

# 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 .....	23/05/2023 16:30 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	06/05/2023 09:30 (SGT)
Exact Location of Accident .....	Jurong West Street 91, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBF5887U

### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	Alpha Rental Pte Ltd
Company Reg No .....	202019190D
Email Address .....	SEEKTOP7@GMAIL.COM
Mobile Phone No .....	(Phone) +65-90966559
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Hiace
Variant .....	TOYOTA HIACE VAN TURBO 5 DR MANUAL
Exact purpose for which vehicle was being used at time of accident .....	Employment
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Reporting only
Vehicle Category .....	Commercial vehicle
Transmission .....	Manual
CC .....	2982

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMCVSNA00013282301

### DRIVER

Name of Driver .....	TITUS NATHAN S/O LOURDNATHAN
NRIC No .....	S9009230H
Date Of Birth .....	18/03/1990
Occupation .....	Outdoor

Date Of Driving Pass .....	11/04/2023
Driving experience .....	1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-81804170
Alt. Phone Number .....	-
Email Address .....	SEEKTOP7@GMAIL.COM
Address .....	APT BLK 456 JURONG WEST STREET 41 #09-744
Address complement .....	-
Postcode .....	640456
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 .....	Side Swipe
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

#### REFER TO THE SKETCH PLAN

#### 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 .....	SHC7245D
Vehicle Manufacturer .....	Hyundai
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) ..... -

**SKETCH PLAN**

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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 :

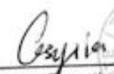
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 **8/5/23**

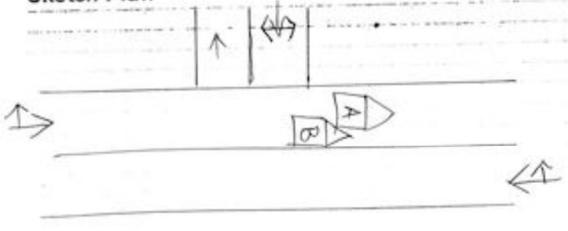


  
 Driver's Signature (if driver is not the policyholder) / Date & Time **6/5/23**

  
 Witnessed by Reporting Centre Personnel



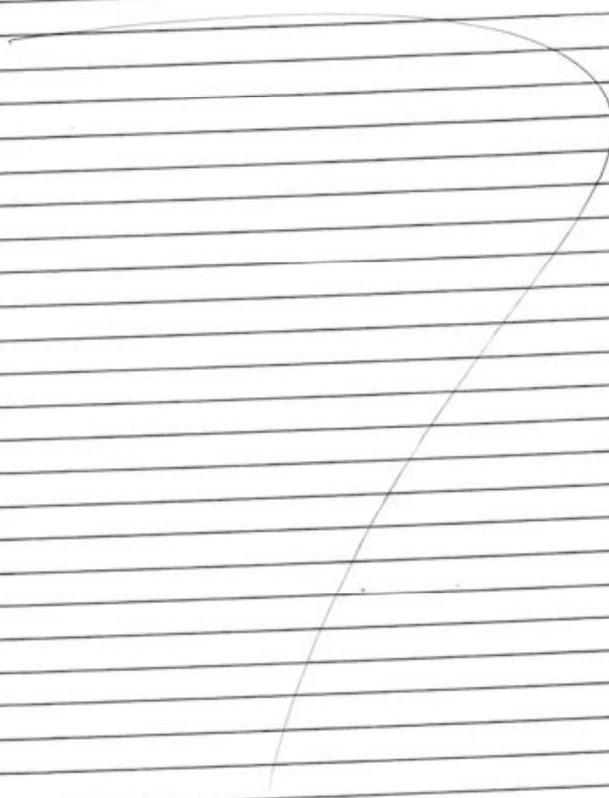
**Sketch Plan**



A) G6BF5887U  
 B) SHC7245D

**Describe Circumstances of the Accident**

I was driving along JURONG WEST ST 91 / felt an impact from the right side of my vehicle. vehicle B hit on My vehicle A



**Declaration**

We declare the foregoing particulars are true in every respect.

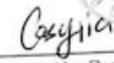
  


Policyholder's Signature / Date & Time  
8/5/23



Driver's Signature (if driver is not the policyholder) / Date & Time  
6/5/23





Witnessed by Reporting Centre Personnel







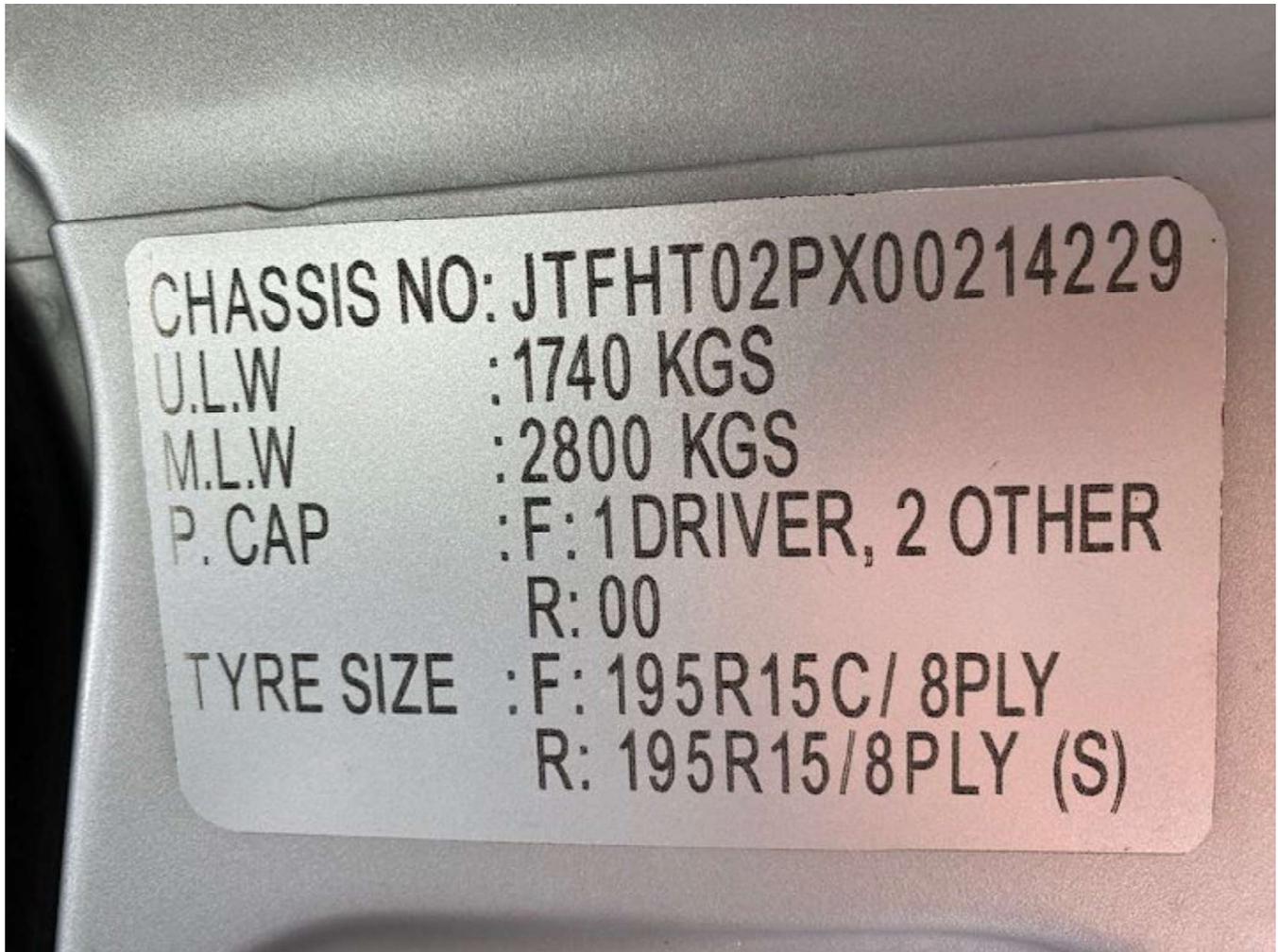


















## ALPHA RENTAL PTE LTD

NO: 60 JALAN LAM HUAT #03-57 CARROS CENTRE S737869 Tel: 90040958

This vehicle leasing agreement is made on the 20 OCT 2020

Agreement No.20211020001

### VEHICLE LEASING AGREEMENT

BETWEEN

ALPHA RENTAL PTE LTD (ROC NO:202019190D)

of know Address: 60 JALAN LAM HUAT #03-57 CARROS CENTRE S737869 Tel:  
90049058 ( Hereinafter referred to as " the Lessor" )

AND

MUHAMMAD FAIZAL S/O MAIDEEN MEETHIN

S9130427I HP: 91164876

TITUS NATHAN S/O LOURDNATHAN S9009230H

44 TEBAN GARDEN ROAD #07-407 S600044

### VEHICLE

Make & Model	TOYOTA HIACE	Color	SILVER
ORD Date	27 DEC 2016	PlateNo:	GBF5887U
Chasis	Vocational:		

Terms and conditions:

#### 1. Scope of Agreement

This Vehicle Leasing Agreement ("Agreement") shall be binding upon the lessees wholly and/or all of the Lessees' agents, drivers, employees, representatives etc, even if replacement vehicle is taken by the Lessee. The Lessee shall be responsible for any replacement vehicle taken by any authorised person.

All driver are to have a minimum 1 year driving experience. Upon acceptance and execution of this Agreement, the Lessee shall guarantee that their designated driver has a valid driving license ( of the appropriate Class depending on the Leased Vehicle ).

#### 2. Leasing Period

The Lessor agrees to lease the vehicle to the Lessee for the following period. MONTHLY ( Daily / weekly / Monthly )

Start Date: 20 OCT 2021

End Date: 19 OCT 2023

Returning Date: \_\_\_\_\_

But Return on \_\_\_\_\_

The Security Deposit payable by the Lessees to the Lessors upon the execution of this Agreement is \$5500 .

*Pauline*

