

# 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 ..... 28/02/2023 17:31 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 27/02/2023 17:30 (SGT)  
Exact Location of Accident ..... 500 Upper Bukit Timah Rd, Singapore 678106  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJL9015S

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... ST RENT AND DRIVE PTE. LTD.  
Company Reg No ..... 2XXXXX374C  
Email Address ..... STRENTANDDRIVE@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-87812161  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Vios  
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 ..... 5106327543-04

### DRIVER

Name of Driver ..... ABDUL WAHID BIN ABU BAKAR  
NRIC No ..... SXXXX919C  
Date Of Birth ..... 16/08/1959  
Occupation ..... Outdoor

Date Of Driving Pass .....	02/01/1991
Driving experience .....	32 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-87799553
Alt. Phone Number .....	-
Email Address .....	BLAZEKILLER904@GMAIL.COM
Address .....	269B YISHUN STREET 22
Address complement .....	07-559
Postcode .....	762269
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) .....	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 .....	XE8268G
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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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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

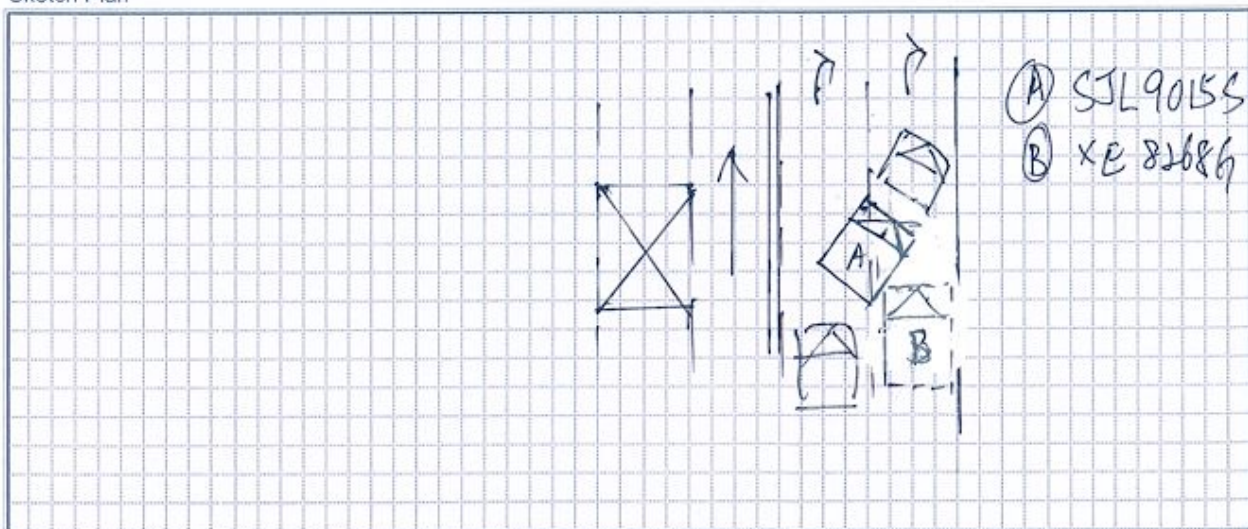
*[Signature]*

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



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

**Sketch Plan**



Describe Circumstance of the Accident

I WAS TRAVELING ALONG UPPER BUKIT TIMAH ROAD.

VEHICLE B (XEP268G) WAS PARKED AT THE SIDE

OF THE ROAD WATERING THE PLANTS, WITH THE SIGN ON:

AS THE TRAFFIC LIGHT TURNED GREEN, I SIGNALED

TO CHANGE LANE TO TURN RIGHT. SUDDENLY, VEHICLE B

MOVED OFF AND COLLIDED ONTO MY VEHICLE REAR RH DOOR.

Declaration

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



Policyholder's Signature / Date & Time

*[Signature]*

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:** 5106327543-04

**Cover :** Third Party

1. Index mark and Registration Number of Vehicle : **SJL90155**  
 Chassis Number : MR053HY9305084800
2. Name of Policyholder : ST RENT AND DRIVE PTE. LTD.
3. Effective Date of Insurance : 16 Dec 2022
4. Expiry Date of Insurance : 15 Dec 2023
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 COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MOTOR CREDIT PTE LTD
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 : ALLINK INSURANCE AGENCY PTE. LTD (00000615444)  
 Date of Issue : 07 Dec 2022 17:37 hrs

For INCOME INSURANCE LIMITED

Chief Executive



## ST RENT &amp; DRIVE PTE LTD

Reg No. 201635374C

(billing address) 210 Turi Club Road, The Grandstand Car Mall, Lot A12/A27, Singapore 287 995  
(showroom) 210 Turi Club Road, The Grandstand Car Mall, Lot B66, Singapore 287 995

Contract No.:

NAME: ABDUL WAHID BIN ABU BAKAR

NRIC No.: S1389919C

Address: BLK 269B YISHUN STREET 22 #07-  
0559 SINGAPORE 762269

Age: 61 DOB: 16/09/1959

Driving Experience: 29 Years

Contact No.: +6587799553

Next-of-kin Contact No.:

Email:

**\*\*Remark:** Hirer agreed to allow this rental company to keep a photocopy of his NRIC and driving License

## Vehicle Details

Make & Model: TOYOTA VIOS	Vehicle Reg No.: SJL9015S
Commencing Start Date/Time: 4 APRIL 2022	Commencing End Date/Time:
Rental Price: \$41 day	Collision Damage Waiver: \$5 Deposit: NA

## CONTRACT DURATION:

\*\*\* Things to take note

\*It is the **customer's responsibility** to inspect the vehicle upon collection. He/she should take photographs of any existing scratches and dents and WhatsApp them **within 30 minutes** after the collection of the vehicle. **Repair charges** will be imposed if the customer fail to do so when the vehicle is being returned.

\*Insurance Excess amount **must be paid in full** before the customer is able to do an accident report.

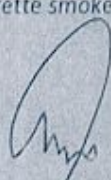
1 <sup>st</sup> Party Excess: \$500	3 <sup>rd</sup> Party Excess: \$500	Collision with Foreign Vehicles Excess \$5000
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
\*No additional charge for usage in Malaysia (towing is not covered in Malaysia).

\***Deposit** will be forfeited if the hirer decided to **Early Termination of the contract**.

\*Cost of \$100 will be charged if the PH Decal is being defaced or damaged.

\*Smoking is **prohibited** in the vehicle. Cost of \$300 will be charged if the car is returned with cigarette smoke smell and ashes.

  
Name/Signature of Customer

  
Name/Signature of Authorized Person
