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 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.

- 4. The issue and acceptance of this is form by instrained 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 01/06/2023 16:03 (SGT) Reported by **Actual Driver** Date of Accident 31/05/2023 14:00 (SGT) Exact Location of Accident Singapore Additional Location Information **BOON LAY WAY ROAD** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **GBL3747Y**

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner ALPHA RENTAL PTE LTD Company Reg No 2XXXXX190D **Email Address** evolution96auto@gmail.com Mobile Phone No (Phone) +65-90966559 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Nissan Model Nv200 Variant

Exact purpose for which vehicle was being used at time of accident **Employment**

Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Auto CC 1597

INSURANCE COMPANY

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

DRIVER

Name of Driver HAIRULNIZAD BIN DAUT SHAW NRIC No SXXXX673A Date Of Birth 30/06/1976 Occupation Indoor

Date Of Driving Pass 22/09/2009 Driving experience 13 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-82355106 Alt. Phone Number Email Address evolution96auto@gmail.com Address APT BLK 470 CHOA CHU KANG AVENUE 3 Address complement # 03-125 Postcode 680470 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name **ROBIAH** Gender **Female DETAILS OF POLICE ACTION** Was the accident reported to the police? Nο Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO THE ATTACHED STATEMENT 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 SLJ6793K

Toyota

Vehicle Model

Vehicle Manufacturer

Vehicle Variant

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	DURAI RAJ MURUGAPPA
NRIC No	SXXXX881Z
Contact Number	(Phone) +65-98503474
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust be <u>completed by the Policyholder and/or the Authorised Driver</u>.
- 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.
- 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)

l 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) w ho 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 :
- (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.

- (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 GIA 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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting

Sketch Plan

vehicle A: GBL37474 vehicle B = SLJ67 93k

De Circumsta	ces of the Accident			
			,	
			1	
		C	\	
		20		
		XVX		
		The same		
		1,		
		\		
		0		
	700			
	/p			
	00			
	h			
	,			
	/			

Declaration

VWe 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

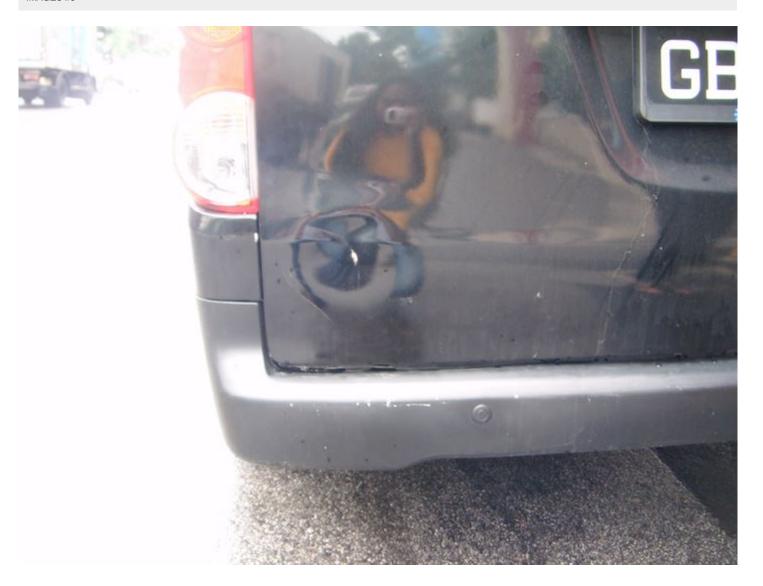
ON THE STATED DATE AND TIME, I, VEHICLE A (GBL 3747 Y)
WAS STATIONERY ON THE BOON LAY WAY ROAD AT LANE 2
DUE TO A TRAFFIC RED LIGHT. SUDDENLY, I FELT A HUGE
IMPACT FROM THE REAR PORTION OF MY VEHICLE. I THEN
CAME DOWN TO CHECK AND REALISED THAT IT WAS
VEHICLE B (SLJ 6793 K) WHO HAVE COLLIDED ONTO MY
STATIONARY VEHILCE.

VEHICLE A: GBL 3747 Y

VEHILCE B: SLI 6793 K









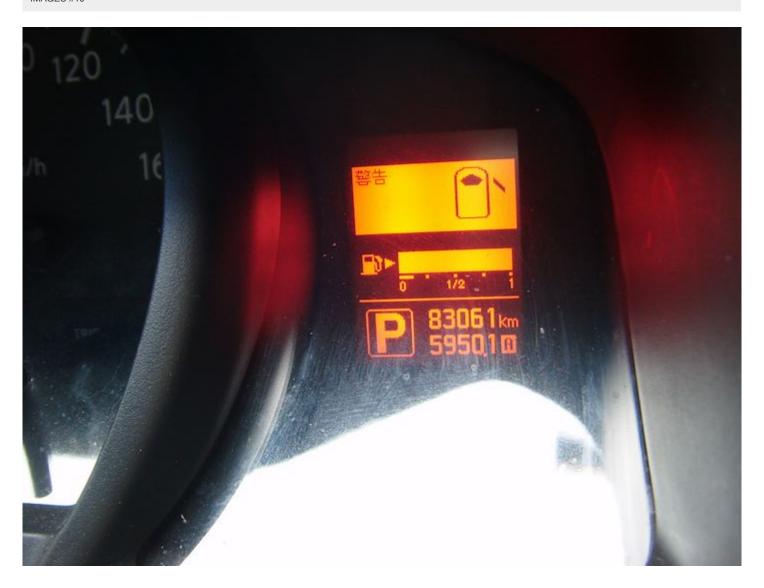














ALPHA RENTAL PTE LTD

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

This vehicle leasing agreement is made on the 14 FEB 2022

Agreement No.202202014

VEHICLE LEASING AGREEMENT

BETWEEN

ALPHA RENTAL PTE LTD (ROC NO: 202019190D)

of know Address: NO: 60 JALAN LAM HUAT #03-57 CARROS CENTRE S737869

Tel: 90049058 (Hereinafter referred to as " the Lessor")

AND

HAIRULNIZAD BIN DAUT SHAW

S7618673A

HP: 82355106

APT BLK 470 CHOA CHU KANG AVE 3 #03-125 S(680470)

VEHICLE

Make & Model NISSAN NV200	Color BLACK	
ORD Date 24 JUN 2021	PlateNo: GBL3747Y	
Chasis VM20162866	Vocational:	

Terms and conditions:

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

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. <u>MONTHLY</u> (Daily / weekly / Monthly)

Pawine

Start Date: 14 FEB 2022

Returning Date:

But Return on _____

The Security Deposit payable by the Lessees to the Lessors upon the execution of this Agreement is \$\$1000

The MONTHLY (weekly / Monthly) leasing fees payable is \$1100 ("Leasing Fees") to be made payable in Advance transfer to (OCBC CURRENT 688070515001) ON every 14TH, and late payment charge will be \$20 per day.

End Date: 13 FEB 2024