

## 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 .....	22/05/2023 15:19 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	21/05/2023 19:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	WOODLANDS AVE 5, SINGAPORE
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNH5934P
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	AIS MOTORING
Company Reg No .....	53341947J
Email Address .....	GISMOTORING13@GMAIL.COM
Mobile Phone No .....	(Phone) +65-96418419
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Volvo
Model .....	S60
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 .....	1500

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5113121560-03-000013

#### DRIVER

Name of Driver .....	KOH CHEE HONG
NRIC No .....	S1273845E
Date Of Birth .....	16/06/1957
Occupation .....	Outdoor

Date Of Driving Pass .....	17/11/1977
Driving experience .....	45 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81218310
Alt. Phone Number .....	-
Email Address .....	GISMOTORING13@GMAIL.COM
Address .....	420 CANBERRA RD #12-413 S.750420
Address complement .....	-
Postcode .....	-
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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 ATTACHED

#### 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 .....	SLH4972J
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private hire
Name of Driver .....	NG SOON CHUAN
Contact Number .....	(Phone) +65-86123733

Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person ..... -  
Gender ..... -  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... -  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... -

**SKETCH PLAN****IMPORTANT NOTICE**

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5. Any false reporting may be referred to the Police for investigation.
6. The 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.
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")

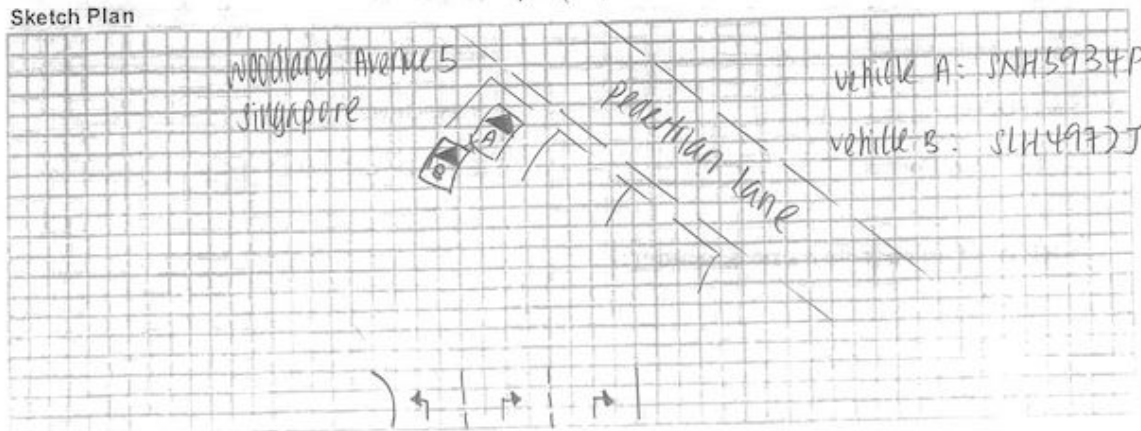
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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

  
Driver's Signature (if driver is not the policyholder) / Date & Time  
21/5/2023

  
Witnessed by Reporting Centre Personnel



**Sketch Plan**


Describe Circumstances of the Accident

Refer TO ATTACHED

Declaration

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

ON THE STATED DATE AND TIME, I, VEHICLE A (SNH 5934 P) WAS TURNING RIGHT TO WOODLAND AVENUE 5. WHILE I WAS STOPPING AT THE ABOVE MENTIONED ROAD ON THE EXTREME LEFT LANE WAITING FOR A PEDESTRIAN TO CROSS. SUDDENLY, I FELT A HUGE IMPACT FROM THE REAR PORTION OF MY VEHICLE. I THEN CAME DOWN TO CHECK AND REALISED THAT IT WAS VEHICLE B (SLH 4972 J) WHO HAVE COLLIDED ONTO MY VEHICLE.

VEHICLE A: SNH 5934 P

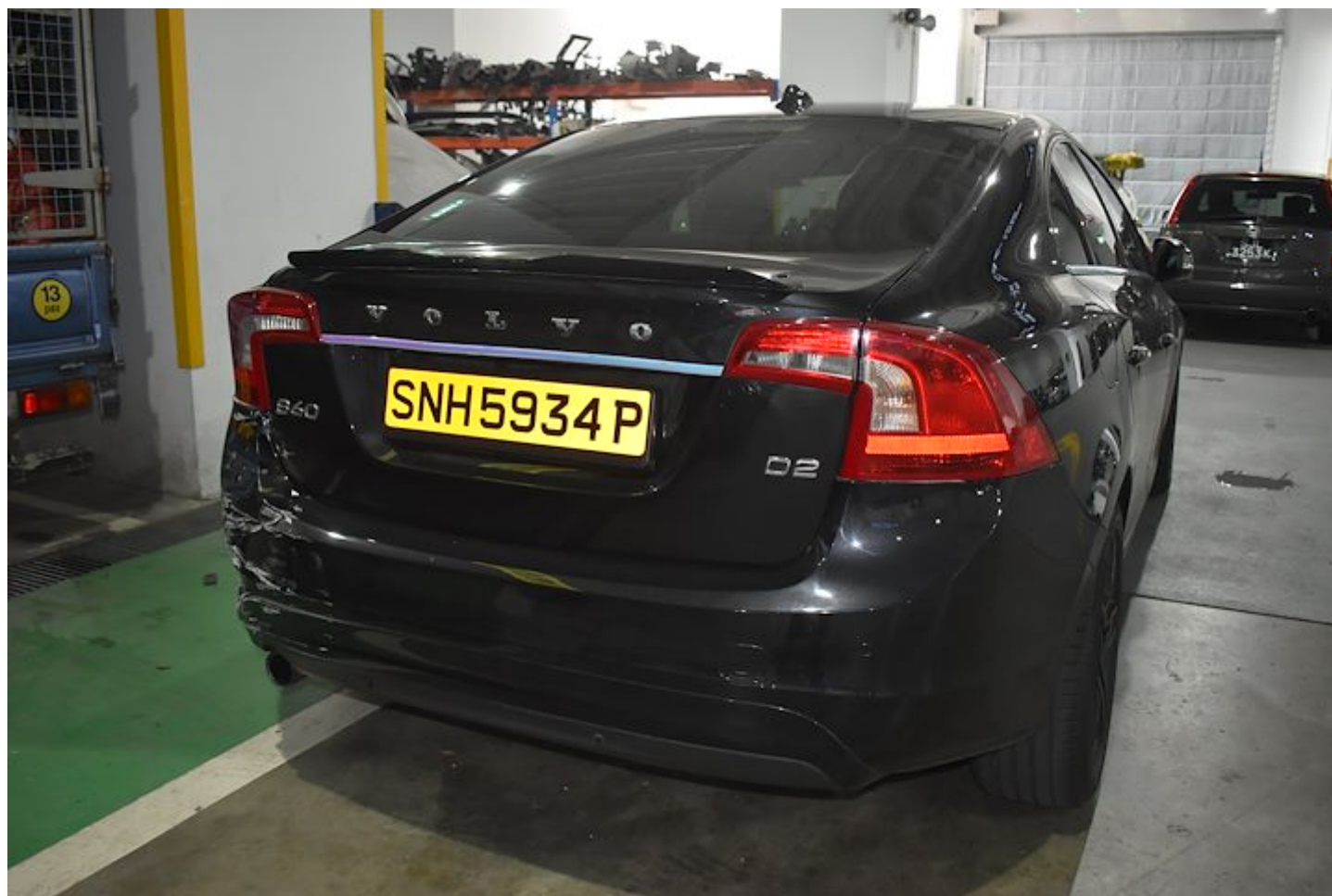
VEHICLE B: SLH 4972 J



































## AIS Motoring

60 Jalan Lam Huat #05-13 Carros Centre Singapore 737869  
Tel: +65 6282 3822 Fax: +65 6251 7751  
(UEN 53341947J)

### RENTAL AGREEMENT

(This shall form part of the Rental Documents referred in the terms and conditions)

The Rental Agreement is made on 12 (Day) 05 (Month) 2023 (Year)

Between

1. Koh Chee Hong (NRIC No. / UEN No. S1273845E),  
residing at Blk #20 Canberra Road #12-413 Singapore 750420.  
(HP No. 81218310) the person and/or company signing the Rental Documents (herein referred to as "the Hirer") whose particulars are recorded in the Rental Documents and
2. AIS Motoring (UEN No. 53341947J), a company incorporated in Singapore, registered address at 60 Jalan Lam Huat #05-13 Carros Centre 737869  
(collectively, known as "parties")

Where as

1. The Hirer shall acknowledge and fully understand the Terms and Conditions which form part of the Rental Documents throughout the term of the lease period ("Lease Period").
2. All parties accept the terms and conditions set out below by signing this Rental Agreement.

It is agreed between the parties as below :

#### A. Vehicle Details ("Vehicle")

Vehicle No.	:	<u>SNH5934P</u>
Vehicle Make / Model	:	<u>Volvo S60</u>
Vehicle Colour	:	<u>Black</u>



#### B. Lease Period

Date of Handover	:	<u>12/05/2023 (3pm)</u>	
Commencement of the Lease Period	:		
Period of the Lease	:	<u>12 months</u>	month(s)
Option to Renew	:	<u>/</u>	month(s)

Hirer's signature: [Signature]

Version: 51122021

## C. Deposits

Rental Deposit ("Deposit") : \$ 4500/-

## D. Rental Rate

Rental Rate ("Rental") : \$ 485/- (Inc caw) per day (inclusive of GST)  
 Renewal Rate ("Renewal Rental") : \$ / per day (inclusive of GST)

## E. Bank Account Details

Rental payment shall be paid every Monday to the Bank Account : DBS Current Account No.: 003-945123-7

## F. Insurance Excess

The excess for any claims shall be as follows:

- I. \$1,800 (exclusive of GST) for Section 1 for accidents occurring within Singapore.
- II. \$1,800 (exclusive of GST) for Section 2 for accidents occurring within Singapore.
- III. \$3,600 (exclusive of GST) for Section 1 for accidents occurring within West Malaysia.
- IV. \$3,600 (exclusive of GST) for Section 2 for accidents occurring within West Malaysia.

## G. Termination

The Company shall have the rights to immediately terminate this Rental Agreement if there is a breach of any of the Terms and Conditions in the Rental Documents.

By signing below, all parties agree to all Terms and Conditions stated in the Rental Documents.

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The Hirer's Name and Signature:



AIS Motoring

Version: 31122021

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Hirer's signature: 334