

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	13/02/2023 10:14 (SGT)
Reported by	Driver
Date of Accident	10/02/2023 09:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CHURCH ST
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK7532Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	NEXT DRIVE PTE LTD
Company Reg No	20190644K
Email Address	HJSALEX@GMAIL.COM
Mobile Phone No	(Phone) +65-97554638
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Jazz
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 - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5113770009-03-000009

DRIVER

Name of Driver	HUANG JINGSHUN
NRIC No	S8210594H
Date Of Birth	02/04/1982
Occupation	Outdoor

Date Of Driving Pass	19/05/2005
Driving experience	17 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97554638
Alt. Phone Number	-
Email Address	HJSALEX@GMAIL.COM
Address	225 SERANGOON AVE 4 #07-105 S.550225
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	Chain Collision
Weather Conditions	Clear
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMM1381X
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJU9456E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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	HUANG JINGSHUN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

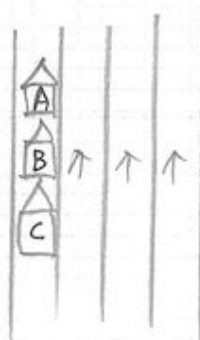
Sketch Plan

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

10/2/23



Witnessed by Reporting Centre Personnel



[A] SMK 7532 Z

[B] SMM 1381 X

[C] SJU 9456 E

Describe Circumstances of the Accident

I WAS DRIVING ALONG CHURCH ST ON THE LEFTMOST LANE SLOWLY DUE TO HEAVY TRAFFIC. IN FRONT OF MY VEHICLE SLOW DOWN & STOPPED. I ALSO STOPPED. SUDDENLY BEHIND VEHICLE NO. SMM1381X HIT TO MY BACK & CAUSE ANOTHER VEHICLE NO. SJU9456E IMPACT TO HIS CAR ON THIS CHAIN COLLISION ACCIDENT.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time


10/2/24

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

Witnessed by Reporting Centre Personnel































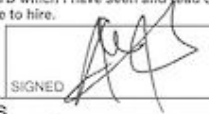

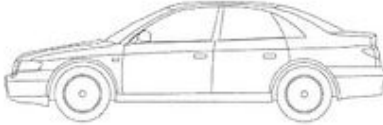


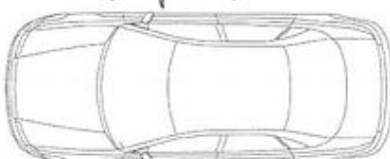






**NEXT
DRIVE**

REG NO. 201902644K

VEHICLE RENTAL AGREEMENT

DRIVER'S PARTICULARS			
NAME: <u>HUANG JINGSHUN</u>		NRIC/FIN/PASSPORT NO.: <u>S62105944</u>	
ADDRESS: <u>225 Serangoon Ave 4 #07-105 S(550225)</u>		CONTACT NO: <u>97554638</u>	
LICENSE PASS DATE:			
PERSONAL DETAILS (DRIVING HISTORY)		CIRCLE ACCORDINGLY If YES, please specify:	
A) Have you been convicted or have you any prosecution pending for any motoring offence or licence suspended or endorsed?		<input checked="" type="radio"/> NO <input type="radio"/> YES	
B) Have you been involved in any motor accident(s) in the past 3 years?		<input checked="" type="radio"/> NO <input type="radio"/> YES	
C) Have you been refused, declined motor insurance or had increased premium terms imposed?		<input checked="" type="radio"/> NO <input type="radio"/> YES	
I hereby warrant the truth of the above statements and I declare that I have not withheld any information whatever which might lead in anyway to increase the risk of NEXT DRIVE PTE LTD or influence the acceptance of this proposal. I agree that this proposal shall be the basis of the contract between me and NEXT DRIVE PTE LTD and I further agree to be bound by the terms and conditions of NEXT DRIVE PTE LTD which I have seen and read or have had the opportunity to see and read. I further declare that my personal details and driving record do not render me ineligible to hire.			
ACCEPTANCE OF TERMS AND CONDITIONS OF HIRE. The terms and conditions mentioned on the front and reverse hereof form an integral part of this contract. By signing this contract, I confirm having clearly read and understood and will give my unconditional approval to the stipulations of these terms and conditions.		SIGNED:  DATED: <u>09/11/2021</u>	
VEHICLE DETAILS			
VEHICLE NO.:	<u>SMK7532Z</u>	MAKE & MODEL:	<u>HONDA JAZZ 1.5 VTiR</u>
ENGINE NO.:	<u>L15B31000443</u>	CHASSIS NO.:	<u>JHMGK5850FX202718</u>
DATE & TIME OUT:	<u>09/11/2021 1440</u>	HRS FUEL LEVEL:	<u>2 bars</u> MILEAGE: <u>86001</u> KM
DATE & TIME DUE:		HRS FUEL LEVEL:	MILEAGE: KM
EXTENDED FROM:		HRS EXTENDED TO:	HRS
EXTENDED FROM:		HRS EXTENDED TO:	HRS
ACTUAL RETURN:		HRS FUEL LEVEL:	MILEAGE: KM
 		TOOLKIT <input checked="" type="radio"/> Y <input type="radio"/> N REMARKS:	
 		SPARE TYRE <input checked="" type="radio"/> Y <input type="radio"/> N REMARKS:	
		FRONT REC. CAM <input checked="" type="radio"/> Y <input type="radio"/> N BRAND:	
As per Video		REAR REC. CAM <input checked="" type="radio"/> Y <input type="radio"/> N BRAND:	
		HEADUNIT <input checked="" type="radio"/> Y <input type="radio"/> N BRAND: <u>4x Sun Shade</u>	
		MEMORY CARD <input checked="" type="radio"/> Y <input type="radio"/> N REMARKS:	
COST OF HIRE			
MONTHLY RATE:		<u>\$ 1,550</u>	TOTAL:
RENTAL PERIOD:		<u>1 year</u>	\$
EXTENSION RATE:		\$	TOTAL:
EXTENSION PERIOD:		\$	\$
INITIAL DEPOSIT:		<u>\$ 500 Transferred from BML5881P</u>	
ADVANCED PAYMENT:		<u>\$ Appears</u>	
KEY		TOTAL: \$	
A = DENT B = SCRATCH C = SCUFF D = BROKEN E = CRACKED F = CHIPPED		I confirm that I have read understood and agree to be bound by the terms and conditions printed overleaf.	
I confirm that the condition of the received vehicle is as indicated in the image above:		SIGNATURE (HIRER):  SIGNATURE (LEASOR): 	
I agree to be fully responsible for and will pay immediately on demand the full amount for a non-waivable insurance excess of: SGD\$5000.00 for drivers above 21 year old with minimum 2 years of driving experience; SGD\$8000.00 for drivers below 21 year old with less than 2 years of driving experience; for damage done to vehicle resulting in total loss, or for third part claim arising from the event of an accident in Singapore; and double the amount should the incident occur in Malaysia:			

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1 TAMPINES NORTH DRIVE 1, #03-25 T-SPACE, SINGAPORE 528559