

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 02/11/2022 14:06 (SGT)
Reported by Driver
Date of Accident 02/11/2022 10:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information WEST COAST WAY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJY7004T

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner 168 AUTO SERVICES PTE LTD
Company Reg No 201934944c
Email Address THIAMHENGHUAT@GMAIL.COM
Mobile Phone No (Phone) +65-82636295
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Honda
Model Civic
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 Income Insurance Limited
Policy Number / Cover Note Number 5113523395-02

DRIVER

Name of Driver ONG JUAN CHING
NRIC No S7528969C
Date Of Birth 28/09/1975
Occupation Outdoor

Date Of Driving Pass	29/05/1996
Driving experience	26 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96974467
Alt. Phone Number	-
Email Address	TOMMYBOZ1975@HOTMAIL.COM
Address	BLK 224B COMPASSVALE WALK #14-649
Address complement	-
Postcode	542224
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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

REFER SKETCH PLAN

REPAIR AT OWNER'S WORKSHOP

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YL3591G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

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) -

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.



[Handwritten signature]

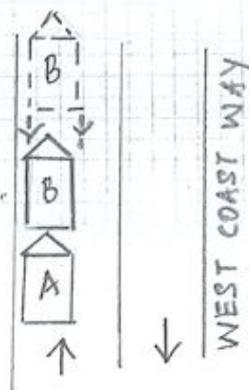


Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time *02-11-22*

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

CAR PARKED ALONG WEST COAST WAY AND I WAS
OUTSIDE THE CAR. A TRUCK REVERSED AND COLLIDED
ONTO THE FRONT OF MY CAR. VIDEO FOOTAGE RECORDED
BY THE IN CAR CAM

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



Driver's Signature (If driver is not the policyholder) / Date & Time 02-11-22




Witnessed by Reporting Centre Personnel















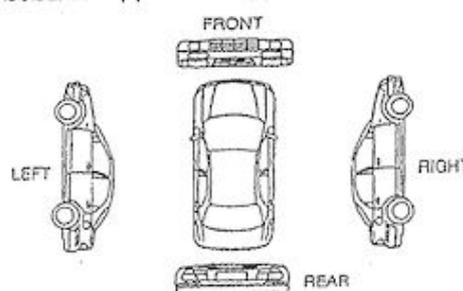
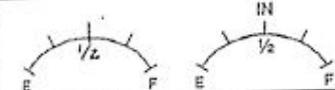




168 AUTO SERVICES PTD LTD
UEN : 201934944C
Bik 176 Sin Ming Drive
#05-14 Autocare
Singapore 575721
Steven (Hp : 8263 6295)

VEHICLE RENTAL AGREEMENT

No:

HIRER'S PARTICULAR Name : (as in I/C) <u>ONG JUAN CHING</u> NRIC / PASSPORT No : <u>S7528969C</u> Address (Res) : <u>BLK 224B COMPASSVALE</u> <u>WALK # 14-649 S(542224)</u> Name & Address of Employer : _____ Occupation : _____ Driving Exp : _____ D/L No : _____ D/L Type : Local/International Pass Date : _____ Date of Birth : _____ Tel: (O) _____ (R) _____ HP : <u>96974467</u> ADDITIONAL DRIVER'S PARTICULARS Name : (as in I/C) _____ NRIC / PASSPORT No : _____ Pass Date : _____ Date of Birth : _____ Address (Res) : _____ HP : _____ Refundable Deposit : _____ Cash/Notes/Cheque/VISA/MC Cards No : _____ (A) - ACCIDENTS (D) - DENTS (S) - SCRATCHES FRONT  LEFT RIGHT REAR ACCESSORIES CHECK <input type="checkbox"/> Ashtray <input type="checkbox"/> Cig Lighter <input type="checkbox"/> S / Tyre <input type="checkbox"/> STD Tools <input type="checkbox"/> Jack <input type="checkbox"/> Hub Caps <input type="checkbox"/> Radio / Cass <input type="checkbox"/> CD/Cartridges <input type="checkbox"/> S / RIM	Veh No : <u>SJY7004T</u> Replace Veh No : _____ Mileage Out : _____ Mileage Out : _____ Make & Model : _____ Make & Model : _____ Auto / Manual : _____ Auto / Manual : _____ Out Date : <u>26.10.22</u> Out Date : _____ Out Time : _____ Out Time : _____	
	RENTAL CHARGES Daily @ \$ _____ Weekly @ \$ _____ Monthly @ \$ _____ Hours @ \$ _____ Lease Period : _____ CDW @ \$ _____ PAI @ \$ _____ Delivery Service : _____	
	SUB-TOTAL \$ _____ 	
	EXTENSION Collection Service : _____ Misc : _____ ESTIMATED TOTAL RENTAL \$ _____	
	Sales Person Code : _____ Hirer is responsible in accordance to the insurance policy excess for collision/damage to first part (i.e.) YONG FA CAR RENTAL & SVC PTE LTD Vehicle (including windscreen) and also excess for collision/damage to third party's vehicle for each and every accident/damage. <input checked="" type="checkbox"/>	
	Hirer's Signature: 	

I/We agreed to the terms and conditions above, overleaf and that all information given are true & correct in all respect. My/Our driving licence(s) is/are current and not disqualified from driving. You may charge all amount due on the rental to my/our credit card.

*** IMPORTANT**

- ONLY PERSONS ABOVE 21 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY RICA LEASING PTE LTD.
- IN THE EVENT OF AN ACCIDENT, THE HIRER OR AUTHORIZED DRIVER :
 - shall report all accidents involving the said vehicle to the Owner immediately;
 - shall take immediate steps to complete and sign Form MAAT 1 (Motor Accident Report Form) and do all other acts required in compliance with the "NON-INJURY MOTOR ACCIDENT REPORT SCHEME" (the form will be made available when the accident is report to the Owner)
 - shall report to the police within 24 hours from the occurrence, the following types of accidents :
 - Injury case;
 - non-injury case involving a Government vehicle, or damage to Government property;
 - non-injury case involving a foreign vehicle (to obtain their motor insurance policy, Passport No./Name of the driver, Vehicle number, Log card and Vehicle road tax information);
 - non-injury case involving a pedestrian or cyclist.

RETURN OF VEHICLE-THE HIRER/DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SIGNATURE OF HIRER/DRIVER" FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL BE DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO RICA LEASING PTE LTD AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

DATE IN	TIME IN	MILEAGE	CHECKED BY	REMARKS	DEPOSIT REFUND
<u>2/11/22</u>	<u>11am</u>				<input checked="" type="checkbox"/>
					SIGNATURE OF HIRER/DRIVER 