

# 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 ..... 06/02/2023 18:48 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 05/02/2023 14:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... SLIP ROAD AT BARTLEY ROAD NEAR LP13  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SNF5719E

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... ANNA ORGANIC  
Company Reg No ..... 53365154M  
Email Address ..... SJMOTOR@SINGNET.COM.SG  
Mobile Phone No ..... (Phone) +65-97711118  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Mazda  
Model ..... 3  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... -  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Reporting only  
Vehicle Category ..... Private hire  
Transmission ..... Auto  
CC ..... 1500

### INSURANCE COMPANY

Name of Insurance Company ..... India International Insurance Pte Ltd  
Policy Number / Cover Note Number ..... D22MFL0005332

### DRIVER

Name of Driver ..... MUSHARAFF ALI KHAN  
NRIC No ..... S2733368J  
Date Of Birth ..... 29/04/1953  
Occupation ..... Outdoor

Date Of Driving Pass .....	10/12/2003
Driving experience .....	19 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91016100
Alt. Phone Number .....	-
Email Address .....	RICHARDNG5558@GMAIL.COM
Address .....	470 SEGAR ROAD #06-234 S670470
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 - 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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	4
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 .....	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

#### SEE ATTACHED REPORT

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMY2672L
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	LIM DAMIAN IAN PROTASE
NRIC No .....	S1547474B
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****IMPORTANT NOTICE**

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6. The 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.
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

*[Signature]*

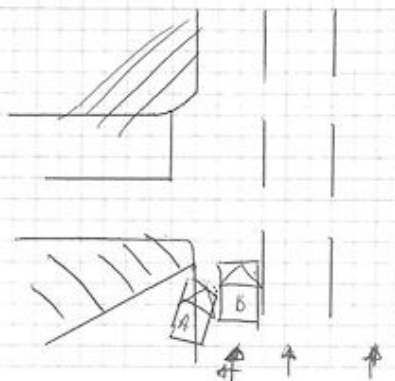
Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

**Sketch Plan**

Vehicle A: SNF5719E ✓  
Vehicle B: SMY2672L ✓



Along Slip Road of Barkley Rd

## Describe Circumstances of the Accident

On the stated date and time. I, Vehicle A (SNF5719E) was travelling on the stated venue. I signal right to exit before doing so I checked for traffic clearance and is cleared I then move off. Suddenly I felt a huge impact from the right portion of my vehicle. After I alighted I then realize that Vehicle B (SMY2672L) driving in a fast speed and overtake me to turn left to Jalan Labu Ayer.

**Vehicle A : SNF 5719 E**

**Vehicle B : SMY 2672 L**

## 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

Witnessed by Reporting Centre Personnel





























ANNA ORGANIC

Company Reg. No.: 53365154M  
 117 Bukit Batok West Avenue 6 #05-238  
 Singapore 650117  
 Tel: 6440 3100 Fax: 64402100  
 Email: sjmotor@singnet.com.sg

RENTAL AGREEMENT SNF5719E

This RENTAL AGREEMENT (hereinafter referred to as "The Agreement" is made on the  
 (Date) 09/06/2022

Between: ANNA ORGANIC  
 Company Reg. No.: 53365154M  
 117 Bukit Batok West Avenue 6 #05-238  
 Singapore 650117  
 Tel: 6440 3100 Fax: 64402100  
 Email: sjmotor@singnet.com.sg  
 Hereinafter referred to as "The Owner"

And: 1) Company's Name :  
 Company Registration No. :  
 Having its registered office at :  
 Contact Person :  
 Tel: HP:  
 Email:  
 2) Name : MUSHARRAF ALI KHAN  
 NRIC : S2733368J  
 Residential address at : BLK 470 SEGAR ROAD #06-234 Singapore 670470  
 Tel: HP: 91016100  
 Email: maazsg@gmail.com  
 Hereinafter also known as "The Hirer"



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

- a. Make & Model : MAZDA 3 / 4DR 1.5 AT M-HYBRID CLASSIC
- b. Registration No : SNF5719E
- c. Chassis Number : JM6BP2SAAN1150915
- d. Engine Number : P520816833

### 2. LEASE PERIOD

- a. Period: 12 MTHS
- b. Effective from: 09/06/2022 to 09/06/2023




### 3. VEHICLE USAGE FEE

a. The Fee is hereby agreed between both parties at S\$ 560.00 Weekly. The Owner will invoice to The Hirer for the fee on a weekly basis, from Monday to Sunday (hereinafter referred to as "Billing Cycle") and the fee shall include: -

- i. Unlimited mileage;
- ii. Road Tax;
- iii. Motor Insurance Coverage (Excess Applicable);

b. Fee should be paid by The Hirer to The Owner every following Friday, following the Billing Cycle. Any earnings should be paid by The Owner to The Hirer every following Friday/Saturday, following the Billing Cycle.

c. Without prejudice to The Owner's other rights, The Hirer will be liable to pay an administrative fee of S\$50.00 and a late payment interest computable at a rate of 5% per month, if the Fee and/or other payment(s) remain(s) unpaid for more than seven (7) calendar days from due date on the invoice(s). Thereafter, The Owner at its sole discretion will reserve all rights to repossess The Vehicle by way of lodging a lost vehicle report with the police and/or activation of a vehicle re-possession team to retrieve the vehicle. Consequentially, the Hirer will be deemed to have breached The Agreement rendering it null & void, including the forfeiture of security deposit that has been withheld by The Owner, and will also be liable to reimburse to The Owner the cost of re-possessing The Vehicle, all outstanding amount in arrears and all other obligations to The Owner under The Agreement.

	Owner 	Hirer 
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