

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	21/11/2022 16:57 (SGT)
Reported by	Driver
Date of Accident	19/11/2022 17:58 (SGT)
Exact Location of Accident	Pioneer Rd, Singapore
Additional Location Information	PIONEER ROAD NORTH ROUDABOUT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY7499M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	EC CARZ RENTAL
Company Reg No	533538438
Email Address	CHUAPWX@GMAIL.COM
Mobile Phone No	(Phone) +65-91911585
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Elantra
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 car
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5124482074

DRIVER

Name of Driver	SIM WEI JIE
NRIC No	S9538356D
Date Of Birth	23/10/1995
Occupation	Outdoor

Date Of Driving Pass	12/05/2015
Driving experience	7 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97809028
Alt. Phone Number	-
Email Address	CHUAPWX@GMAIL.COM
Address	BLK 842 WOODLANDS ST 82 #12-55
Address complement	-
Postcode	730842
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 - Change/cross lane
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
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

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20221121/7031.

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	GQ6996P
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	VEHICLE B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SIM WEI JIE
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMY7499M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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/small packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

respectively 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

[Handwritten Signature]

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

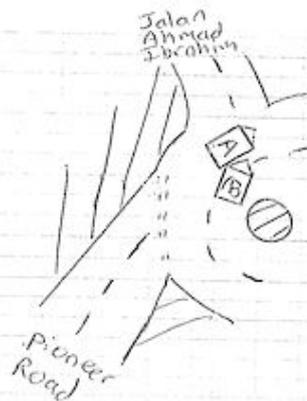
Witnessed by Reporting Centre Personnel

Sketch Plan



(A) - SMY7499M

(B) - GQ6996P



Describe Circumstances of the Accident

~~On Hwy~~

— Refer to police report attached —
Report No.: T/20221121/7031



Declaration

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



Policyholder's Signature / Date & Time

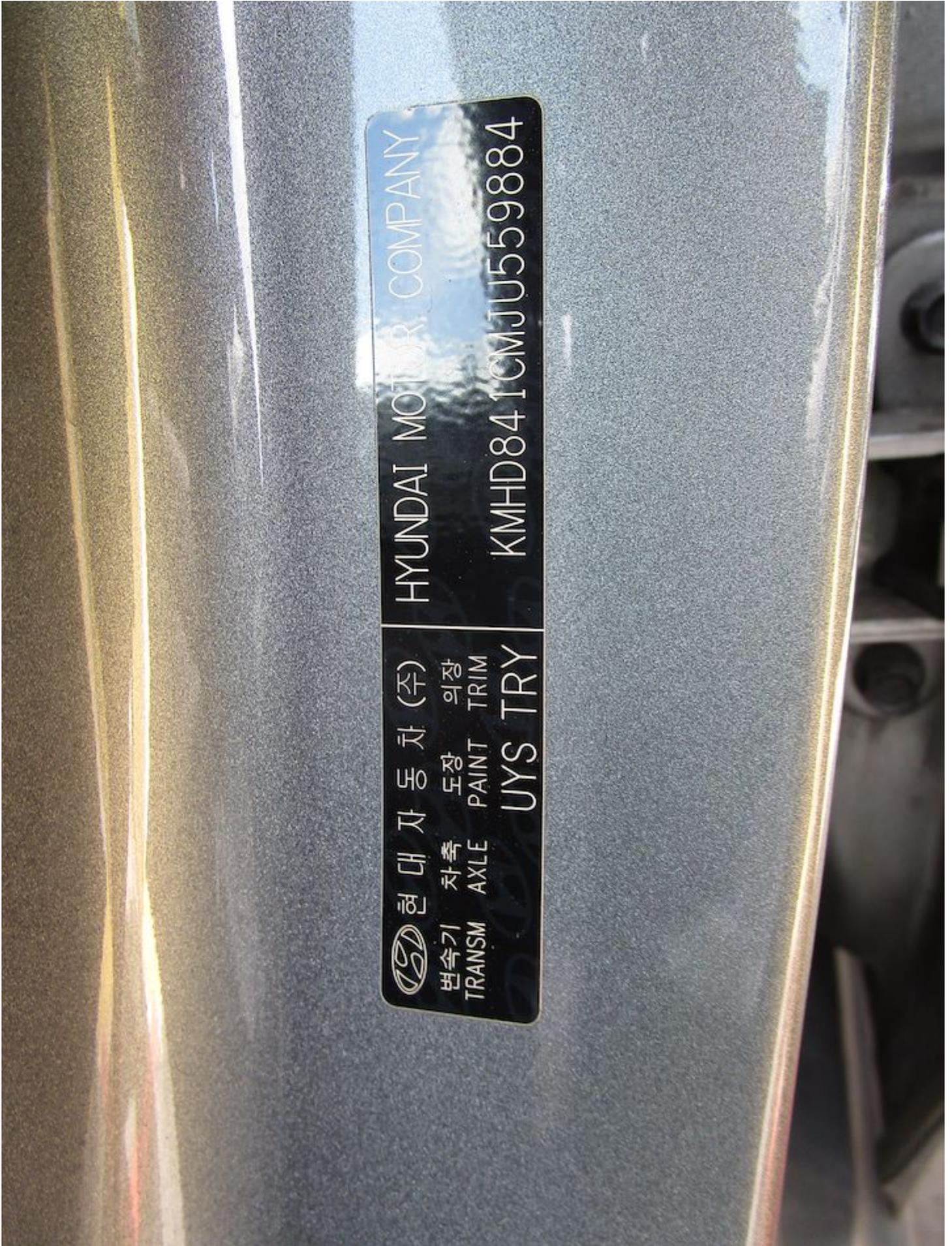
[Handwritten Signature]

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

Witnessed by Reporting Centre Personnel





















**SINGAPORE
POLICE FORCE**



T/20221121/7031

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20221121/7031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/11/2022 14:43		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SIM WEI JIE			Address: 842 WOODLANDS STREET 82 #12-55 SINGAPORE 730842		
ID Type / ID No.: NRIC NO / S9538356D			Contact No.: Home/Office: Mobile: 97809028		
Nationality: SINGAPORE CITIZEN			Email: SIMWEIJIE55@GMAIL.COM		
Sex: Male	Age: 27	Date of Birth: 23/10/1995	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PROJECT ENGINEER			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/11/2022 18:00	Type of Location: Roundabout
Location: PIONEER WALK				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 20 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GQ6996P	Lorry					0
SMY7499M	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20221121/7031

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20221121/7031

CONTINUATION OF REPORT

Driver			
Name	SIM WEI JIE		ID No. S9538356D
Related Vehicle	SMY7499M (Car)		Contact No. 97809028
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	20/11/2022		Date 20/11/2022
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

On the stated date and time, along the roundabout of Pioneer Road and Jalan Ahmad Ibrahim. I was travelling on the outer lane of the above mentioned roundabout and while i was passing the filter lane to Jalan Ahmad Ibrahim, a Vehicle GQ6996P on the inner lane of the roundabout decided to exit to Jalan Ahmad Ibrahim without caution and proper lookout and collided into the right rear portion of my Vehicle SMY7499M, causing damages to my Vehicle. I have one other passenger in my Vehicle during the accident.



**SINGAPORE
POLICE FORCE**



T/20221121/7031

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20221121/7031

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAY CHUN KEEN
Contact No.: 65476436

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
21/11/2022 14:43

Classification Of Case:

NP168



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: 5124482074

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **5MY7499M**
 Chassis Number : KMHDB41CMU559884
 2. Name of Policyholder : FC CARZ RENTAL
 3. Effective Date of Insurance : 09 Nov 2021
 4. Expiry Date of Insurance : 26 Apr 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)	: S\$1,500
ADDITIONAL EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COI	: N/A
NOB 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 : IVAN INSURANCE BROKERS PTE LTD (08000691209)

Date of Issue : 01 Sep 2022 08:23 hrs

For INCOME INSURANCE LIMITED

Chief Executive

EC CARZ RENTAL

Registration No.: 53353843B

Address: 756 Upper Serangoon Road #01-27A S(534626)

Tel: 6367 2080 Fax: 6367 2090

This Document Shall Form Part of the Rental Agreement and All Other Terms and Conditions Remain Unchanged.

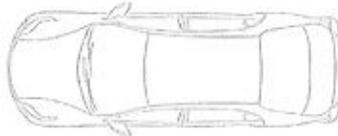
Vehicle Registration No: <u>53353843B</u>	Date & Time Out: <u>9/4/2021 @ 0:33PM</u>
Make & Model: <u>HYUNDAI ELANTRA 1.7</u>	Date Return/Rental Period: <u>5 9/4/2023 / 1 YEAR</u>
THIRD PARTY INSURANCE NON WAIVER EXCESS \$1500	Fuel: <u>F</u>

D: DENT / C: CRACK / S: SCRATCH / G: GAP / P: PAINT OFF

Remarks:

Mileage: 67940 KM

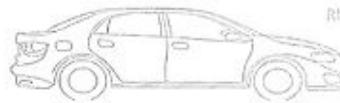
Video Recorded: YES / NO



LEFT VIEW



RIGHT VIEW



Interior & Exterior Check	
Wing Mirror (Function Check): YES / NO	Tool Kit (Hook / Jack / Wrench): YES / NO
Audio Player : YES / NO	Car Mat (4 / 5 PCS) : YES / NO
Spare Tyre / Rim : YES / NO	PHV Decal : YES / NO

I Acknowledged That The Vehicle Assessment Was Inspected by Myself With The Presence Of A Rental Staff.

Vehicle Hirer's Signature:

Rental Staff's Signature:



HIRER'S PARTICULARS	
Name (as in NRIC)	<u>SIM WEI JIE</u>
NRIC/Passport No.	<u>S 9538356D</u>
Date of Birth:	<u>23-10-1995</u>
Residential Address:	<u>111 P 02 NORTHVIEW STREET 02 #02-95 S(1220242)</u>
Email Address:	
Contact No.:	<u>9780 9250</u>

Kindly Remove All Your Cash & Valuables from the Vehicle When You Return.
EC CARZ RENTAL is Not Liable for Any Loss Of Cash, Valuable Items Or Any Articles Of Importance From The Vehicle

Hirer's Signature
Name: SIM WEI JIE
NRIC: S 9538356D