

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 16/05/2023 16:48 (SGT)
Reported by Actual Driver
Date of Accident 15/05/2023 23:00 (SGT)
Exact Location of Accident 39 Syed Alwi Rd, Singapore 207630
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFR9888E

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner EXCLUSIVE LIMO & CAR RENTALS
Company Reg No 52963858D
Email Address JOHNNY@EXECLUSIVELIMO.COM.SG
Mobile Phone No (Phone) +65-90913200
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Prius
Variant -
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 - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1800

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Policy Number / Cover Note Number D22MFL0007098

DRIVER

Name of Driver NG EE SOON
NRIC No S1442633G
Date Of Birth 18/11/1960
Occupation Outdoor

Date Of Driving Pass	29/10/1979
Driving experience	43 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90913200
Alt. Phone Number	-
Email Address	JOHNNY@EXECLUSIVELIMO.COM.SG
Address	BLK 98 COMMONWEALTH CRESCENT #04-52
Address complement	-
Postcode	140098
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)	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

ON THE STATED DATE AND TIME, VEHICLE A (SFR9888E) WAS TRAVELLING STRAIGHT ON THE STATED VENUE. SUDDENLY, VEHICLE B (SLL3618T) CUT INTO MY LANE FROM MY LEFT AND COLLIDED ONTO MY VEHICLE LEFT PORTION.

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	SLL3618T
Vehicle Manufacturer	-
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	VEHICLE B
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



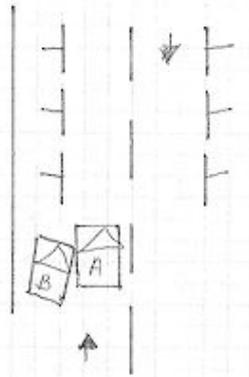
Policyholder's Signature
Date & Time:

x
[Signature]
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Veh A: SFR9888E
 Veh B: SLL3618T



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I, Vehicle A (SFR9888E) was travelling straight on the stated venue. Suddenly Vehicle B (SLL3618T) cut into my lane from my left and collided onto my vehicle left portion.

Vehicle A : SFR9888E

Vehicle B : SLL3618T

DECLARATION

I declare the foregoing particulars are true in every respect.

X
 Policyholder's Signature
 Date & Time:

X

 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:



























IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SS2X235G0001 Vehicle Registration No: SFR9888E

Name (as shown in NRIC): NA EE SOOL NRIC/FIN/Passport No: S14426339

(*Vehicle Driver/Policyholder) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: 90913200

Email Address: _____

Date of Accident: 15/05/2023 Time of Accident: 23:00

Place of Accident: 39 SYBD ALWI ROAD

Insurance Company: INDIA

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

- AMEND EMAIL

Policyholder / Actual Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date:



INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 191670E792K | GST Reg. No. M2-0078006-X
 64 | Cecil Street | #04 | #05 | #06-02 | IOE Building | Singapore 049711
 Office: (65) 63476100 Email: insure@in.com.sg
 Fax: (65) 62244174 Website: www.in.com.sg

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)
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D22MFL0007098		COVER: Comprehensive
1. Index Mark and Registration Number of Vehicle	: SFR9888E	
Chassis No	: JTDKB3FU503559220	
2. Name of Policyholder	: EXCLUSIVE LIMO & CAR RENTALS	
3. Effective date of Insurance	: 31 Jul 2022	
4. Expiry date of Insurance	: 30 Jul 2023	
5. Persons or Classes of Persons entitled to drive*	<p>Any person who is driving on the Policyholder's order or with their permission. The Hirer.</p> <p>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</p>	
6. Limitations as to use*	<p>Use for the carriage of passengers or goods in connection with the Policyholder's business or the hirer's business. Use for social, domestic, pleasure purposes and business purposes of the Policyholder or of any person to whom the vehicle is hired.</p> <p>The Policy does not cover</p> <p>(1) Use for hire or reward (other than when the vehicle is hired for the carriage of passengers under Z10/Z11 for hire and reward). (2) Use for racing, pace-making, reliability trial or speed-testing. (3) Use for the carriage of goods (other than samples) in connection with any trade or business. (4) Use for any purposes in connection with the Motor Trade.</p> <p>*Limitations rendered inoperative by Section 8 of the Motor Vehicles (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.</p>	
Excess Section I WITHIN SINGAPORE	: SGD	2,000.00
Excess Section I OUTSIDE SINGAPORE	: SGD	4,000.00
Excess Section II WITHIN SINGAPORE	: SGD	1,500.00
Excess Section II OUTSIDE SINGAPORE	: SGD	3,000.00
Windscreen Excess	: SGD	100.00
Hire Purchase Company	: Hong Leong Finance Limited	
FOR DRIVERS BELOW 24 YEARS OR ABOVE 75 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN ADDITIONAL EXCESS OF \$2500/- ON SECTION I & II WILL BE APPLICABLE.		
PRIVATE HIRE (PRIVATE HIRE SERVICES) - GEOGRAPHICAL AREA : WITHIN THE REPUBLIC OF SINGAPORE ONLY.		
FOR SOCIAL, DOMESTIC & LEISURE PURPOSES ONLY - GEOGRAPHICAL AREA : WITHIN SINGAPORE AND WEST MALAYSIA.		
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).		
Agent/Broker	: A000109/ENSURANCE.PRO	For India International Insurance Pte Ltd
Date of Issue	: 28/07/2022 20:54:17	
MZ406 - Hire Car (G/R)		Authorized Signatory

lctehny/28/07/2022 20:54:17

28/07/2022 20:58:38


exclusive LIMO & CAR RENTALS

 30 Raffles Place, 23/F Chevron House, Singapore 048622
 Tel: 6285 0020 Rental Hotline: 9101 8983 Fax: 6285 0187

RENTAL AGREEMENT					
Delivery	Date	Collection	Date		
Replacement		Replacement			
Release at office	06 / 05 / 021	Return at office	/ /		
Company Exclusive Limo & Car Rentals			Contact Person		
David Ng Ee Soon (hp : 83661310 / IC no. S1442633G)			Telephone 62850020		
Special Instructions			Special Instructions		
OUT			IN		
Vehicle no. SFR9888E	Make /Model Toyota Prius Hybrid	Vehicle no.	Make /Model		
Time of Delivery hrs	Mileage	Time of Collection hrs	Mileage		
Petrol level F	Petrol charge SS	Petrol level	Petrol charge SS		
Mark damaged parts on the picture - Circle new damage on 'IN' diagram.					
S Scratch		D Dent		C Crack	
M Missing		B Broken			
Accessories		YES	NO	Accessories	
1. CD / Cassette Player		<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. CD / Cassette Player	
2. CD cartridge		<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. CD cartridge	
3. Spare tyre		<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Spare tyre	
4. Car jack / Wrench		<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Car jack / Wrench	
5. 4 Hub caps / Sports Rims		<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. 4 Hub caps / Sports Rims	
6. Valid road tax		<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Valid road tax	
7. DVD remote control		<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. DVD remote control	
Remarks			Remarks		Accident ? New damage ?
					YES / NO YES / NO
<p>Pursuant to the rental agreement for the abovementioned vehicle, I acknowledge that I have examined the vehicle and that the same is in good condition and to my satisfaction in every respect together with the accessories listed above. By signing this agreement, I am accepting the roadworthiness of the vehicle. Further, I have checked the vehicle and will not hold the management responsible for any loss of personal effects left in the vehicle at the time of handing over.</p>					
Signature			Signature		
Name of Hirer			Name of Hirer		
Signature			Signature		
Name of staff			Name of staff		