

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 21/01/2022 16:40 (SGT)
Date of Accident 21/01/2022 11:35 (SGT)
Exact Location of Accident Singapore
Additional Location Information NORTH BRIDGE ROAD INFRONT OF GOLDEN LANDMARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGT7277J

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner QWESOME RENTALS PTE LTD
Company Reg No 201701835N
Email Address AUGUSTINE.YIEW@YAHOO.COM.SG
Mobile Phone No (Phone) +65-93632657
Alternative Phone No +65-93632657

VEHICLE PARTICULARS

Manufacturer Toyota
Model Noah
Variant TOYOTA / NOAH HYBRID 7-SEATER 1.8X CVT
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 1797

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5117883794-01-000046
Cover Note Number -

DRIVER

Name of Driver SULAIMAN BIN SKAYAN
NRIC No S1774286H

Date Of Birth	04/04/1966
Occupation	Outdoor
Date Of Driving Pass	25/04/2001
Driving experience	20 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91871016
Alt. Phone Number	-
Email Address	AAMANLEHAM@GAMIL.COM
Address	APT BLK 630 SERANGOON NORTH AVE 4
Address complement	02-10
Postcode	550530
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

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	FBJ3580X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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

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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' 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.



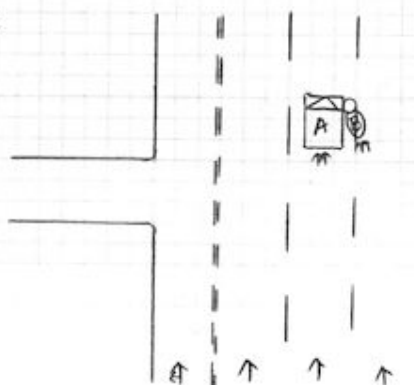
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

North Bridge Road in front of Golden Landmark



Vehicle A: SG17277J
Vehicle B: FB33580X

Describe Circumstances of the Accident

On the stated date & time, I, vehicle A (S6T 777J) was travelling straight at the stated location on Lane 2. Out of sudden, I felt an impact from the right portion of my vehicle. I saw vehicle B (FBJ3580X) from Lane 1 abruptly swerved to my lane and collided onto the right portion of my vehicle causing damages.


I will be repairing my vehicle at C.S. ONGO Auto Pte Ltd

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

 21/01/2022

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

pec 21/1/22

Witnessed by Reporting Centre Personnel

Owesome Rentals P/L		Rental Agreement	
183 Jalan Pelikat, #01-10 The Promenade@Pelikat S(537643) Tel: 646 30620 Fax: 646 30619 www.owesomerecarrentals.com			
VEHICLE		CHECK OUT / CHECK IN	
Vehicle No: <u>S977277J</u>	Model: <u>Toyota Noah 1.8</u>	DATE OUT: <u>08/11/2021</u>	TIME OUT: <u>1130</u> HRS
Change Over 1: _____	Date: _____ Initial: _____	PETROL LEVEL OUT: <u>1/8 1/4 1/2 5/8 3/4 7/8 F</u>	
Change Over 2: _____	Date: _____ Initial: _____	DATE IN: <u>07/05/2022</u>	TIME IN: _____ HRS
		PETROL LEVEL IN: <u>1/8 1/4 1/2 5/8 3/4 7/8 F</u>	
NAMED DRIVER			
Name: <u>SULAIMAN BIN SAIKYAN</u>		KM OUT <u>27000/cu</u> KM IN _____	
Address: <u>Blk S30 Serangoon North Ave 4</u> <u>#02-10 S(550530)</u>		KM DRIVEN: _____	
Office Tel: _____	Home Tel: _____	EXCESS & ADMINISTRATION CHARGES	
Occupation: _____	Mobile No: <u>9187 1016</u>	Within Singapore <u>\$3,500</u> per accident	Outside Singapore within Malaysia <u>\$7,000</u> per accident
P.P / I.C No: <u>1774286H</u>	Nationality: <u>Malay</u>	SIGNATURE: _____	SIGNATURE: <u>X</u>
Date Of Birth: <u>04/04/1966</u>	Place Of Birth: <u>1</u>	ADDITIONAL CHARGES	
Driving Licence No.: <u>S1774286H</u>		LOSS OF KEY <u>\$250</u>	SMOKING IN CAR <u>\$200</u>
Date Of Issue: <u>05/04/2003</u>	Country Of Issue: _____	LATE RENTAL PAYMENT <u>\$20 PER DAY TILL FULL PAYMENT</u>	
Email Address: _____		CAR START ASSISTANCE: \$80	TOWING: \$80
		SIGNATURE: _____	SIGNATURE: _____
ADDITIONAL NAMED DRIVER		RETURNING A DIRTY CAR WILL COST YOU \$20	
Name: _____		METHOD OF PAYMENT	
Address: _____		Weekly rental Payments to be credited to POSB Acc: 042-27675-8	
Office Tel: _____		CHARGES	
Occupation: _____		Hours @\$ _____ per Hour	
P.P / I.C No.: _____		Days @\$ _____ per Day	
Date of Birth: _____		Weeks @\$ _____ per Week <u>\$560</u>	
Driving Licence No.: _____		Months @\$ _____ per Month	
Date of Issue: _____		SUB-TOTAL (1)	
Email Address: _____		Less Discount: _____ %	
Remarks: <u>min 6 mths Contract</u> <u>No upfront payment</u>		RENTAL CHARGES	
		Deposit <u>\$1000</u> /-	
		PETROL SURCHARGE _____	
		MISC _____	
		SUB-TOTAL (2)	
		GST@ 7% _____	
		TOTAL CHARGES	
		PRE-PAYMENT	
		DOWNPAYMENT AND DEPOSIT _____	
		AMOUNT REFUNDED / DUE _____	
		SIGNATURE OF REFUND _____	
CHECKED OUT BY: _____		Contract period From: _____ To: _____ (Non-Completion of contract shall result in Forfeiture of Deposit)	
Initial: _____			
CHECKED IN BY: _____			
Initial: _____			
Owesome As Managers on Behalf of _____			















