

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	30/05/2023 17:37 (SGT)
Reported by	Actual Driver
Date of Accident	29/05/2023 17:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE BUKIT TIMAH EXIT (KAMPUNG JAVA FLYOVER)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNH156B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	VINCAR LEASING AND RENTAL PTE LTD
Company Reg No	2XXXXX828K
Email Address	NIGELTANG@VINCAR.COM.SG
Mobile Phone No	(Phone) +65-84884081
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	BENZ A200 AMG LINE HATCHBACK AUTO
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1332

INSURANCE COMPANY

Name of Insurance Company	Etika Insurance Pte Ltd
Policy Number / Cover Note Number	M0033012

DRIVER

Name of Driver	KIRSOPP ROY STEPHEN
Passport No/FIN	GXXXX149L
Date Of Birth	20/06/1963
Occupation	Indoor

Date Of Driving Pass	12/08/2021
Driving experience	1 YEAR AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98324990
Alt. Phone Number	-
Email Address	ROY.KIRSOPP@GMAIL.COM
Address	1 FERNHILL RD #04-02 THE FERNHILL
Address complement	-
Postcode	259049
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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 ATTACHED SKETCH PLAN BY DRIVER.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

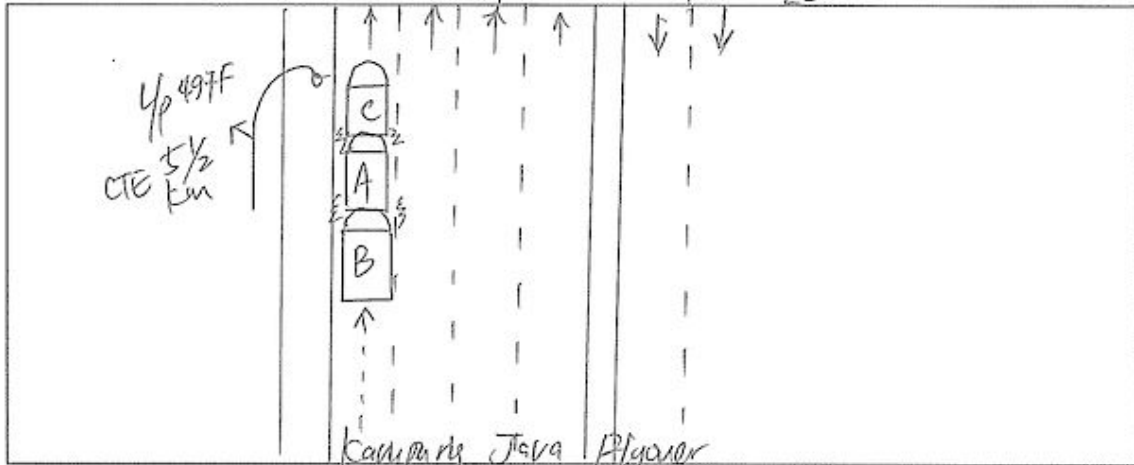
Vehicle Registration Number	YQ6759U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	GURPREET SINGH
Passport No/FIN	GXXXX151U

Contact Number	(Phone) +65-87473090
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SNH1238S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	PATRICK TAN
Contact Number	(Phone) +65-98193888
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Date of accident: 29/05/23 Time: 17:20 Location: CTE Bukit Timah East
 My Vehicle A: SNH 156B Vehicle B: 7Q 675AU Vehicle C: LNH 1238S
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary in traffic queue at Bukit Timah Road exit of CTE City Bound.
 Vehicle B hit me from behind and pushed me into vehicle C.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop :

Email address :

& myself :

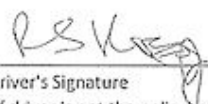
Email address : roy.kirsoff@gmail.com

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

I/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:


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

SKETCH PLAN**IMPORTANT NOTICE**

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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. 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 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:



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



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



































M2400
70000267
Cov. Type: Comprehensive

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)

CERTIFICATE No. M0033012

1. Index Mark and Registration Number of Vehicle	SNH156B			
2. Name of Policyholder	Vincar Leasing and Rental Pte Ltd			
3. Effective Date of Commencement of Insurance for the purposes of the Act	22/09/2022	Excess: Sect I	SS	2,000
		Excess: Section II	SS	2,000
		Excess: Windscreen	SS	100
4. Date of Expiry of Insurance	31/07/2023			
5. Persons or Classes of Persons entitled to drive		Engine No	: 28291480353999	
		Chassis No	: W1K1770872N159493	
		Hire Purchase	: Maybank Singapore Limited	

(A) THE POLICYHOLDER.
(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS PERMISSION.

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 permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle.

6. Limitations as to Use

USE ONLY FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
THE POLICY DOES NOT COVER:
(i) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.
(ii) USE FOR THE CARRIAGE OF GOODS (OTHER THAN SAMPLES) IN CONNECTION WITH ANY TRADE OR BUSINESS.
(iii) USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.

* 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 bindings.

Policy Owner's Protection Scheme

This policy is protected under the Policy Owner's Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the GIA / LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

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).

GOPLTY 07/10/2022 14:06:27



For and on behalf of Etiqa Insurance Pte. Ltd.
Approved Insurer

Authorised Signature

eTiqa

Insurance

INTERVIEW FORM

Name (Driver) : ROY Stephen Kirsopp

Policy No : m0033012

Vehicle No : SNH156B

Place of Accident : Kampung Jawa flyover

Insured Driver's relationship with Insured : Hire

Drink Driving of Insured and/or Insured Driver : NA

No of passenger(s) in Insured vehicle : 0

Injury to Insured and/or Insured driver, please indicate which hospital:
NA

Third Party Vehicle No (if any) : Y0675AU & SNH12385

No of passenger(s) in Third Party Vehicle : 0

Injury to Third Party driver and/or passenger(s), please indicate which hospital:
NA

Type of collision and the extensiveness of the damages to all vehicles involved:
Chain Collision

Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement):
NA

Traffic Police report (enclosed) : Yes / No

Please obtain a copy of the driving licence of Insured driver and/or work permit (where foreign worker is involved)

R S Kirsopp

RSK

Driver (Name & Signature)

I, affirmed the above information is given to my best knowledge

Attended by (Name & Signature)

Workshop Name: AMM

Etiqa Insurance Berhad (Company Reg. No. T09FC0054K)
1 North Bridge Road, #08-01 High Street Centre, Singapore 179094
T: +65 6336 0477 F: +65 6339 2109

Attended by the AMM Group

VINCAR

SCHEDULE TO VEHICLE LEASING AGREEMENT

AGREEMENT NO. : VCR/2022/061
 AGREEMENT DATE : 15th Sep 2022
 TYPE OF LEASE : Full Lease

Please note that in the case of a Full Lease, in addition to the services available to a Basic Lease, the following other services are available: Road Tax & Full Maintenance.

I CONTACT DETAILS FOR NOTICES (PER CLAUSE 16(B))

a) In the case of the Owner:

- Address: 1 Chang Charn Road #05-02 OC Singapore 159630
- Attention: Gavin Lee
- Hp No.: 9272 0335
- E-mail address: gavinlee@vincar.com.sg

b) In the case of the Hirer:

- Address: 1 Fernhill Road #04-02 The Fernhill, Singapore 259049
- Attention: Kirsopp Roy Stephen
- Hp No.: 98324990
- E-mail address: roy.kirsopp@gmail.com

II DESCRIPTION OF VEHICLE

a) Vehicle Registration No:	SNH156B
b) Year of Manufacture:	2020
c) Vehicle Registration Date:	14 th SEP 2022
d) Make & Model	MERCEDES BENZ A200 AMG LINE
e) Engine No.:	28291480353777
f) Chassis No:	W1K1770872N159493
g) Accessories:	-

III PERIOD OF HIRE:	12 months
	From 23 rd SEP 2022 To 22 nd SEP 2023

IV SECURITY DEPOSIT:	\$S5,400.00 (Refundable)
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V MONTHLY RENTAL:	\$S2,889.00 (inclusive of 7% GST)
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VI TERMS OF PAYMENT:	As stipulated in Clause 4 of this Agreement unless otherwise stated
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 VEHICLE LEASING AGREEMENT

VINCAR LEASING AND RENTAL PTE. LTD.
 1 CHANG CHARN ROAD #05-02 OC BUILDING SINGAPORE 159630
www.vincar.com.sg

ADMIN OFFICE
 1 Chang Charn Road 05-02/03 OC Building S159630
 T 6474 1119 F 6479 1911

RSK