

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 27/04/2022 15:17 (SGT)
Date of Accident 26/04/2022 18:40 (SGT)
Exact Location of Accident Braddell Rd, Singapore
Additional Location Information TWDS BISHAN ST 11 EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLQ9833Y

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner STARK HOLDINGS INN BIKE LEASING PTE LTD
Company Reg No 201419069W
Email Address smithstarkholdingspteltd@gmail.com
Mobile Phone No (Phone) +65-92201069
Alternative Phone No +65-92201069

VEHICLE PARTICULARS

Manufacturer Toyota
Model Prius
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 1800

INSURANCE COMPANY

Name of Insurance Company Etiqa Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number M0016412
Cover Note Number -

DRIVER

Name of Driver CHUA GUAN KEONG
NRIC No S7308079G

Date Of Birth	12/03/1973
Occupation	Outdoor
Date Of Driving Pass	22/01/1998
Driving experience	24 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81804823
Alt. Phone Number	-
Email Address	alvincgk@gmail.com
Address	BLK 335A ANCHORVALE CRESCENT #15-94
Address complement	-
Postcode	541335
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I WAS TRAVELLING ALONG BRADDELL ROAD AND IT WAS HEAVY TRAFFIC. SUDDENLY, VEHICLE B HIT ONTO THE REAR PORTION OF MY VEHICLE. THERE WAS A TOTAL OF 3 VEHICLES INVOLVED IN THIS ACCIDENT.

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	GBB2248E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LEE LI CHEW
Contact Number	(Phone) +65-93750083
Address	-

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJT5170K
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	VEHICLE C
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHUA GUAN KEONG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLQ9833Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 willful 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. The 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.

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.



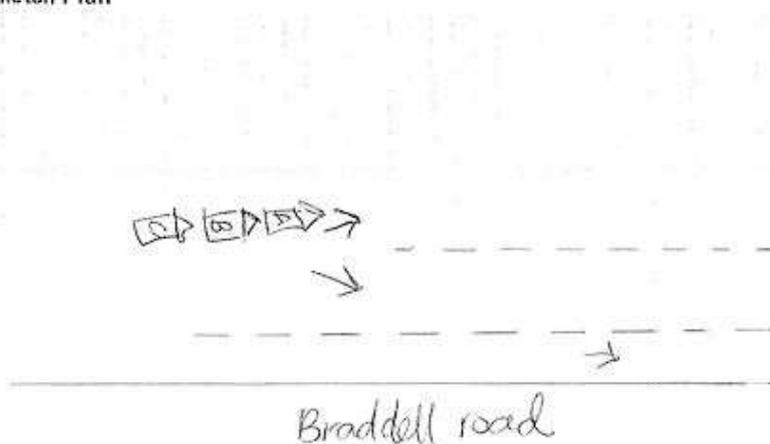
[Handwritten Signature]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A-SLQ9833Y
 B-GBB 2248E
 C-ST5170K

Describe Circumstances of the Accident

I was travelling along Braddell Road and it was heavy traffic. Suddenly veh B hit onto the rear portion of my vehicle. There was a total of 3 vehicle involve in this incident.

Declaration

We declare the foregoing particulars are true in every respect.



[Handwritten Signature]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



INTERVIEW FORM

Name (Driver) : Chua Guan Keong

Policy No : M0016412

Vehicle No : SLQ9833Y

Place of Accident : Braddell Road towards Bishan St11 exit

Insured Driver's relationship with Insured : Hirer

Drink Driving of Insured and/or Insured Driver : -

No of passenger(s) in Insured vehicle : 1

Injury to Insured and/or Insured driver, please indicate which hospital:
-

Third Party Vehicle No (if any) : GBB 2248E, S1T 5170K

No of passenger(s) in Third Party Vehicle : -

Injury to Third Party driver and/or passenger(s), please indicate which hospital:
-

Type of collision and the extensiveness of the damages to all vehicles involved:
Chain collision

Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement):
-

Traffic Police report (enclosed) : Yes / No

Please obtain a copy of the driving licence of Insured driver and/or work permit (where foreign worker is involved)

[Signature]
 Driver (Name & Signature)

Attended by (Name & Signature)

I, affirmed the above information is given to my best knowledge

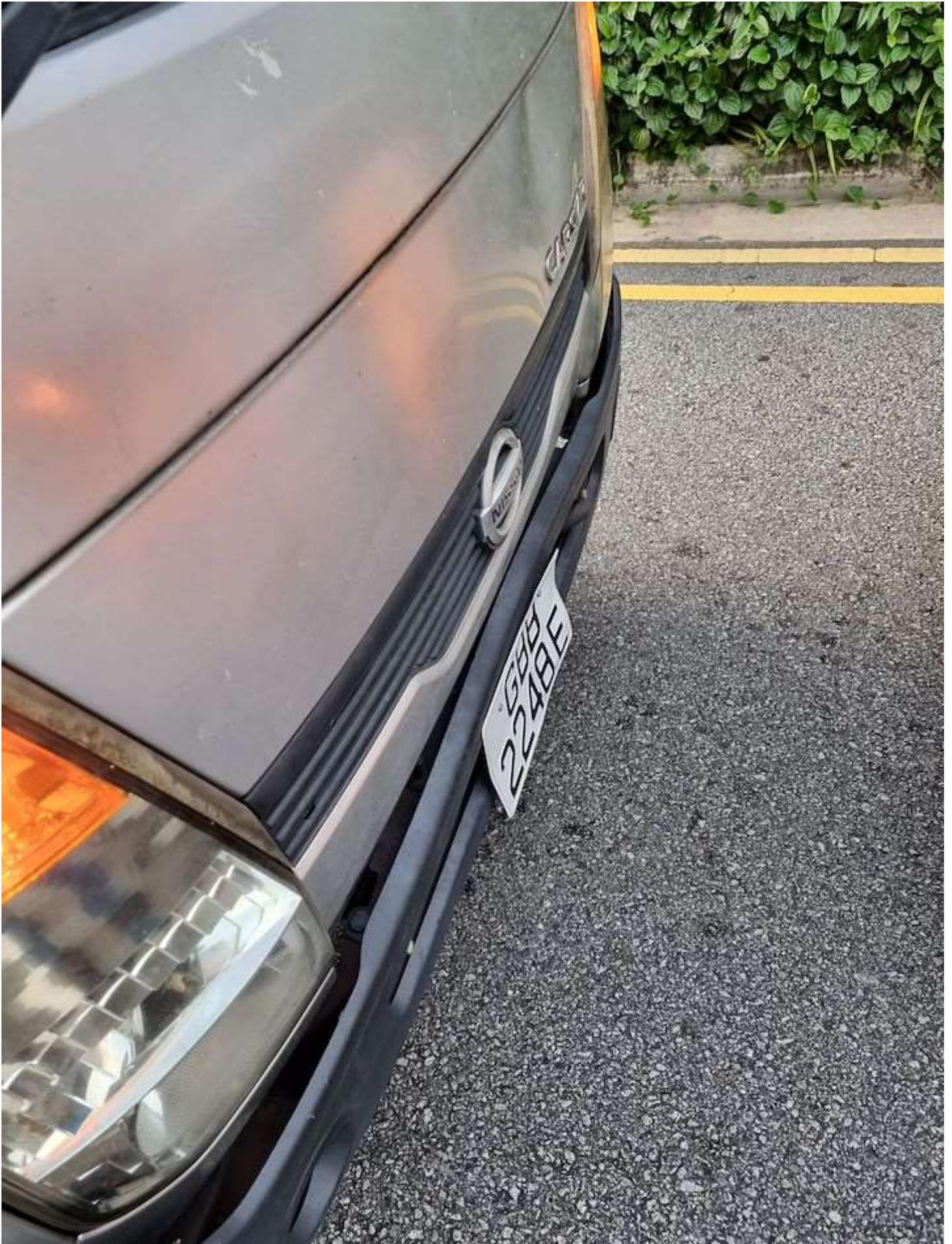
Workshop Name:

Etiqa Insurance Berhad (Company Reg. No. T09FC0054K)
 1 North Bridge Road, #08-01 High Street Centre, Singapore 179094
 T: +65 6336 0477 F: +65 6335 2109

Member of the Group

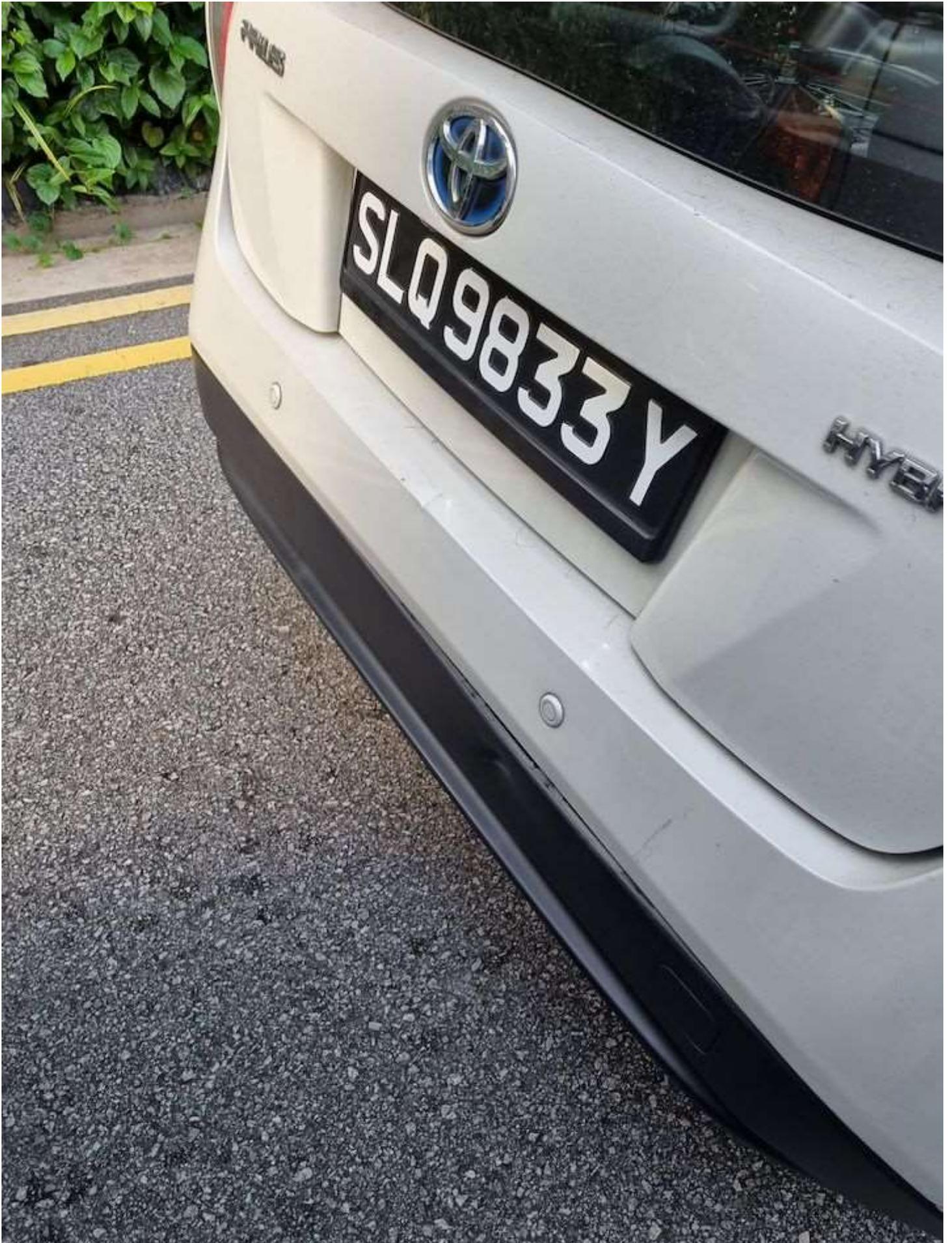
















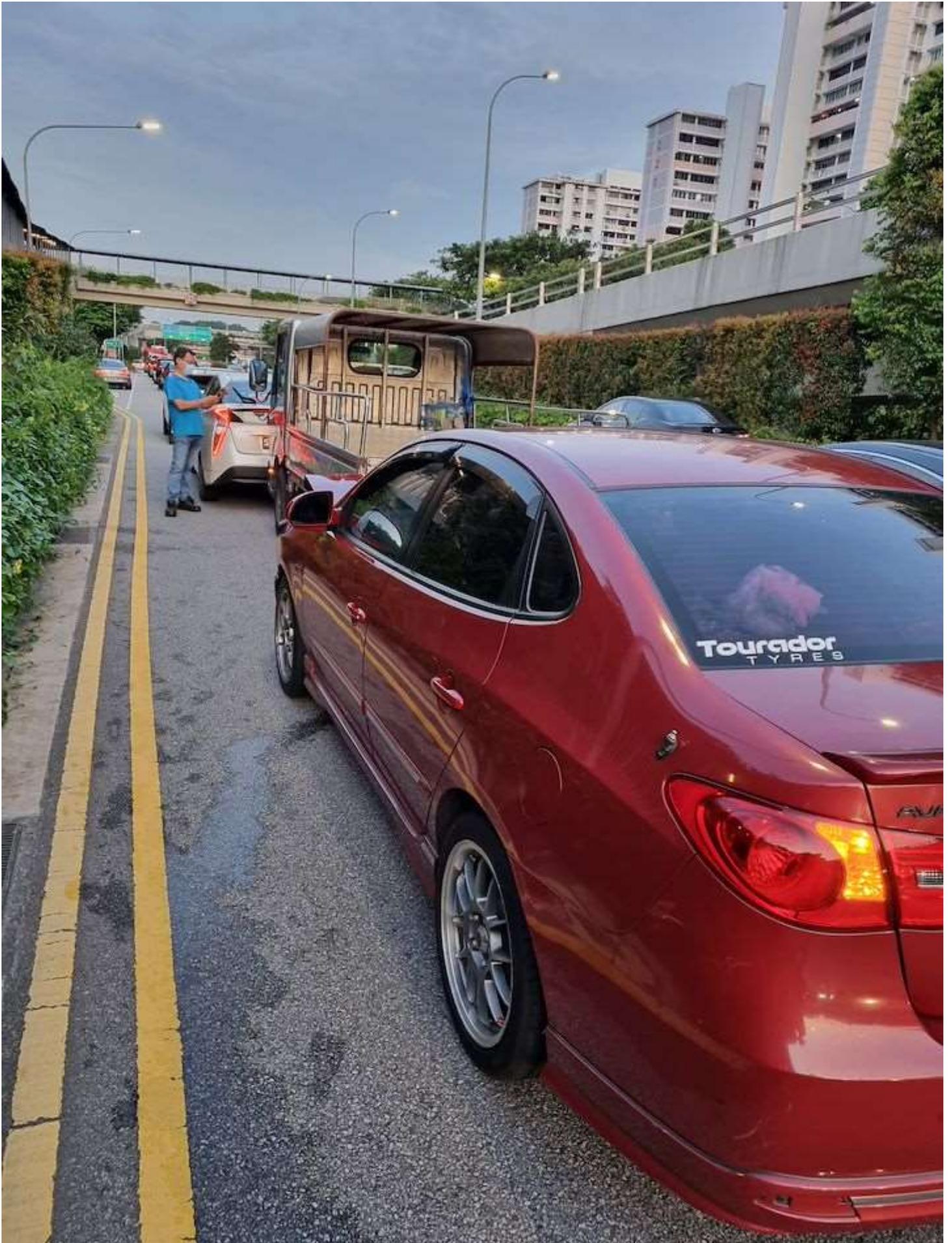


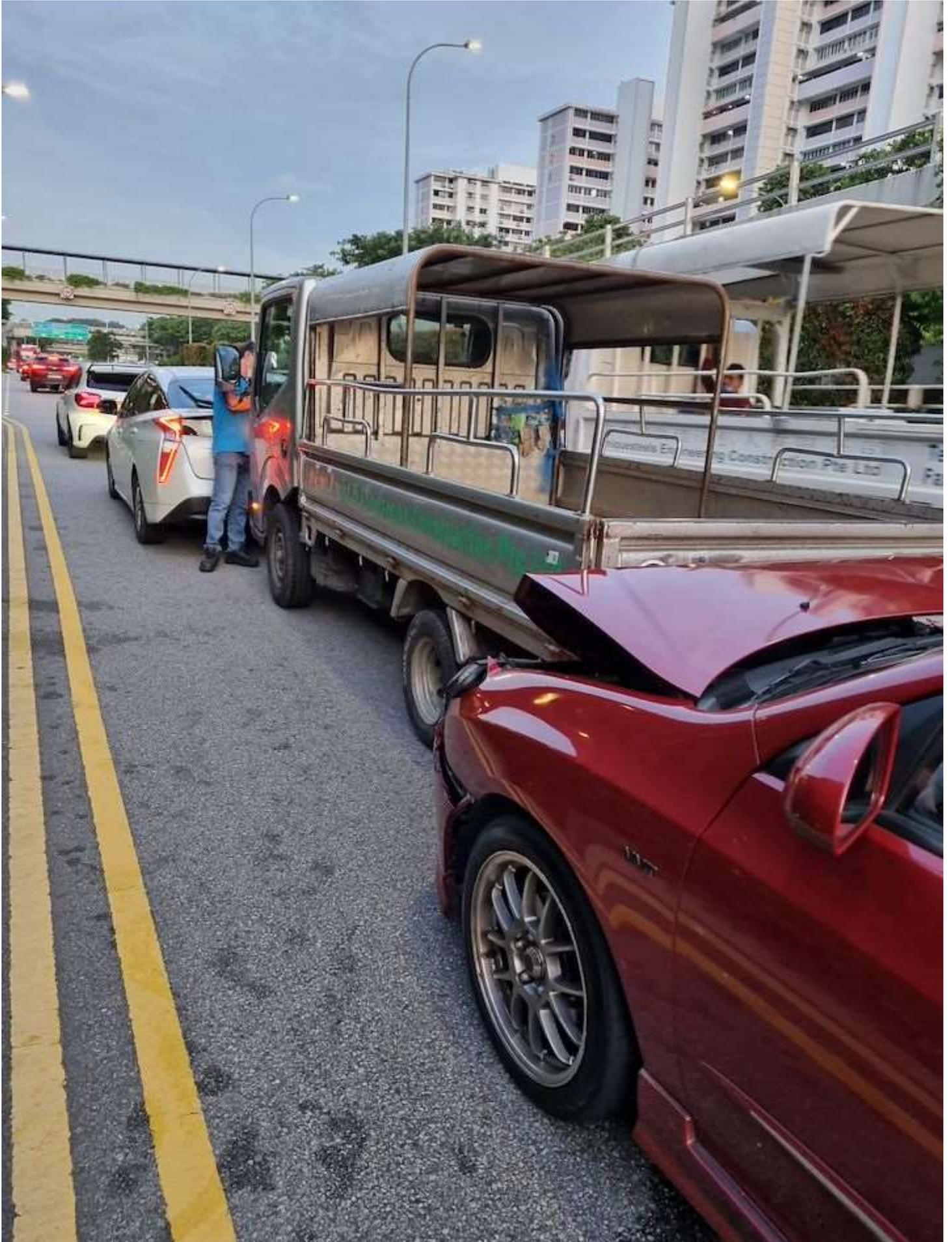














H2400
31003841
Cov. Type: Comprehensive

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) • MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

CERTIFICATE No. M0016412

1. Index Mark and Registration Number of Vehicle	SLQ9833Y			
2. Name of Policyholder	Stark Holdings Inn Bike Leasing Pte Ltd			
3. Effective Date of Commencement of Insurance for the purposes of the Act	08/02/2022	Excess: Sect I	S\$	2,000
		Excess: Section II	S\$	1,500
		Excess: Windscreen	S\$	100
4. Date of Expiry of Insurance	07/02/2023			
5. Persons or Classes of Persons entitled to drive		Engine No	: 2ZRS058649	
		Chassis No	: JTDKB3FU503562358	

(A) THE POLICYHOLDER,
(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS 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 permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle.

6. Limitations as to Use

USE ONLY FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

THE POLICY DOES NOT COVER:

- (i) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.
- (ii) USE FOR THE CARRIAGE OF GOODS (OTHER THAN SAMPLES) IN CONNECTION WITH ANY TRADE OR BUSINESS.
- (iii) USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (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 bindings.

Policy Owner's Protection Scheme

This policy is protected under the Policy Owner's Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the GIA / LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

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).

GOPPAD-03/02/2022 18:19:20



For and on behalf of Etiqa Insurance Pte. Ltd.
Approved Insurer


Authorised Signature



STARK HOLDINGS INN BIKE LEASING PTE LTD
Reg. No.: 201419069W

No: STK-1306079G

Gst No: 201419069w

149 Shun Li Industrial Park Kaki Bukit Ave 1
Singapore 416009 HP: 92201069

DATE: 1 | 02 | 21

VEHICLE RENTAL AGREEMENT

VEHICLE'S PARTICULARS Vehicle No.: <u>SLG9823Y</u> Model: <u>TOYOTA PRIUS</u>		CHECK OUT / CHECK IN DATE OUT: <u>1 02 21</u> TIME OUT: <u>11:00</u> HR PETROL / DIESEL LEVEL OUT: <u>E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F</u>	
HIRER'S / GUARANTOR PARTICULARS Name: <u>CHUA GUAN KEONG (CAI YUANGIANG)</u> Address: <u>PAK 225A ANCHORVALE CRES #15-04</u> <u>S(541225A)</u> P.P.E.C.No.: <u>S7908079G</u> Contact Person: _____ Tel: <u>81504627</u>		DATE IN: <u>01 02 21</u> TIME IN: <u>11:00</u> HR PETROL / DIESEL LEVEL IN: <u>E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F</u> Late charges @ \$30 per half hour Car must be washed and vacuum upon return. If not \$20 will be imposed	
DRIVER'S PARTICULARS Name: _____ Address: _____ Tel No: _____ P.P.E.C.No.: _____ Date of Birth: _____ Nationality: _____ Purpose of use: _____		EXTENSION OF RENTAL Date: <u>1 FEBRUARY 2021</u> for <u>ANOTHER</u> Amount: <u>6 months and we paying the amount</u> Expiry: <u>as per normal</u> Initial: _____	
<p>A - ACCIDENTS C - CRACKED D - DENTS S - SCRATCHES</p> <p><small>IMPORTANT: (1) ONLY persons above 18 and below 65 years of age with min. 1 years driving experience, authorized, licensed and signing this agreement may drive the vehicle. (2) THIS vehicle insurance is covered in Malaysia and in Singapore USE ONLY. (3) THIS vehicle will not be insured after the expiry of the hire period, and in case of any accident, the hire will liable for all consequences. FOR extension of rental please inform us at least 24 hrs before the expiry time and payment for the extended rental will have to be made within 24 hrs. Late charges at 15 (One-fifth) of the daily rate of rental for each hour exceeding the time will be imposed. (4) HIRER is responsible for all parking and traffic violations and missing items. (5) HIRER is responsible for the FIRST \$5,000+ \$4,000+ excess under Section 1 & 6 in any accident plus loss of rental income while hired vehicle is under repair. (6) No refund will be given for vehicle returns, early and petrol/diesel left in vehicle. (7) Hire/guarantor declares that vehicle will not be used for any unlawful purposes which will result in forfeiture by the relevant authorities. In event of vehicle being seized / confiscated / forfeited, the hire/guarantor must shall indemnify Stark Holdings Inn Bike Leasing Pte. Ltd the full value of vehicle and loss.</small></p>		CHARGES Months @ \$ <u>5,040</u> per month <u>\$5,040</u> Weeks @ \$ _____ per week Days @ \$ _____ per day Hours @ \$ _____ Per hour 7% Gst SUB-TOTAL(1) Delivery / Collection @ \$ _____ Repairs / Damages _____ Friday/Saturday Return @ 12pm TOTAL CHARGES	
<p>HIRER'S DECLARATION: I agree to terms and conditions above and as set out hereof and declare that all information given on this form are true and accurate.</p> <p>STARK HOLDINGS INN BIKE LEASING PTE. LTD. Reg. No.: 201419069W 149 Fernvale Link, Fernvale Lea, Singapore 791467</p>		PRE-PAYMENT SECURITY DEPOSIT <u>\$1050 NETS</u> ADVANCE RENTAL PAID _____ By: CASH NETS _____ AMOUNT DUE REFUND _____ REFUND _____ BY _____ RECEIVED \$ _____ RECEIVED: _____	



STARK HOLDINGS INN BIKE LEASING PTE. LTD.
 Reg. No.: 201419069W
 149 Fernvale Link, Fernvale Lea,
 Singapore 791467

[Signature]
 SIGNATURE

EARLY RETURN NO REFUND

[Signature]
 HIRER'S / GUARANTOR SIGNATURE

[Signature]
 DRIVER'S SIGNATURE

[Thumbprint]
 THUMBPRINT