

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	05/06/2023 13:55 (SGT)
Reported by	Actual Driver
Date of Accident	04/06/2023 03:30 (SGT)
Exact Location of Accident	Circular Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY6342M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ST (PREMIUM) RENT & DRIVE PTE. LTD.
Company Reg No	2XXXXX664R
Email Address	strentanddrive@gmail.com
Mobile Phone No	(Phone) +65-87812161
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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 your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1798

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D23MFL0002592

DRIVER

Name of Driver	EBRAHIM S/O MOHAMED EBRAHIM NALLA
NRIC No	SXXXX098A
Date Of Birth	25/06/1983
Occupation	Outdoor

Date Of Driving Pass	25/06/2014
Driving experience	9 YEARS
Gender	Male
Mobile Number	(Phone) +65-98530836
Alt. Phone Number	-
Email Address	strentanddrive@gmail.com
Address	BLK 46 LENGKOK BAHRU #11-255
Address complement	-
Postcode	150046
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)	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

PLEASE 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	SHB6337J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
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) -

SKETCH PLAN

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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 completion 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.

ii. 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.



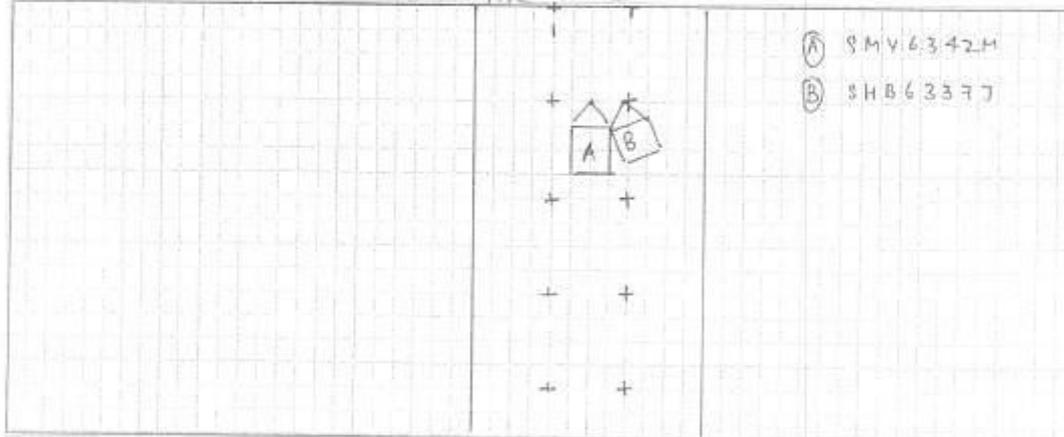
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan

CIRCULAR ROAD



Describe Circumstance of the Accident

I WAS TRAVELLING ALONG CIRCULAR ROAD TO PICK UP A PASSENGER.
SUDDENLY, VEHICLE B (SHB639FJ) CAME OUT OF THE PARKING LOT
AND COLLIDED ONTO THE FRONT RIGHT PORTION OF MY VEHICLE.

Declaration

I/We declare the foregoing particulars are true in every respect.



Date & Time

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

Witnessed by Reporting Officer / Person (attach to MIBCHD card)



























ST(PREMIUM) RENT & DRIVE PTE LTD

Reg No: 201816648
 (billing address) 210 Turf Club Road, The Grandstand Car Mall, Lot A12/A27, Singapore 287 995
 (showroom) 210 Turf Club Road, The Grandstand Car Mall, Lot B66, Singapore 287 995

Contract No.

Name: Ebrahim s/o Mohamed Ebrahim
 Naila
 NRIC No: S8319098A
 Address: APT BLK LENGKOK BAHRU #11-255
 SINGAPORE 150046

Age: 39 DOB: 25/06/1983
 Driving Experience: 8 Years
 Contact No: 98521836
 Next of kin Contact No: 88811521 (MUM)
 Email: Ebrahim Naila7@gmail.com



**Remark: Hirer agreed to allow this rental company to keep a photocopy of his NRIC and driving License

Vehicle Details

Make & Model: TOYOTA COROLLA SPORTS	Vehicle Reg No.: SMY6342M
Commencing Start Date/Time: 02 AUG 2022	Commencing End Date/Time:
Rental Price: \$75	Collision Damage Waiver: \$5 Deposit: \$500

** Contract Duration:

*** Things to take note

*It is the customer's responsibility to inspect the vehicle upon collection. He/she should take photographs of any existing scratches and dents and WhatsApp them within 30 minutes after the collection of the vehicle. **Repair charges** will be imposed if the customer fail to do so when the vehicle is being returned.

*Deposit will only be refunded to customer by cheque within 10 working days upon returning of vehicle.

*Insurance Excess amount must be paid in full before the customer is able to do an accident report.

1 st Party Excess: \$500	3 rd Party Excess: \$500	Collision with Foreign Vehicles Excess \$5000
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*No additional charge for usage in Malaysia (towing is not covered in Malaysia).

*Deposit will be forfeited if the hirer decided to Early Termination of the contract.

*Cost of \$100 will be charged if the PH Decal is being defaced or damaged.

Ebrahim Naila

 Name/Signature of Customer

Name/Signature of Authorized Person