

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 Actual 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 02/08/2022 14:52 (SGT)
Reported by Driver
Date of Accident 30/07/2022 14:57 (SGT)
Exact Location of Accident Singapore
Additional Location Information SUNTEC CITY BETWEEN TOUR THREE AND TOWER FOUR
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLN6258T

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner GENESIS SERVICES PTE. LTD
Company Reg No
Email Address
Mobile Phone No (Phone) +6
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Estima
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 2400

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number 5109153698-03

DRIVER

Name of Driver MOHAMMED SAUFI BIN MOHD SHAMSHURI
NRIC No
Date Of Birth
Occupation Indoor

Date Of Driving Pass
 Driving experience
 Gender Male
 Mobile Number (Phone) +
 Alt. Phone Number -
 Email Address M
 Address
 Address complement
 Postcode
 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) 5
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No
 Translator's name -
 Translator's ID -
 Translator's phone number -
 Translator's email -
 Original language used in the statement -

PASSENGER 1

Name UNKNOWN
 Gender Male

PASSENGER 2

Name UNKNOWN
 Gender Male

PASSENGER 3

Name UNKNOWN
 Gender Male

PASSENGER 4

Name UNKNOWN
 Gender Male

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 MY CAR WAS ON A STATIONARY MODE AS TRAFFIC WAS CONGESTED. SUDDENLY I FELT AN IMPACT ON MY REAR AS THERE WAS A CAR BEHIND REAR ENDED INTO MY CAR.

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMY9001C
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private hire
Name of Driver TEO TIAN HAI
NRIC No [REDACTED]
[REDACTED] [REDACTED] g [REDACTED]
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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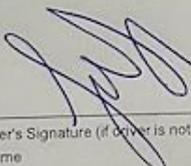
8. Consent under the Personal Data Protection Act (PDPA)

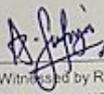
I understand, acknowledge, agree and consent that:

(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:

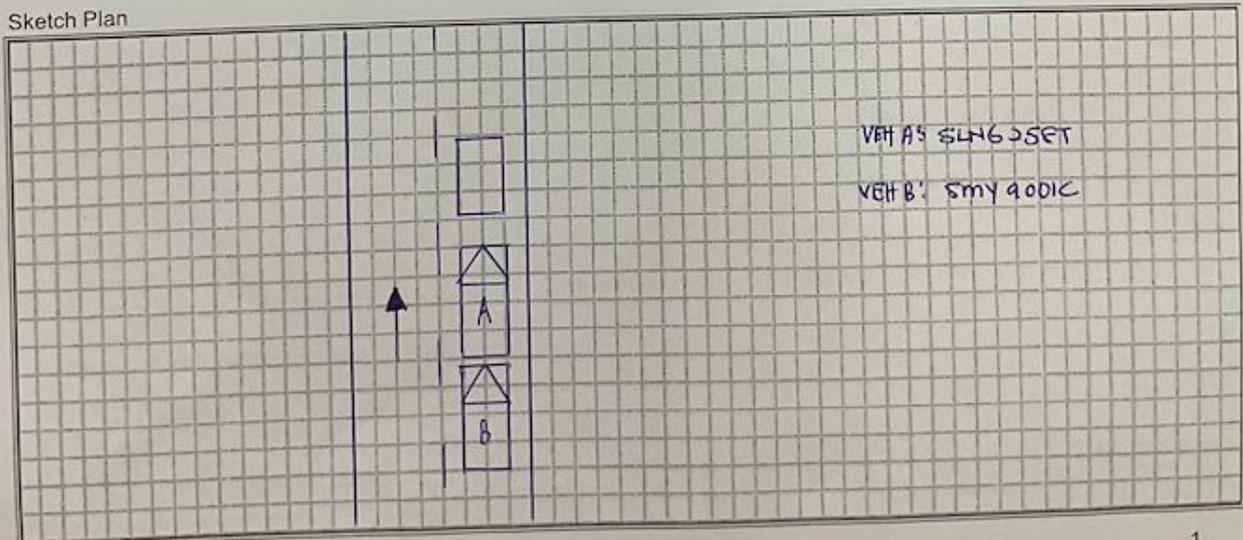
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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.


 Policyholder's Signature / Date & Time
 * 02/08/2020 1445hrs


 Driver's Signature (if driver is not the policyholder) / Date & Time
 02/08/2020 1445hrs


 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)
 ANTHONY SURANDARAJ & MURUGAN

Sketch Plan



Describe Circumstance of the Accident

REFER TO GROSS REPORT

Declaration

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



20/05/2022 14:45:00
Policyholder Signature / Date & Time

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

20/05/2022 14:45:00

[Signature] MUHAMMAD SUFIYAN BIN MUSTAFFA
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



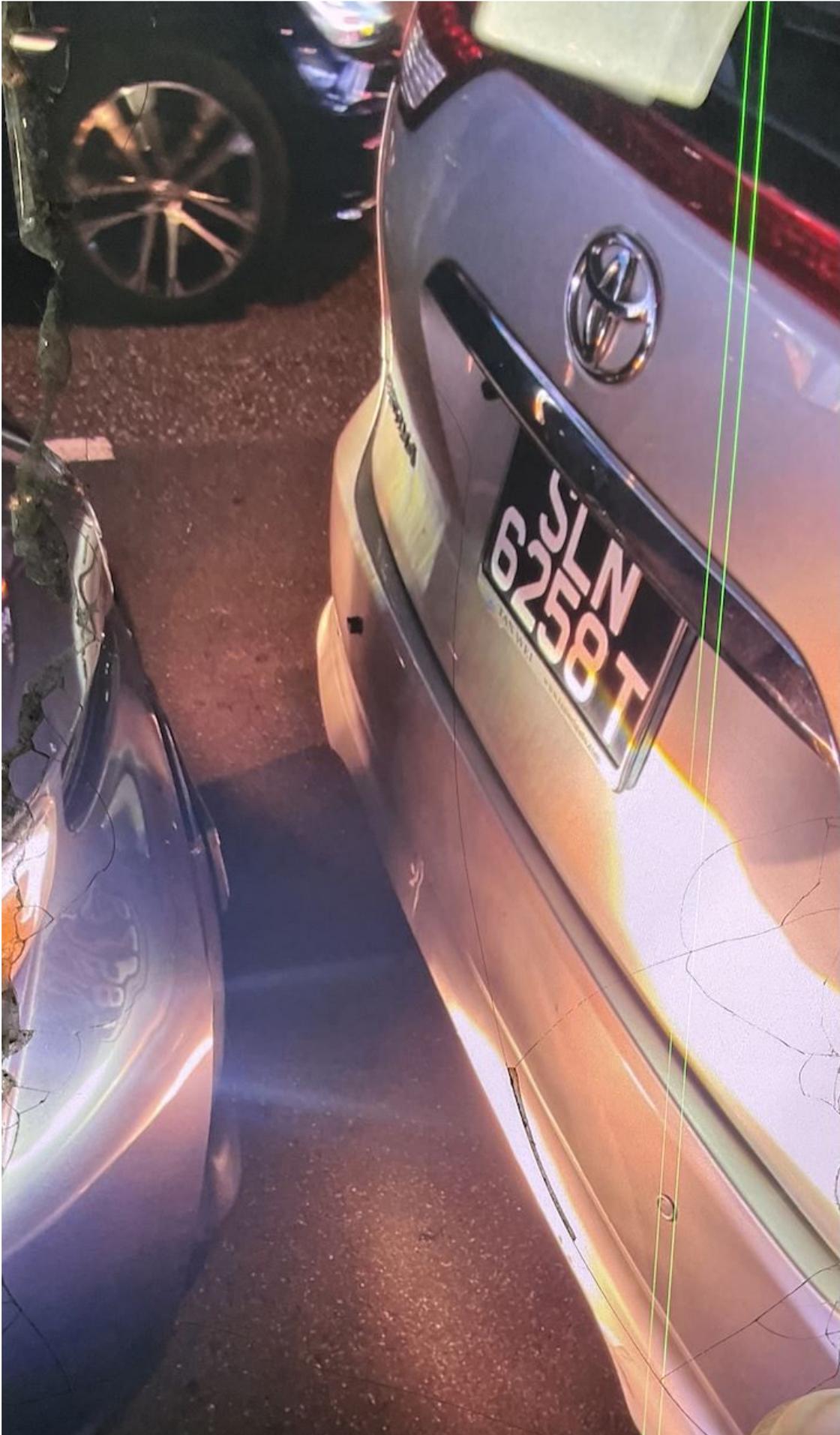


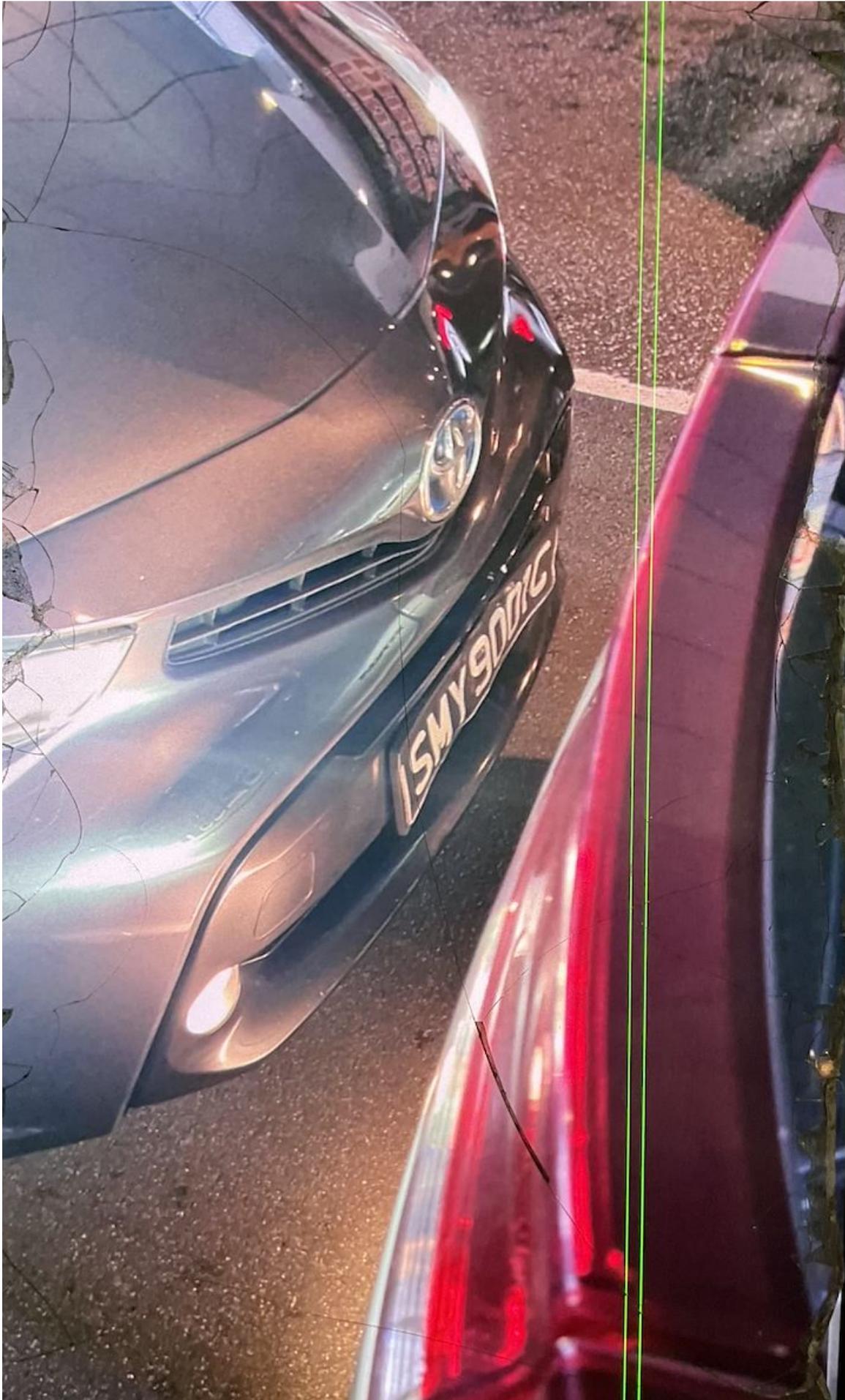


















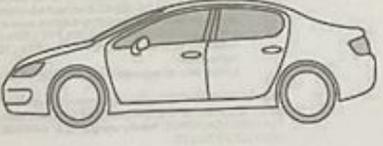
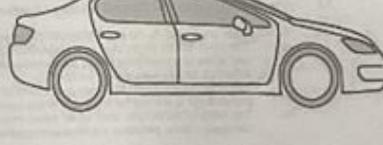


JJ GARAGE SERVICES PTE LTD

Address: 351 Jurong East Street 31 #01-79 Singapore 600351
 Call / SMS / Whatsapp: 9818 8106 | 9146 0452
 Co. Reg. No: 201525144H
 Email: jjgarageservices@gmail.com Fax: 64646025
 Facebook Page: JJ Garage / JJ Garage Car Rental

VEHICLE RENTAL AGREEMENT

No. RA **8226**

HIRER/MAIN DRIVER'S PARTICULARS		VEHICLE HANDOVER / TAKEOVER																						
Name: <u>MOHAMMED SAIFI BIN MOHD SHAFIQ</u>	H/P No:	Vehicle No: <u>SLW 6258T</u>	Odometer Reading:																					
Address: <u>447A BUKIT BAROH WEST AVE 9</u> <u>404-106</u>		Make & Model: <u>TOYOTA ESTIMA</u>	OUT Date: <u>27/07/22</u> OUT Time: <u>4:30PM</u>																					
Tel No:		HIRE Expiry Date: <u>01/08/22</u> Time Expiry: <u>4:30PM</u>	CashCard Value: \$ <u>-</u>																					
NRIC No: <u>S6142293A</u> D/Licence No:		Petrol Reading:																						
Date of Birth: <u>29/12/81</u> Date of Issue:		E H F																						
Nationality: <u>SG</u> Place of Issue:																								
Occupation: Driving Exp:																								
SECONDARY DRIVER'S PARTICULARS		No Smoking in Car: No Cigarette Smoke Smell																						
Name:		Spare Tyre & Tools Kit: ✓																						
Address:		Car Accessories: ✓																						
Tel No:	H/P No:	Car Condition:	Damage Key																					
NRIC No:	D/Licence No:		X = Scratch																					
Date of Birth:	Date of Issue:		O = Dent																					
Nationality:	Place of Issue:	<input type="checkbox"/> Photo taken																						
Occupation:	Driving Exp:																							
REFUNDABLE DEPOSIT: <u>200</u>																								
RENTAL CHARGES		<table border="1"> <tr> <td>Daily</td> <td>@\$</td> <td><u>420</u></td> </tr> <tr> <td>Weekly</td> <td>@\$</td> <td><u>-</u></td> </tr> <tr> <td>Monthly</td> <td>@\$</td> <td><u>-</u></td> </tr> <tr> <td>Others</td> <td>@\$</td> <td><u>20 DAYS @ 980</u></td> </tr> <tr> <td>Delivery Service</td> <td></td> <td><u>-</u></td> </tr> <tr> <td>Extension</td> <td></td> <td><u>-</u></td> </tr> <tr> <td>Total Rental Fee</td> <td>\$</td> <td><u>500</u></td> </tr> </table>		Daily	@\$	<u>420</u>	Weekly	@\$	<u>-</u>	Monthly	@\$	<u>-</u>	Others	@\$	<u>20 DAYS @ 980</u>	Delivery Service		<u>-</u>	Extension		<u>-</u>	Total Rental Fee	\$	<u>500</u>
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Hirer is responsible for the first \$ <u>3000</u> excess For collision / damage to first party. (i.e) JJ GARAGE SERVICES PTE LTD Vehicles (Including Windscreen) and also first \$ <u>3000</u> excess for collision/damage to third party's vehicles for each and every accident/damage.																								
Hirer/Main Driver's Signature <u>[Signature]</u>		Take Over Vehicle Name: <u>Mohamed Saifi</u> Signature: <u>[Signature]</u>	FOR OFFICIAL USE Acknowledged by: <u>[Signature]</u>																					
		Return Vehicle Returned Date: Returned Time:	Return Deposit Bank: Account:																					

I / We agree to the terms and condition above, overleaf and that all information given is true and correct in all respect.
 My/Our driving licence(s) is/are current and not disqualified from driving.