# **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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 08/05/2023 13:15 (SGT) Reported by **Actual Driver** Date of Accident 07/05/2023 14:30 (SGT) Exact Location of Accident Tras St. Singapore Additional Location Information Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Mercedes

Vehicle Registration Number **SLL6845J** 

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner TITANIUM LIMOUSINES PTE LTD Company Reg No 201213055R Email Address SHAH@TITANIUMLIMOUSINES.COM.SG Mobile Phone No (Phone) +65-90042550 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer

Model E220 Variant Exact purpose for which vehicle was being used at time of accident **Employment** Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 2000

#### **INSURANCE COMPANY**

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2005253652

#### DRIVER

Name of Driver RADINSALIH BIN RAHMAD NRIC No S7246909G Date Of Birth 18/12/1972 Occupation Outdoor

Date Of Driving Pass 29/04/1993 Driving experience 30 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-83983774 Alt. Phone Number Email Address SHAH@TITANIUMLIMOUSINES.COM.SG Address BLK 34 MARSILING DRIVE #06-389 Address complement Postcode 730034 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 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) 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? Nο Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON 07.05.2023 AT 1430HRS, MY CAR MERCEDES E CLASS SLL6845J WAS PARKED STATIONARY AT LOT 27 PARKING LOT ALONG TRAS STREET. I WAS SITTING INSIDE THE CAR AND SUDDENLY A BLUE COMFORT TAXI PLATE SHD6642S BANG THE REAR RIGHT PORTION OF MY VEHICLE. INSTEAD OF STOPPING, THE TAXI KEPT GOING. I MANAGED TO CHASE IT TO THE ST SIGNATURE HOTEL TANJONG PAGAR WHICH WAS FURTHER UP AND CONFRONTED THE DRIVER AND TOOK PICTURE OF HIS TAXI. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SHD6642S Vehicle Manufacturer

# CACcident report SS2X23580001

Vehicle Model
Vehicle Variant
Vehicle Colour

| Vehicle Category                        | Taxi      |
|---|-----------|
| Name of Driver                          | _         |
| Contact Number                          | -         |
| Address                                 | -         |
| Address complement                      | _         |
| Postcode                                | _         |
| Insurance Company Name                  | _         |
| Nature Of Damage                        | _         |
| Details of property damaged in accident | VEHICLE B |
| No. Of Passenger (Including Driver)     |           |

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.

- 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.
- 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.

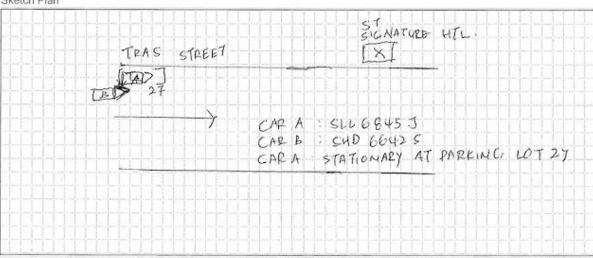
LIMOUSINES PTE LTD CD.REG.NO. 19121345527

Policyholder's Signature / Date & Time

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

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

#### Sketch Plan



1

| escribe Circumstance of the Accident  |
|---|
| On 07/05/23 @ 1430 HPS my car Meecenes E class SLL 6845 J was parked stationary @ Lot 27 parking lot along TRAS STREET. I was sitting inside the car and suddenly a blue comfort taxi plate no. SHD 66425 banged the rear right portion of my vehicle. Instead of stopping, the taxi kept going. I managed to chase it to the ST Signature Hotel Panjong Pagar which was further up and confronted the diver and took pictures of his taxi. |
|   |
|   |
|   |
|   |

Declaration

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

LIMOUSINES PTE LTD Policyholdesisseligaalvani Ratsus Timo

Hy 08/05/23@ 1000HR

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

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

2



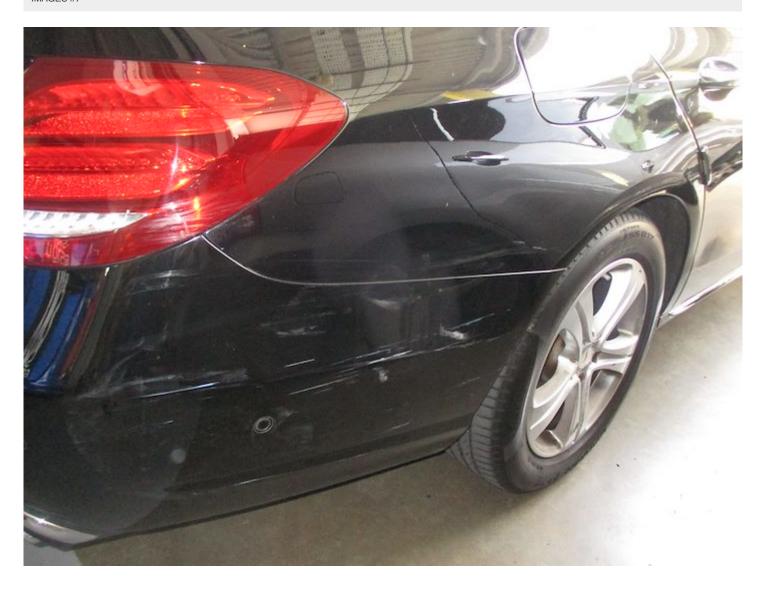
















## TITANIUM LIMOUSINES PTE LTD CAR RENTAL AGREEMENT

#### HIRER PARTICULARS

| Name               | RadinSalih Bin Rahmad          |
|--------------------|--------------------------------|
| Contact            | +65 83983774                   |
|                    | Blk 34 Marsiling Drive #06-389 |
| Address            | Spore 730034                   |
| NRIC / UEN         | \$7246909G                     |
| Authorised Driver  | -                              |
| NRIC               | -                              |
| Gender             |                                |
| Date Of Birth      | -                              |
| Class 3/3A License |                                |
| Registration Date  | -                              |

#### VEHICLE PARTICULARS

| Car Make / Model                        | Mercedes E Class E220D |
|---|------------------------|
| Colour                                  | BLACK                  |
| Vehicle Registration                    | SLL6845J               |
| Petrol / Diesel / Hybrid                | Diesel                 |
| Additional driver                       | NA                     |
| NRIC                                    | NA                     |
| Gender<br>Date Of Birth                 | NA                     |
| Class 3/3A License<br>Registration Date | NA                     |

COLLECTION / RETURN DETAILS

| Collection Date      | 1 MARCH 2023 |
|----------------------|--------------|
| Collection Time      | 12.00        |
| Mileage Check Out    |              |
| Fuel Level Check Out |              |
| Return Date          |              |
| Return Time          |              |
| Mileage Check In     |              |
| Fuel Level Check In  |              |
| Rental Period        | 6 MONTHS     |

#### PAYMENT DETAILS

| Deposit                                     | \$4500.00  |
|---|--|
| Monthly Rental Rate                         | \$4500.00  |
| CDW (Collision Damage Waiver)<br>Daily Rate | \$ Not Applicable  |
| Additional Charge                           | \$ Not Applicable<br>(1-time charge for additional driver) |
| Payment Account Number                      | PAYNOW 90042550  |
| Singapore Excess Section 1                  | \$2500.00  |
| Singapore Excess Section 2                  | \$2500.00  |
| Malaysia Excess Section 1                   | Singapore Use Only   |
| Malaysia Excess Section 2                   | Singapore Use Only   |

| HIRER SIGNATURE | & | Co |
|-----------------|---|----|
| STAMP           |   |    |

HIRER NAME:

DATE / TIME:

AMT DEPOSIT REFUNDED:

HIRER TO SIGN HERE WHEN VEHICLE RETURNED

RadinSalih Bin Rahmad

1/3/2023 12.00

AUTHORISED PERSONNEL

NAME: Mohd Shafie

DATE /TIME: 1/3/2023 12.00

EXCLUSE ELLIPSE. LIMOUSINES PTE LTD GO,RFQ.HQ. 1012130558

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