

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 13/01/2022 15:20 (SGT)
Date of Accident 05/01/2022 16:37 (SGT)
Exact Location of Accident Orchard Rd & Scotts Rd, Singapore
Additional Location Information JUNCTION OF ORCAHRD ROAD AND SCOTTS ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMH7215E

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ALPINE CAR RENTAL PTE LTD
Company Reg No 1XXXXX483E
Email Address A6679B@GMAIL.COM
Mobile Phone No (Phone) +65-88181638
Alternative Phone No (Home) +65-88181638

VEHICLE PARTICULARS

Manufacturer Mazda
Model Cx-5
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 car
Transmission Auto
CC 2488

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number 5112296399-02
Cover Note Number -

DRIVER

Name of Driver WADHAWAN PARAG
Passport No/FIN GXXXX082L

Date Of Birth	14/02/1976
Occupation	Indoor
Date Of Driving Pass	31/10/2016
Driving experience	5 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97562741
Alt. Phone Number	-
Email Address	A6679B@GMAIL.COM
Address	12A 8 Claymore Hill
Address complement	-
Postcode	229572
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?	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 ATTACHED

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	SLN491A
Vehicle Manufacturer	Audi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ANJALI GROVER
NRIC No	SXXXX612G
Contact Number	(Phone) +65-97576236
Address	-

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

IMPORTANT NOTICE

1. Please read this carefully for details on the use of this report by the insurers.
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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;
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims;
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or mitigating fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (ii) for complying with requirements under any regulations, laws or court orders.

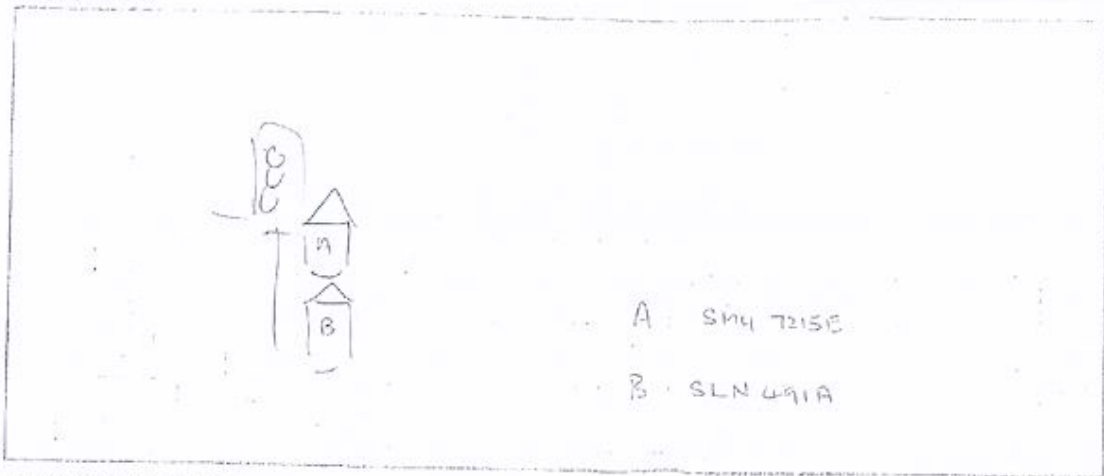
Policyholder's Signature
Date & Time

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

Reporting Centre Personnel's Signature
Name
GIA/IRI No.



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle was at a complete stop & stationary at traffic junction of Orchard Road. Traffic light was red suddenly black Audi SLN 491A hit the rear of my vehicle SMH 7215E

DECLARATION

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

Policyholder's Signature
Date & Time:



Officer's Signature
(if driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name:
NRH Ref No:



















ALPINE CAR RENTAL PTE LTD

GST REGISTRATION NO. : M2-0094320-1



MAIN : COMPANY REG NO - 19900341
SINGAPORE
TEL:65532122 FAX:65531911

HIRING AGREEMENT : REN-1911A00081R
DATE : 01/02/2019

PLEASE QUOTE THIS NUMBER IN ALL PAYMENTS AND CORRESPONDENCE

VEHICLE				CORPORATE HIRER	
Vehicle No	: SMH7215E			Co. Name	: HAMILTON SUNDSTRAND PACIFIC AEROSPACE PTE LTD
Model	: CX-5 2.5 AT SUPUER LUXURY 2WD			Co. Addr.	: 18, BEDOK SOUTH ROAD(ATTN: ACCOUNTS PAYABLES) Singapore 469276
Change Over 1	: Date: Initial:			Co. Person	: Tel:
Change Over 2	: Date: Initial:				

NAMED DRIVER							
Name	Address		Office Tel	Residence Tel	Occupation	P.P./L.C No.	Nationality
Date of Birth	Place of Birth	Dr. Licence No.	Expiry Date	Country of Issue	Remark		
WADHAWAN PARAG	Unit 12A, 8 on Claymore, 8 Claymore Hill Singapore				MALE	G4029082L	AMERICAN
14/2/1976	NP	000023287479	14/2/2024	US			
WADHAWAN PRAVEE	Unit 12A, 8 on Claymore, 8 Claymore Hill Singapore				FEMALE	G3970140K	AMERICAN
22/2/1979	IN	000039019388	22/2/2025	US			
CHECK OUT	DATE / TIME	: 01/02/2019 1:00:00PM	PETROL LEVEL OUT	: Full tank	OUT(KM)	: 0.00	
CHECK IN	DATE / TIME	:	PETROL LEVEL IN	: Empty tank	IN(KM)	: 0.00	
METHOD OF PAYMENT	:	CHEQ			KM DRIVEN	: 0.00	

CHECKED OUT BY : PHILLIP PHANG

CHECKED IN BY :

CHECKED BY : 01/02/2019

COLLISION DAMAGE WAIVER				PERSONAL ACCIDENT INSURANCE			
ACCEPT CDW EXCESS	DECLINES CDW EXCESS	ACCEPTS PAI	DECLINES PAI				
\$ per accident	\$ per accident	SIGNATURE :	SIGNATURE :	SIGNATURE :	SIGNATURE :		

CHARGES							
No.	Desc.	Bill From	Bill To	Qty.	Qty. Uom.	Price	Price Uom./total Amount (@ \$)
1	RENTAL-MTHLY NAME OF DRIVER: MR WADHAWAN PARAG & MRS WADHAWAN PRAVEEN VOIRA	01/02/2019	31/01/2022	1.00	MTH	MTH	
Remarks : 1) INSURANCE EXCESS - NIL 2) CONTRACT PERIOD 36 MONTHS (01/02/2019 TO 31/01/2022)				SUBTOTAL	:		
				LESS DISCOUNT	:		0.00
				TOTAL	:		
				GST @ 7.00%	:		
				TOTAL AMOUNT WITH GST @ 7.00%	:		
PRE-PAYMENT				DOWNPAYMENT AND DEPOSIT	:		0.00
				AMOUNT REFUNDED/DUE	:		

Invoice No :

Rec No :

IMPORTANT: The vehicle will not be insured after the expiry of the hire period and in case of any accident the Hirer will be liable for all consequences. For extension of rental please inform us at least 24 hours before the expiry time and payment for extended rental will have to be made within 24 hours. Late charges at 1/3 (one third) of the daily rate of rental for each hour exceeding the time for return of the Vehicle will be imposed. A full day rental will be charged if the Hirer is 3 or more hours late returning the vehicle. Any vehicle not returned within 24 hours will be regarded as stolen. Hirer is responsible for all parking & traffic violations and missing items.

HIRER'S DECLARATION: I agree to the terms and conditions above and as set out below and I declare that all information given on this form are true and accurate. If I opt to pay by credit card, my signature here is to be deemed to have been on the application, credit card voucher.

Privacy Consent: I/We (HAMILTON SUNDSTRAND PACIFIC AEROSPACE PTE LTD) hereby consent to the collection, use, disclosure and processing of my/our personal data in accordance with the terms and conditions governing the products & services provided for hire.

ALPINE CAR RENTAL PTE LTD

As Managers on Behalf of

OWNER



SIGNATURE FOR REFUND

HIRER

COMPANY STAMP



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: S112256309-02-000150

Cover : drive PREMIUM

1. Index mark and Registration Number of Vehicle : SMH7215E
 Chassis Number : JMEKF2WLAK027815
2. Name of Policyholder : ALPINE CAR RENTAL PTE LTD
3. Effective Date of Insurance : 01 Sep 2021
4. Expiry Date of Insurance : 31 Aug 2022
5. Persons or Classes of Persons entitled to drive/
 - (a) The Policyholder.
 - (b) Any other person who is driving on the Policyholder's order or with his/her 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.
6. Limitations as to Use/
 - (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

If Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	:	*****
EXCESS (SECTION 2)	:	
WINDSCREEN EXCESS	:	
ADDITIONAL EXCESS	:	N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	:	YES
INSURE WITH COE	:	YES
NCD PROTECTION	:	NO
TRANSPORT ALLOWANCE	:	NO
EXCESS WAIVER	:	NO
PRIMARY DRIVER	:	N/A
NAMED DRIVER (1)	:	N/A
NAMED DRIVER (2)	:	N/A
HIRE PURCHASE COMPANY	:	DBS BANK LTD
SUM INSURED	:	MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency : ALPINE FINANCIAL PTE. LTD. (00000615424)

Date of Issue : 01 Sep 2021 09:36 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive