

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	29/04/2023 11:46 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	28/04/2023 07:40 (SGT)
Exact Location of Accident	Pasir Ris Drive 6, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ4507H
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MOTO LEASING
Company Reg No	53430873B
Email Address	CCMOTORLINE@GMAIL.COM
Mobile Phone No	(Phone) +65-83661373
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Rush
Variant	1.5X A
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 - Reporting only
Vehicle Category	Private hire
Transmission	Auto
CC	1495

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00001532300

DRIVER

Name of Driver	ABDUL KAMAR BIN HARUN
NRIC No	S2179593C
Date Of Birth	31/03/1961
Occupation	Outdoor

Date Of Driving Pass	22/10/1980
Driving experience	42 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88777110
Alt. Phone Number	-
Email Address	CCMOTORLINE@GMAIL.COM
Address	APT BLK 427 PASIR RIS DRIVE 6 #02-37
Address complement	-
Postcode	510427
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 - Cross Junction
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

I WAS AT THE EXIT OF THE CARPARK INTENDING TO TURN RIGHT. I CHECKED THE TRAFFIC WAS CLEARED. SO I PROCEEDED TO MOVE OUT TO TURN RIGHT. SUDDENLY, VEHICLE B CAME BY FROM NOWHERE AND WE COLIDED. NO ONE WAS INJURED.

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	SJJ3464D
Vehicle Manufacturer	Toyota
Vehicle Model	Vios
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) 2

PASSENGER 1

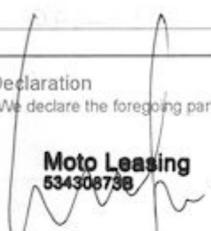
Name Passenger
Gender Female

Describe Circumstance of the Accident

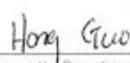
I was at the exit of the carpark intending to turn right.
I checked the traffic was cleared, so I proceed to move
out to turn right. Suddenly, vehicle B came by from nowhere
and we collided. no one was injured.

Moto Leasing
534308738

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


Moto Leasing
534308738
Policyholder's Signature / Date & Time
28/4/23


Driver's Signature (if driver is not the policyholder) / Date & Time
29/4/23 11:00am


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



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/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

Moto Lessing
834308738

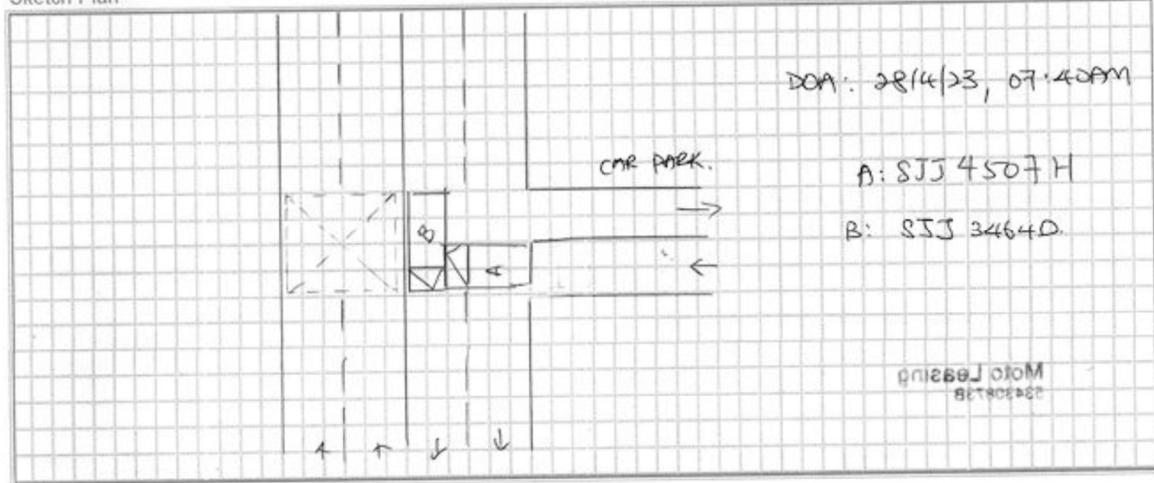
Policyholder's Signature / Date & Time
28/4/23

Driver's Signature (if driver is not the policyholder) / Date & Time
29/4/23 11:00am

HONG GUO

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

Sketch Plan



































MOTO LEASING

60 Jalan Lam Huat, #04-50 Carros Centre, Singapore 737869
 FAX: +65 6725 0992 TEL: 6983 2944 HP: 8833 0450/ 8366 1373
 REG NO. 53430873B EMAIL: CCMOTORLINE@GMAIL.COM

RENTAL AGREEMENT

VEHICLE NUMBER	MAKE/MODEL	CC	CHECK OUT/IN		
SJJ4507H	Toyota Rush	1500cc	RENTAL START DATE	18/12/23	
<u>HIRER'S DETAIL</u> NAME: Abdul Kamar Bin Harun ADDRESS: BIK 427 Pagar RIS Drive 6 #02-37 IC: S2179593C			ACTUAL RENTAL END DATE	19/15/23	
			AGREED RENTAL END DATE		
			NON WAIVERABLE EXCESS PER INCIDENT		
			Note: FURTHER EXCESS OF \$2000 SHALL APPLY IN ADDITION TO THE AMOUNT OF STATED IN THIS RENTAL AGREEMENT WHEN AT THE TIME OF AN ACCIDENT THE MOTOR VEHICLE IS DRIVEN BY ANY PERSON WHO IS BELOW 30 YEARS OLD OR ABOVE 65/ HELD A DRIVING LICENSE FOR LESS THAN 3 YEARS.		
Mobile no.	8877 7110	IC	S2179593C	SEC I	SEC II
D/L.	S2179593C		SINGAPORE	\$2500	\$2500
COUNTRY	SINGAPORE		MALAYSIA	\$4500	\$4500
			TOTAL LOSS	\$10700	
REMARKS:	Vehicle out of Johor area will not be covered.				
<u>ADDITIONAL DRIVER</u>			RENTAL & MAINTENANCE CHARGES		
NAME:			DAILY @	52	
ADDRESS:			CDW @	6 (excess reduced to \$850/850)	
POSB 072-668539-0			WINDSCREEN @	-	
PAYNOW UEN. 53430873B			DEPOSIT	\$500.00	
SALESMAN CONTACT: 88330450 / 8366 1373			PREPARED BY:	Danny	

I HEREBY AGREE TO ABIDE BY THE TERMS AND CONDITIONS STATED ON THIS AGREEMENT



SIGNATURE OF HIRER

Moto Leasing
53430873B



MOTO LEASING