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 5. Intribution provided must be as truthful and accurate as possible. Any white mister estimation of withouting of material facts may allow insurance companies to reputial 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 29/05/2023 15:51 (SGT) Reported by **Actual Driver** Date of Accident 27/05/2023 20:15 (SGT) Exact Location of Accident Hougang, Singapore Additional Location Information HOUGANG AVENUE 3 TOWARDS ANG MO KIO

Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMJ2990Y

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner ASIA EXPRESS CAR RENTAL PTE LTD Company Reg No 2XXXXX882D Email Address PEIJIE@EXPRESSCAR.COM.SG Mobile Phone No (Phone) +65-91998131

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Honda Model Freed

Variant **HYBRID 1.5G AUTO**

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 No - Claiming third party your vehicle? Vehicle Category Private hire

Transmission Auto 1496

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited

Policy Number / Cover Note Number 5121569529-02

DRIVER

Name of Driver RAHMAT BIN YAHAYA NRIC No SXXXX102H Date Of Birth 27/09/1968 Occupation Indoor

Date Of Driving Pass 14/07/1986 Driving experience 36 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-96246502 Alt. Phone Number Email Address PEIJIE@EXPRESSCAR.COM.SG Address BLK 547 WOODLANDS DRIVE 16 #03-187 Address complement Postcode 730547 Is the driver the policyholder? Nο 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 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 PASSENGER 1 Name UNKNOWN Gender Female 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 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 SHD4692K Vehicle Manufacturer

Vehicle Variant

Vehicle Model

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	-
No. Of Passenger (Including Driver)	-

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Declaration				
We declare the foregoing p	particulars are true in every respect		Alls	
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(E) (25) (a)				

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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
- 5. 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
- 5. Consent under the Personal Data Protection Act (PDPA)

Funderstand, acknowledge, agree and consent that

report being made available aforesaid.

(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' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

(ii) 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 mit;

(iv) administering my claims (including the making 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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

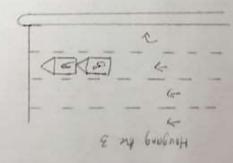
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GM to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholde & Signature / Date &

Sketch Plan

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

Witnessed by Reporting Centre Personnel

















Date of Report 29 05 2023	
Exact Location of Accident Hougang w Ave 3 toward Ang No ki 0 Country/State of Loss Singapore DETAILS OF OWN VEHICLE Vehicle Registration Number SMJ 2990 V INSURED/POLICYHOLDER	
Country/State of Loss Singapore DETAILS OF OWN VEHICLE Vehicle Registration Number SMJ 2990 INSURED/POLICYHOLDER	
Vehicle Registration Number SMJ 2990 VINSURED/POLICYHOLDER	
INSURED/POLICYHOLDER	
Name of registered Owner ASIA EXYILES CAN TURNING VIE CO	
NRIC NO. 2011 6882D	
Email Address (if does not have, state NOEMAIL) PETTIE CERPLESS (ML, WM, SG	
Mobile Phone No. 9199 8131.	
Alternative Phone No. VEHICLE PARTICULARS	
Manufacturer HONDI)	
Model FILLED HYSILID	
Exact Purpose for which vehicle was being used at time of accident Private use / Commercial Use / Private Hire	use
Are you claiming under your own insurance policy for repair to your vehicle? Yes (OD) / No (Reporting only or 3 rd party)	
If No to above, state action to be taken E.g 3 rd Party	
Vehicle Category Private Car / Commercial Car / Private Hire INSURANCE COMPANY	
Name of Insurance company NTUC	
Type of Coverage	
Fleet Policy Yes / No	
Policy Number 5121569529 - 02 - 000170 DRIVER	
Name of Driver Rahmat Bin Yaliaya	
NRIC No 8 6 8 3 6 1 02 H	33
Date of Birth 27 / 09 / 1968	
Occupation Indoor / Outdoor	
Date of Driving Pass 14 / 07 / 19 8 6	
Years Months	



