Your NCD will be affected due to late reporting

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.
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	11/11/2021 15:23 (SGT)
Date of Accident	27/10/2021 08:00 (SGT)
Exact Location of Accident	Jln Tan Tock Seng, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFF8287J

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CCA LEASING PTE. LTD.
Company Reg No	2XXXXX720W
Email Address	scotchhere123@gmail.com
Mobile Phone No	(Phone) +65-87544061
Alternative Phone No	+65-87544061

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	ALTIS
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1598

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSNA00008552100
Cover Note Number	-

DRIVER

Name of Driver	JORAIMI BIN SAMSUSIN
NRIC No	SXXXX395A

Date Of Birth	09/11/1961
Occupation	Outdoor
Date Of Driving Pass	30/04/1982
Driving experience	39 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87544061
Alt. Phone Number	-
Email Address	scotchhere123@gmail.com
Address	BLK 117 PASIR RIS STREET 11 #02-531
Address complement	-
Postcode	510117
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	Side Swipe
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	SJV4280Y
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 PLAN

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**.
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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

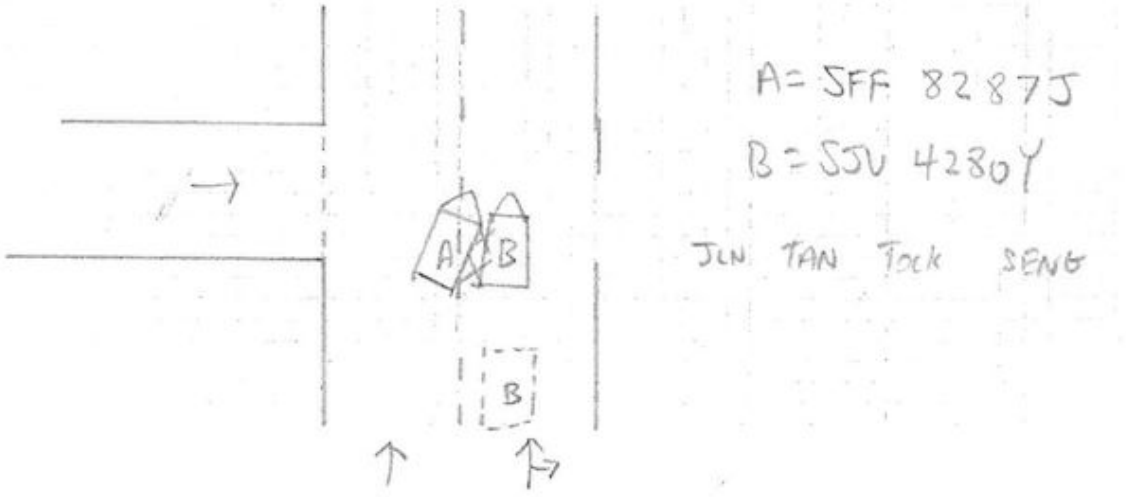
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

CCA LEASING PTE. LTD.

11/11/2021

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON THE STATED TIME AND DATE, I WAS ON THE LEFT LANE ALONG JLN TAN TOCK SENG. I WANTED TO MAKE A RIGHT TURN, I SIGNALED RIGHT WHILE WAITING FOR THE RIGHT LANE TO BE CLEAR, VEHICLE B SLOWED DOWN, WHICH THEN I SLOWLY PROCEED. OUT OF A SUDDEN, VEHICLE B INCREASE HIS SPEED CAUSING MY RIGHT PORTION TO BE DAMAGE.

CCA LEASING PTE. LTD. UEN

Declaration

I/We declare the foregoing particulars are true in every respect.

CCA LEASING PTE. LTD. UEN

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
		11/11/2021

IMAGES


TOYOTA MOTOR CORPORATION
MODEL ZZE141R-GEPEKT
ENGINE 3ZZ-FE 1598 mL
FRAME No. MR053ZEE106153918
COLOR TRIM PLANT GVM(kg)
1D4 EA40 Z35 —
TM/A/BUILT U341E -02A AUG 09
MFD.BY: TOYOTA MOTOR THAILAND CO., LTD. MADE IN THAILAND

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

IMAGES #9

IMAGES #10

PRIVATE HIRE

CCA LEASING PTE LTD

CCA LEASING PTE LTD
UEN No: 201926720W
33 Ubi Ave 3, #06-21
Vertex(Tower B)
Singapore 408868

Rental Agreement & Receipt

Original Copy

Rent ID:
Rental Start Date: 7/5/21
Rental End Date: 14/5/21

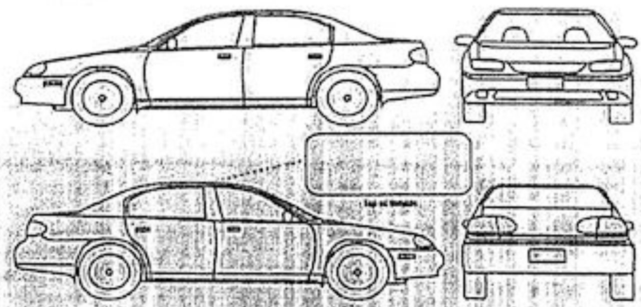
HIRER'S PARTICULARS		VEHICLE DETAILS
Name: Joraini Bin Samsulin	NRIC: S1481339.5A	Vehicle Carplate: SFF8287J.
Address: Blk 117 Pasir ris st 11 #02-531 (s) 510117	Mobile Number: 8754 4061	Make/Model: Toyota Altis

PAYMENT AGREEMENT				
Rental Rate / Day	Payment Term	Deposit	Contract Term	Rebate Scheme
$ 50	2 weeks	$ 200	2 weeks	☐ Referral Scheme, Amount: $____ Referred by:

COLLISION DAMAGE WAIVER (CDW)		
☐ Opt out for CDW	☑ $6 Per Day	☐ $8 Per Day
The hirer is to bear excess of the first SGD$3000/= NETT on the damage to CCA Leasing Pte Ltd (Hirer sign to acknowledge):	The hirer is to bear excess of the first SGD$800/= NETT on the damage to CCA Leasing Pte Ltd (Hirer sign to acknowledge):	The hirer is to bear excess of the first SGD$500/= NETT on the damage to CCA Leasing Pte Ltd (Hirer sign to acknowledge):

BANK DETAILS		EMERGENCY CONTACT	
Account Name:	CCA LEASING PTE LTD	Contact Person:	Chris Lee / Chris Yeo
Bank Name:	UOB CURRENT	Contact Number:	9630 7577 / 9456 6955
Account Number:	396-311-114-0		

VEHICLE INSPECTION



B - Bent BR - Broken C - Cut CR - Cracked D - Dented F - Faded
R - Rust L - Loose M - Missing PC - Paint Chip S - Scratched ST - Stained

CCA Leasing Pte Ltd – Vehicle Rental Agreement Form Page 1 of 3

Hirer's Acknowledgement | Approved By

CCA LEASING