

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 05/08/2022 16:50 (SGT)
Reported by Both
Date of Accident 03/08/2022 17:30 (SGT)
Exact Location of Accident Cross St, Singapore
Additional Location Information CROSS ST OUTSIDE LAU PA SAT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNC492G

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CARS & COFFEE GEM PTE. LTD.
Company Reg No 2XXXXX041M
Email Address ASSADZAKARAYIAS@GMAIL.COM
Mobile Phone No (Phone) +65-94597890
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Noah
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 1800

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number 5123754795

DRIVER

Name of Driver ASSAD ZAKARAYIAS BIN MOHD AMIN
NRIC No SXXXX445C
Date Of Birth 19/11/1973
Occupation Outdoor

Date Of Driving Pass	12/07/1996
Driving experience	26 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-94597890
Alt. Phone Number	-
Email Address	ASSADZAKARAYIAS@GMAIL.COM
Address	441A FERNSVALE ROAD
Address complement	14-301
Postcode	791441
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)	1
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	-

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB2329J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ASSAD ZAKARAYIAS BIN MOHD AMIN
Gender	Male
Phone No	(Phone) +65-94597890
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	48
Injuries Sustained	-
Injured person in which vehicle?	SNC492G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

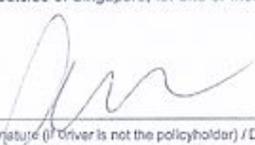
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- 6. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

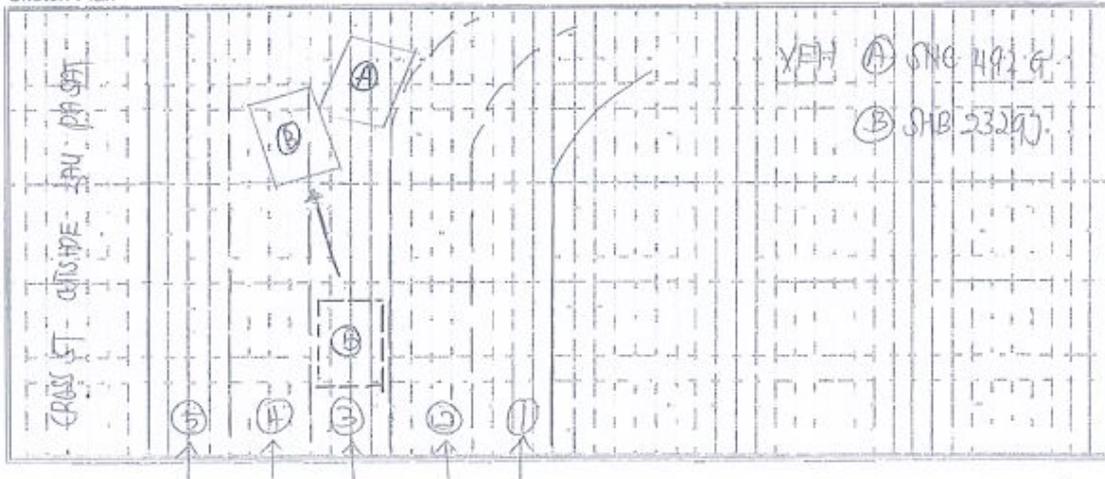
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the "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.

X 
 Policyholder's Signature / Date & Time


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

 
 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

ON THE STATED DATE & TIME, I WAS DRIVING MY VEHICLE (A) SNC 1192 G, TRAVELLING ALONG CROSS ST OUTSIDE LAU PA SAT. I WAS DRIVING MY VEHICLE ON LANE 3 AND TURNING TO RIGHT. DUE TO, A VEHICLE COMING FROM MY RIGHT SIDE, SO I WAS JAM BRAKE, AND MAKE A STOPPED. AFTER I WAS COMPLETED A STOPPED, I WAS FEELING THAT A MASSIVE IMPACT FROM MY REAR. I ALIGHTED & DISCOVER IS A VEHICLE (B) SHB 2329 J WAS HIT ONTO THE REAR OF MY VEHICLE & MY VEHICLE WAS DAMAGED.

VEH (A) SNC 1192 G.

(B) SHB 2329 J.

Declaration

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

x  Policyholder's Signature / Date & Time

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

  Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)



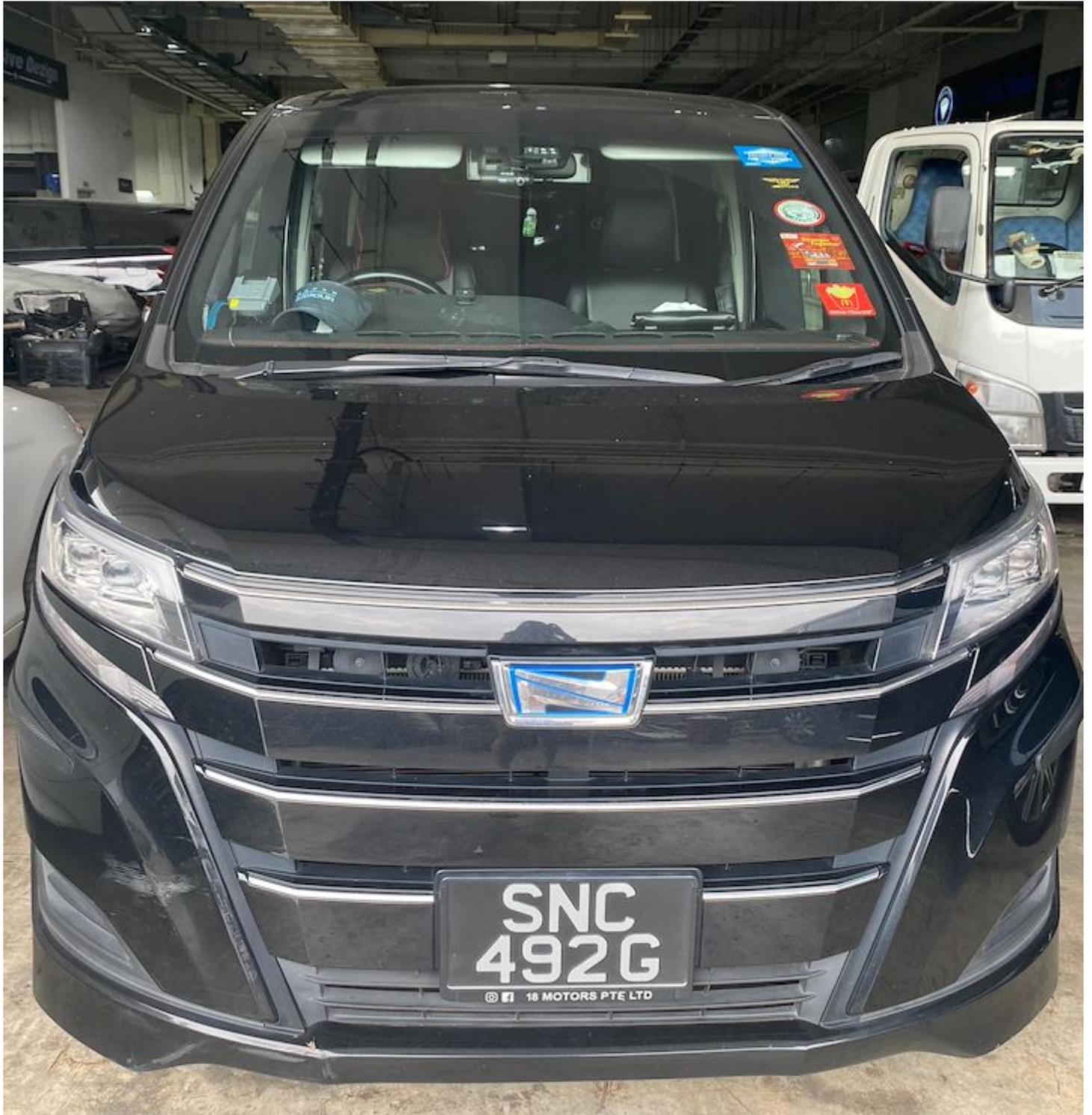


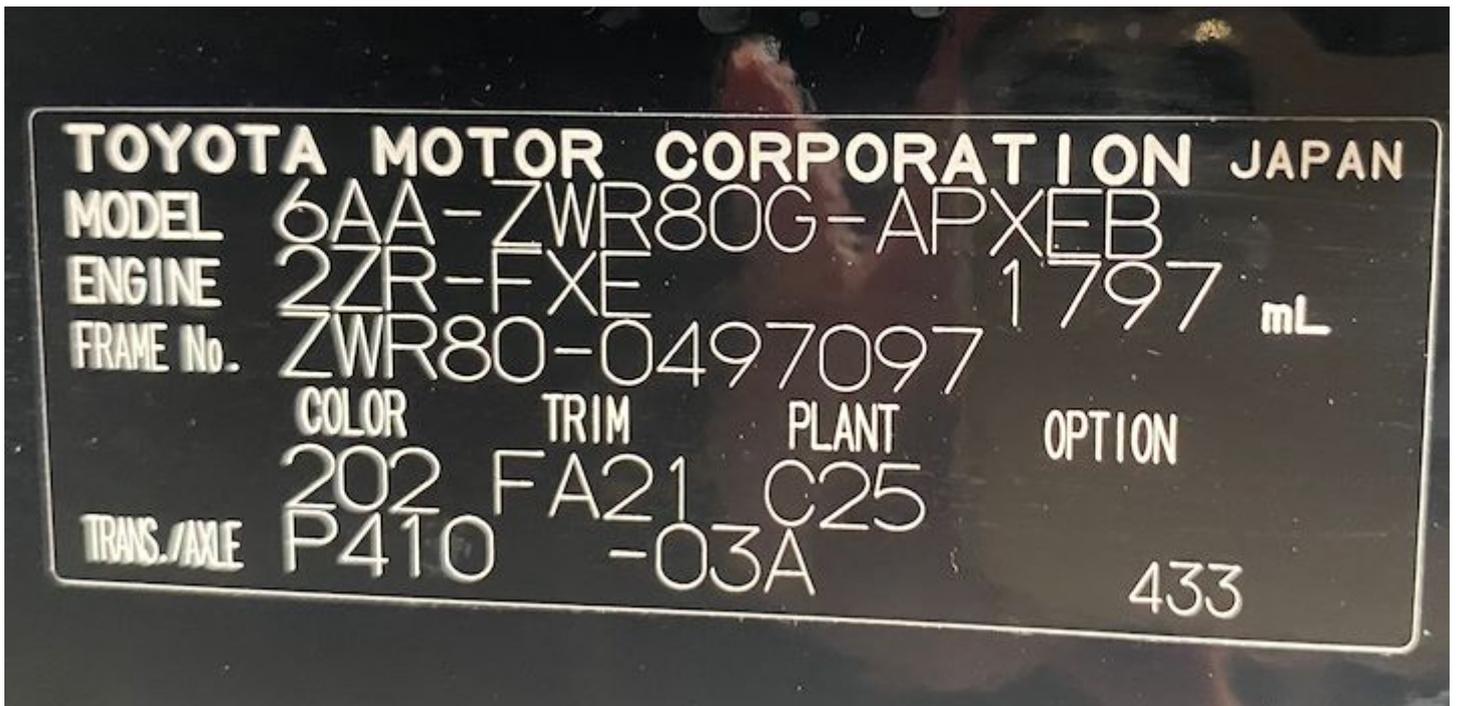
















Certificate of Insurance

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: 5123754795 Cover : drivo CLASSIC

- | | |
|---|-------------------------------|
| 1. Index mark and Registration Number of Vehicle | : SNC492G |
| Chassis Number | : ZWR800497097 |
| 2. Name of Policyholder | : CARS & COFFEE GEM PTE. LTD. |
| 3. Effective Date of Insurance | : 27 Sep 2021 |
| 4. Expiry Date of Insurance | : 26 Sep 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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
ROADSIDE ASSISTANCE AND WELLNESS COVER	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: SSL HOLDINGS PTE. LTD.
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : SONA INSURANCE AGENCIES PTE. LTD. (00000573866)
 Date of Issue : 27 Sep 2021 17:40 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive



**EIGHTEEN CARS PTE LTD
VEHICLES LEASING AGREEMENT**

Vehicle Lease Agreement

This VEHICLE LEASE AGREEMENT (hereinafter referred to as 'The Agreement' is made on

Between **Eighteen Cars Pte Ltd**
(Business Registration No.: 202124567Z)
Having its office at:
159 Sin Ming Road, #01-02, Amtech Building (S)575625
Hereinafter referred to as 'The Owner' of the one part

And **Name : ASSAD ZALACAYIAS B. MOHD AMIN**
NRIC No: S7342445C
Address: BLK 441A FERNUALE RD
#14-301 S(791441)

Hereinafter referred to as 'The Hirer' of the other part

Hereby agrees that The Owner will lease to The Hirer the vehicle with the below details, hereinafter referred to as 'The Vehicle' with the terms & conditions set out in The Agreement Contained herein:-

1. DESCRIPTION OF VEHICLE

- Make & Model : TOYOTA NOAH HYBRID 1.8X CVT
- Registration No : SNC 992 G
- V.I.N : ZWR800497097
- Paint Color : BLACK
- Interior Color : BLACK WITH RED STIKING

2. LEASE PERIOD

- Period : 10 YEARS
- Effective from : 27 SEP 2021

(The Owner's Initial & Stamps)

The Hirer Initial & Stamps


02102021