

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	07/03/2023 16:09 (SGT)
Reported by	Driver
Date of Accident	06/03/2023 23:00 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ587E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Car Times Auto-Rent Pte Ltd
Company Reg No	201633634W
Email Address	autorent@cartimes.com.sg
Mobile Phone No	(Phone) +65-91164398
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
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	1797

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5133971955

DRIVER

Name of Driver	Teng Kee Keng
NRIC No	S7287794B
Date Of Birth	05/02/1972
Occupation	Outdoor

Date Of Driving Pass	03/06/2004
Driving experience	18 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91164398
Alt. Phone Number	-
Email Address	autorent@cartimes.com.sg
Address	Blk 946 Jurong West Street 91 #08-669
Address complement	-
Postcode	640946
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 - Head to Rear
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)	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 to attach report

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	SBL1108E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-


Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	Soh Boon Loong
NRIC No	S8829939F
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

Please read the following information carefully before completing this form.

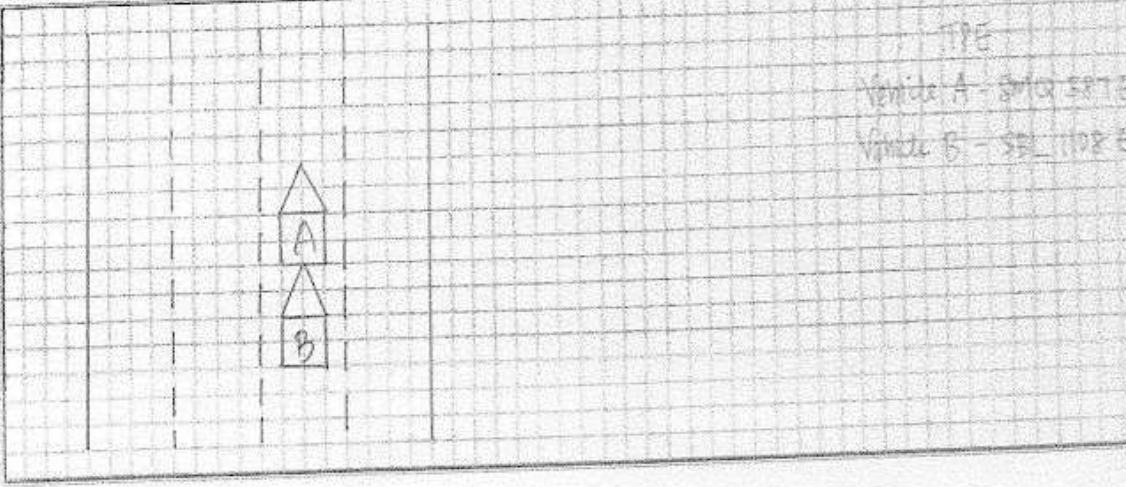
- This Form must be completed by the Policyholder and/or the Actual Driver.
- Information provided must be true and accurate to the best of your knowledge.
- Insurance companies will investigate your liability.
- The issue and acceptance of this Form by insurance companies is not an admission of public liability on the part of the insured or companies.
- Any false reporting may be referred to the Traffic Police Department for investigation.**
- This report will be forwarded by the insurer to the GIA Revenue Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will also be made available upon application by interested parties.
- By the lodging of this report to the insurer, you hereby consent to the archiving of this report at the centre and to copies of the report being made available if needed.
- 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 insurers, 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 insurers 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/are 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 _____
 Driver's Signature (if driver is not the policyholder) / Date & Time _____
 Witnessed by Reporting Centre Personnel (Name as in NPIC/IC card) _____

Sketch Plan

TPE
 Vehicle A - SP10 587E
 Vehicle B - SP1 108 E



Describe Circumstance of the Accident:

On 6 March 2023 at approximately 2300 hour, I (SMA587E) was travelling along TPE. The vehicle in front of me brake so my vehicle have brake and stopped too. Suddenly, vehicle B (SBL1108E) was rear ended my vehicle. We alight and exchange particular.

- Video with workshop.

Declaration

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



Policyholder's Signature / Date & Time

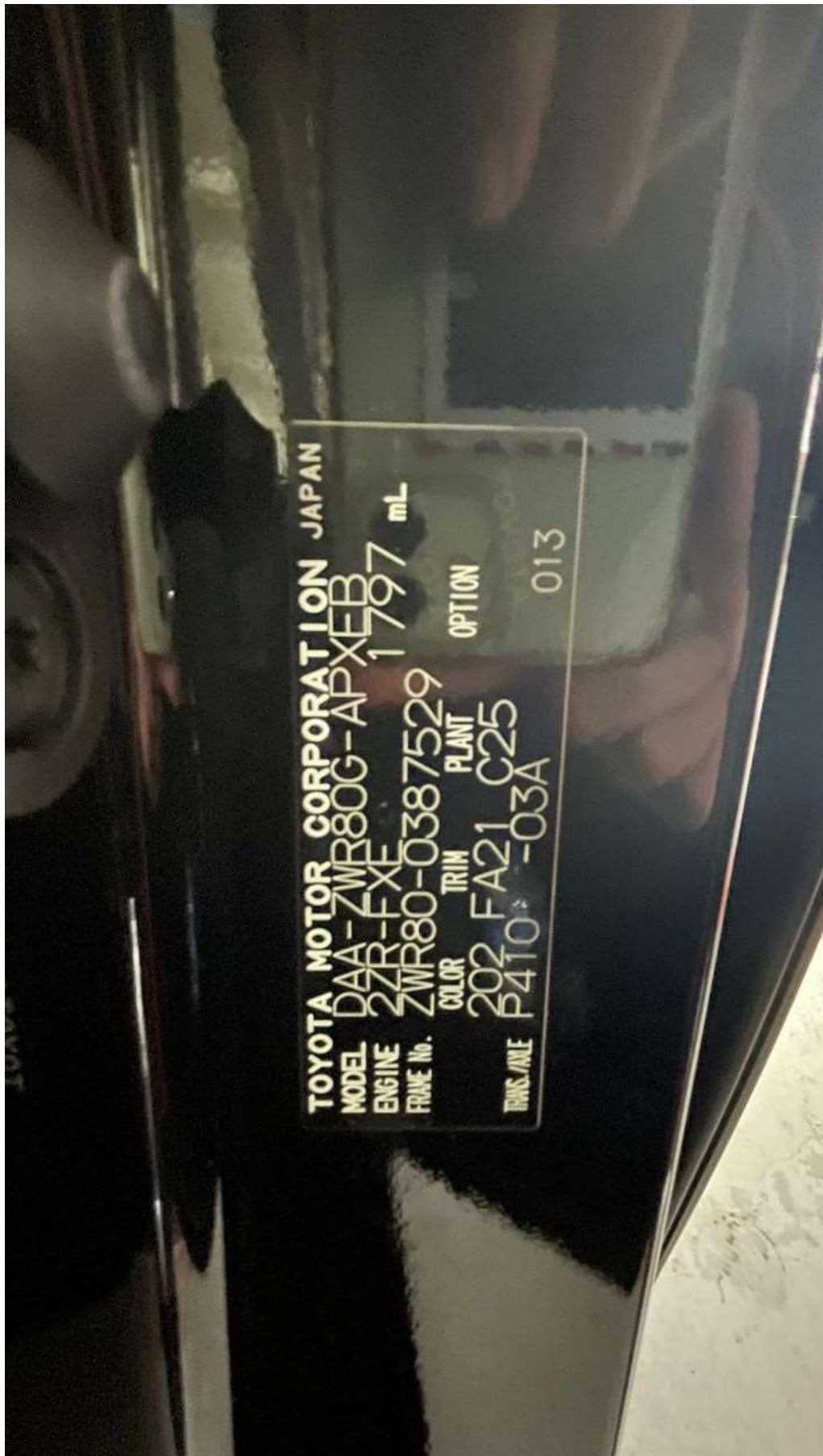
Driver's Signature (if driver is not the policyholder) / Date & Time

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



















100mc.

Soft deposit Every Deposit

Email: Services@largo.sg@gmail.com

VEHICLE RENTAL AGREEMENT

Previous agreement no: _____

(if applicable)

CTI No: 3147022104

Hirer's Particulars

Name (as in I/C): TENG LEE KENG

NRIC / PASSPORT NO: S22872948

Address (Res): 746 JURONG WEST ST 91 #08-269
S640746

Company Name: _____

Address: _____

D/L No: _____ D/L Type: Local/International

Passed Date: 3/6/2004 Date of Birth: 5/2/1972

Tel: (H) 91164398 (O) _____ (M) _____

Relevant Driver Particulars

Name (as in I/C): _____

NRIC / PASSPORT NO: _____

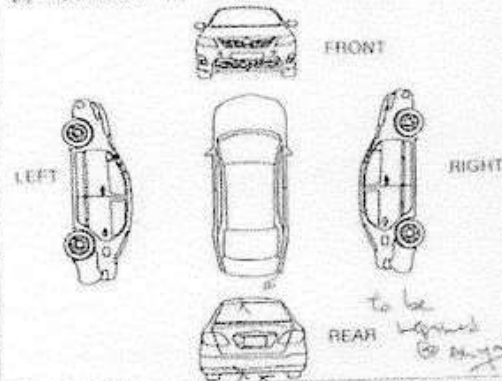
Address: _____

D/L No: _____ D/L Type: Local/International

Passed Date: _____ Date of Birth: _____

Additional charges of \$20/wk may apply (M): _____

(A) - ACCIDENTS (D) - DENTS (S) - SCRATCHES



Vehicle No: SMR J87E

Make & Model: TOYOTA MARK HYBRID 1.8A

Out Date: 12/10/22 Time: 1500 Hrs

Hire Period Expiry: 10/10/23 Mileage: _____

NON-WAIVER EXCESS: 2000 / 2000

CHARGES				\$S	#
Daily	Day(s)	@ \$S	Per day	<u>98</u>	
Weekly	Weekly(s)	@ \$S	Per week		
Monthly	Month(s)	@ \$S	Per month		
CDW	opt out @ \$S		Per day		
Refundable Deposit				<u>\$3000</u>	
Others					
Total					

Rented out by: LEX

Signature: 7948

Relevant Driver Signature: _____

I have read and agree to the terms and condition on both sides of this agreement. If I have presented a charge/cash card for payment, I agree that all amounts payment under this agreement and for parking and traffic infringements may be billed to that accounts and my signature above will be considered to have been made on the charge/cash card voucher. All information I have given in connection with this agreement is true.

• IMPORTANT

- ONLY PERSONS ABOVE 24 & BELOW 65 YRS OF AGE WITH MORE THAN 2 YEARS OF DRIVING EXPERIENCE, AUTHORIZED, 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.
- IN CASE OF ACCIDENT, THE HIRER SHALL REPORT TO RENTAL OFFICE IMMEDIATELY IF THERE IS BODY INJURIES. A POLICE REPORT MUST BE MADE WITHIN 24 HOURS.
- ALL VEHICLE ARE SUPPLIED WITH A FULL TANK AND SHOULD BE RETURNED WITH A FULL TANK.
- ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER. AN ADMINISTRATIVE CHARGE WILL BE LAYED ON ANY TRAFFIC VIOLATIONS REDIRECTED.

RETURN OF VEHICLE - THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN 'SIGNATURE OF HIRER' FILING WHICH THE DAY AND TIME, INSERTED BELOW SHALL BE DEMAND TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO 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

SIGNATURE OF HIRER/DRIVER