

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 14/01/2022 13:58 (SGT)
Date of Accident 13/01/2022 10:12 (SGT)
Exact Location of Accident Choa Chu Kang North 5, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJA9095T

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CHANG PRIAUTO
Company Reg No 5XXXX420M
Email Address claims@lap.com.sg
Mobile Phone No (Phone) +65-82821703
Alternative Phone No +65-98395990

VEHICLE PARTICULARS

Manufacturer Toyota
Model Wish
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 1794

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage ThirdParty
Fleet Policy No
Policy Number DMHCSNA00015682101
Cover Note Number -

DRIVER

Name of Driver YAHYA BIN KAMSEER
NRIC No SXXXX981Z

Date Of Birth	08/03/1962
Occupation	Outdoor
Date Of Driving Pass	04/10/1993
Driving experience	28 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98395990
Alt. Phone Number	-
Email Address	yahyakanseer@yahoo.com
Address	BLK 437 JURONG WEST AVENUE 1 #03-434
Address complement	-
Postcode	640437
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	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?	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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT T/20210113/7030

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	SMZ9784X
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	YAHYA BIN KAMSEER
Gender	Male
Phone No	(Phone) +65-98395990
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJA9095T
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.

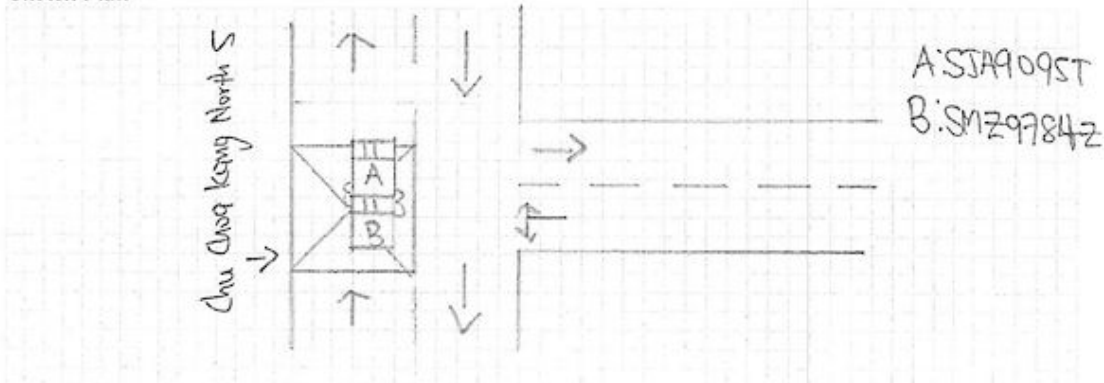


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I was travelling along Chu Chua long North S as I was turning right ^{to carpark} with right signal on, look out for traffic to be clear. Suddenly I felt a huge impact from my rear of my vehicle. I got down of my vehicle and realise vehicle B collided onto my vehicle.

POLICE REPORT 1/20210113/7030

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

YLF

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

Witnessed by Reporting Centre Personnel 14/01/2021























CHANG PRIVAUTO
526 Hougang Ave 6 #06-147, Singapore 530526

VEHICLE LEASE AGREEMENT

This agreement is made on the (Date) 3/12/19

BETWEEN

CHANG PRIVAUTO, 526 Hougang Ave 6 #06-147, Singapore 530526, Tel: 82821703 (Jian Shun)
[Hereinafter referred to as the "Lessor" which article shall wherever the context so admits include its assigns and successor in title] of the one part;

AND

Name: Yahya Bin Kamseer NRIC/ID: S1531981Z
Address: 437 Jurong West Ave 1 #03-434 S640437
Date of Birth: 8/3/1962 Contact No.: 98395990
[hereinafter referred to as the "Lessee" which article shall wherever the context so admits include its assigns and successor in title] of the other part

RECITALS;

- Whereas the Lessor is the owner of a make and model of motor vehicle of the following description:
Registration number SJA9095T; Model Toyota Wish; Colour Silver
- Whereas the Lessee is desirous of leasing and the Lessee has agreed to lease the aforesaid motor vehicle on the terms and conditions herein contained

NOW THEREFORE THE PARTIES AGREE AS FOLLOWS:

1. DURATION

The agreement shall endure for a period commencing from 3/12/19 to 2/1/20 and shall then continue indefinitely until renewal or termination with the mutual agreement of the Parties.

2. RENTAL

The motor vehicle is hereby leased at a rate of S\$ 350/week inclusive of GST with the following conditions:

- Unlimited mileage
- Servicing and maintenance
- Road tax
- Vehicle insurance (NOT INCLUDING applicable excess payable incurred by Lessee)
- 24 hours breakdown and emergency service (SINGAPORE ONLY)
- Lessee will be liable to a late payment administrative fee of SGD \$50.00 plus 2% late payment (computed on a monthly basis) if the Rental or other applicable payment remain unpaid after becoming due.
- In the event, the Rental remains unpaid for more than THREE (03) calendar days, the Lessor may lodge a police report as a loss of vehicle and activate the vehicle repossession team to retrieve the vehicle. The incidental cost of the repossession process will be charged to the Lessee.
- All payments due hereunder shall be made to the Lessor at its address stated herein. Any payment sent by post shall be sent at the risk of the Lessee. Payment mode can be in CASH, CHEQUE or BANK TRANSFER to the following account:
CHANG JIAN SHUN (POSB SAVINGS)
Account Number: 186-11772-7
- Additional named drivers can be included to drive the vehicle with prior approval from the Lessor. Any additional driver will be charged at SGD \$25.00 weekly. This amount will be valid throughout the rental period.

DEPOSIT

3.1 The Lessee shall upon signing this Agreement pay to the Lessor a deposit (the Deposit) of S\$ 300 as security.