

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 09/05/2022 14:33 (SGT)
Date of Accident 09/05/2022 09:00 (SGT)
Exact Location of Accident SLE, Singapore
Additional Location Information SLE (WOODLAND) BEFORE MANDAI EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJQ9872H

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner G2 AUTO LEASING
Company Reg No 53361293D
Email Address G2AUTO@HOTMAIL.COM
Mobile Phone No (Phone) +65-97431212
Alternative Phone No (Home) +65-97431212

VEHICLE PARTICULARS

Manufacturer Toyota
Model Previa
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 2362

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdParty
Fleet Policy Yes
Policy Number 5110291403-02
Cover Note Number -

DRIVER

Name of Driver AHMAD AFFANDI BIN PARDI
NRIC No S1545078I

Date Of Birth	04/11/1962
Occupation	Outdoor
Date Of Driving Pass	03/02/2000
Driving experience	22 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92327097
Alt. Phone Number	-
Email Address	AHMADAFFANDI0411@GMAIL.COM
Address	687B WOODLANDS DRIVE 75
Address complement	07-41
Postcode	732687
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER
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

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	SMT6184D
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)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	AHMAD AFFANDI BIN PARDI
Gender	Male
Phone No	(Phone) +65-92327097
Address	687B WOODLANDS DRIVE 75
Address Complement	07-41
Post Code	732687
Approximate Age Years Old	59
Injuries Sustained	2 DAYS MC
Injured person in which vehicle?	SJQ9872H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No


SKETCH PLAN


IMPORTANT NOTICE

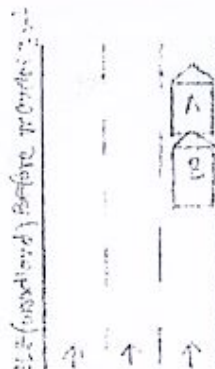
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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.


Policyholder's Signature / Date & Time

Sketch Plan


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


Witnessed by Reporting Centre Personnel



Vehicle A: SJQ 9872 H

Vehicle B: SMT 6184 D

Describe Circumstances of the Accident


~~My~~ On the stated date and time, I was traveling along SLE (woodlands) before mandai exit on the first lane, front vehicle slow down and I follow suit, suddenly I felt an impact and realise vehicle B has collided into my rear portion of vehicle.

Declaration

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


Policyholder's Signature & Date & Time



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


Witnessed by Reporting Centre Personnel



















TOYOTA MOTOR CORPORATION JAPAN	
MODEL	ACR50R-GRPK
ENGINE	2AZ-FE
FRAME No.	JTEGD52M20A01
COLOR	1F7 EB14 A22
TRIM	U241E -02A
PLANT	3483
OPTION	2362 mL
TRANS./MILE	629





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: 5110291403-02-000004

Cover : Third Party

- | | |
|---|-------------------|
| 1. Index mark and Registration Number of Vehicle | SJQ9872H |
| Chassis Number | JTEGD52M20A013483 |
| 2. Name of Policyholder | G2 AUTO LEASING |
| 3. Effective Date of Insurance | 07 Jun 2021 |
| 4. Expiry Date of Insurance | 06 Jun 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.
- # 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)	N/A
EXCESS (SECTION 2)	SS1,500
ADDITIONAL EXCESS	N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	NO
INSURE WITH COE	N/A
NCD PROTECTION	NO
PRIMARY DRIVER	N/A
NAMED DRIVER (1)	N/A
NAMED DRIVER (2)	N/A
HIRE PURCHASE COMPANY	N/A
SUM INSURED	N/A

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 : S & M ALLIANCE PTE LTD (00000614373)

Date of Issue : 07 Jun 2021 10:19 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

G2 Auto Leasing

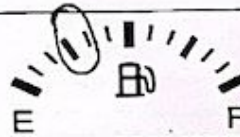
No: 10473

Roc No: 53361293D

661A Punggol Edge Dale Plains SINGAPORE 821661

TIP: 9743 1212 Fax: 6497 5054

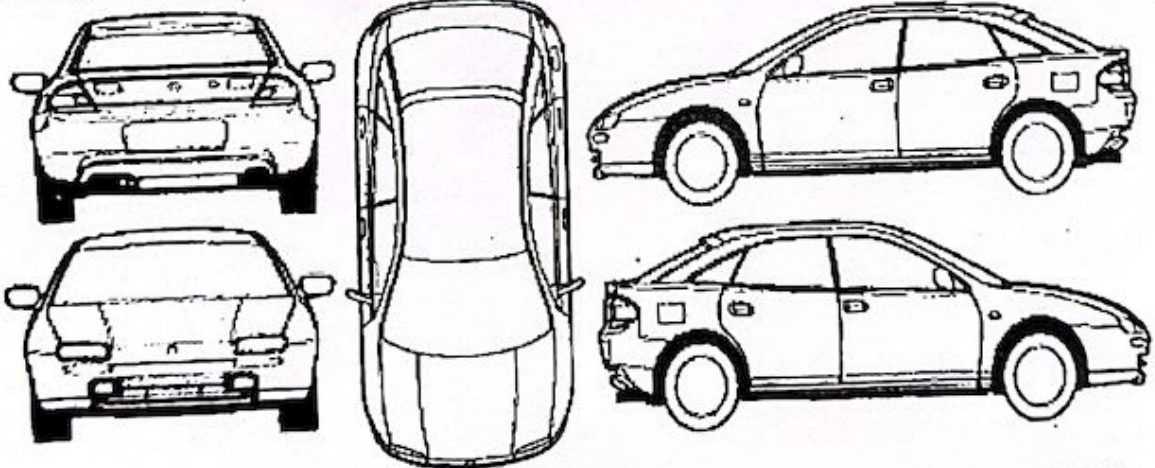
RENTAL AGREEMENT

HIRER'S NAME: AHMAD AFFANDI BIN PARDI	
NRIC NO.: S15450781 (04/11/62)	CONTACT NO.: 92327097
ADDRESS: B1687B, WOODLANDS DRIVE 75 #07-41 S732687	
VEHICLE REG. NO.: SJQ 9872H	MAKE & MODEL: TOYOTA PRE VIA 8SEATER
COMMENCING START DATE: 21/09/17 (7-30pm)	COMMENCING END DATE: 28/08/22
RENTAL PER DAY: \$510/xx WEEK:	DEPOSIT: \$600/xx
FUEL: 	VEHICLE MILEAGE: 150548km

REAR

TOP

LEFT



FRONT

RIGHT

D = DENT

S = SCRATCHES

C = CHIPS

R = RUST

M = MISSING

REMARKS

If vehicle return within 12 months from the commencing start date, deposit of \$ 600/xx will not be refund.

At least 1mth in advance for early termination of contract. If fail to do so, deposit of \$ — will not be refund.

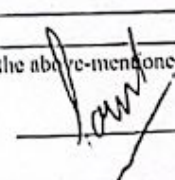
1st party excess

3rd party excess

Malaysia excess double

\$3000/xx
\$6000/xx

I/We have read and agree to the above-mentioned terms and conditions.


Hirer's Signature