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	21/04/2022 16:20 (SGT)
Date of Accident	21/04/2022 12:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AYE TOWARDS MCE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN6562C

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TCRP PTE. LTD
Company Reg No	201800913H
Email Address	SUPPORT@RIDENOW.SG
Mobile Phone No	(Phone) +65-91380218
Alternative Phone No	+65-91380218

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Colt
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 hire
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	5112364614-02
Cover Note Number	-

DRIVER

Name of Driver	ALAGURAJ ABBIE ROSHAN
NRIC No	T0071364Z

Date Of Birth	18/09/2000
Occupation	Indoor
Date Of Driving Pass	16/09/2020
Driving experience	1 YEAR AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88570931
Alt. Phone Number	-
Email Address	SUPPORT@RIDENOW.SG
Address	BLK 6 GATEWAY DRIVE
Address complement	#14-16
Postcode	608535
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	Raining
Road Surface	Wet

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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SOUNIKA
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

ON THE SAID DATE AND LOCATION I WAS ON THE EXTREME RIGHT LANE. IT WAS RAINING AT THE POINT OF TIME.AS VEHICLE OF STOP DUE TO THE FLOOD, I THEN SLOW DOWN. A FEW MOMENTS LATER SUDDENLY I FELT AN IMPACT ON MY REAR AS MY VEHICLE WAS REAR ENDED BY ANOTHER VEHICLE BEHIND.NO INJURY IN THIS CASE.

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	SML5560A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TE ZHAO YAN
NRIC No	S9448779Z
Contact Number	(Phone) +65-83822390
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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.

   (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:

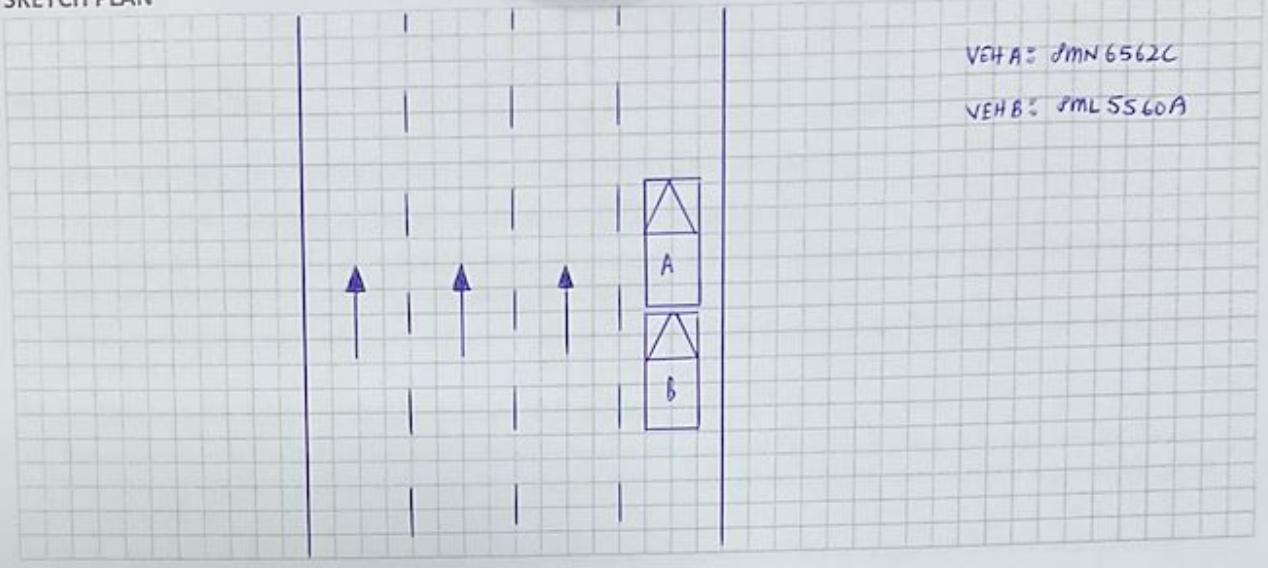
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

TCRP PTE LTD

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time: 21/04/2022 1615HRS	(If driver is not the policyholder)	Name: JUPHYAN
	Date & Time: 21/04/2022 1615HRS	NRIC/FIN No.: S9929991

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO GEARS REPORT

DECLARATION

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

TCS PTE LTD

Policyholder's Signature
Date & Time: 21/04/2023 1615HRS

Driver's Signature
(If driver is not the policyholder)
Date & Time: 21/04/2023 1615HRS

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

PRIVATE HIRE

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0 7224L000O Vehicle Registration No: SMN 6562C

Name (as shown in NRIC): ALAGUEAJ ABBIE PRIYAN NRIC/FIN/Passport No: T0071364Z

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: BLK 6 GATEWAY DRIVE # 14-16 Singapore (608539)

Contact (Tel): Mobile No.: 8857 0931

Email Address: SUPPORT@RIDEHOW.SG

Date of Accident: 21/04/2022 Time of Accident: 1250 HRS

Place of Accident: AYE TOWARDS MCE

Insurance Company: NTUC INCOME

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

- AMEND ON THIRD PARTY CONTACT NUMBER

ICPP PTE LTD
ROC NO. 201932791H

Policyholder / Driver's Signature
Date: 21/04/2022

Reporting Centre Personnel's Signature
Name: [illegible]
NRIC/FIN No.: S9[illegible]
Date: 21/04/2022

View Booking

Category	Economy Sedan
Car	Mitsubishi Colt+ SMN6562C Ridenow
Location	Jurong East St 21 - Blk 234 (/locations/1136)
Driver	Abbie, Roshan *****364Z ****0931
Pickup	21 Apr 2022, 13:00
Dropoff	21 Apr 2022, 14:00
Duration	1 hour(s)
Trip Start	21 Apr 2022, 12:37:53
Trip End	21 Apr 2022, 14:09:31
Indicated Lot	N.A
Reference	A-210422-2098316
Addition Driver(s)	0
Entering Malaysia	No
Client IP	175.156.144.97
Created	21 Apr 2022, 11:02
Updated	21 Apr 2022, 15:00
Subtotal ($)	15.85
GST ($)	1.11
Total ($)	16.96

Rental Fees

13:00 to 14:00	4.50/hr	4.50
		4.50