00	CASH						
"W/screen Excess in Sypere : SGD 300" THURD PARTY COVERED EXCESS: "Here must been all certs to the dama			RECEIPT NO.		NETT CHARGE				
*Section 8 - Used in Spore Only : 500	6000.00								
*Section 11 - Used Cutside S'poor : 36									
three as responsible for any costs to the feeling models (DAMAGE / MICHIEL COM-			AMOUNT DUE / PEFUND						
THAVE READ THE TERM OF THIS RENTAL AGRE	IS AND CONDITIONS ON T	BOTH SIDES IEOF.							
SIGNED BY THE PARTIES	HERETO ON THE		DAYO	F					
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