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.

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 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 09/06/2023 11:39 (SGT) Reported by **Actual Driver** Date of Accident 08/06/2023 02:20 (SGT) Exact Location of Accident 366 Orchard Rd, Singapore 238904 Additional Location Information YOTEL DROP OFF POINT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private hire

Vehicle Registration Number SMA7385J

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner VINZ LEASING PTE. LTD. Company Reg No 2XXXXX117H Email Address reporting.gt@gmail.com Mobile Phone No (Phone) +65-88338778 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model C-hr 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

Transmission Auto CC 1797

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMHCSNA00004872300

DRIVER

Name of Driver NG KHAI KENG, EDMOND NRIC No SXXXX472A Date Of Birth 13/09/1978 Occupation Outdoor

Date Of Driving Pass 16/12/2020 Driving experience 2 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-91408808 Alt. Phone Number Email Address edmondng78@outlook.com Address BLK 463 ANG MO KIO AVENUE 10 #03-1102 Address complement Postcode 560463 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? Yes 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 DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? Nο 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? Yes Reasons for not uploading a video of the accident WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF6782M
Vehicle Manufacturer	_
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	_
Vehicle Category	Private car
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)						_

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	NG KHAI KENG, EDMOND
Gender	Male
Phone No	(Phone) +65-91408808
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMA7385J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- Financiapad sognous the celtills of the accident to speed up this claims process
- Tota Form hous: de completea by the Philosyligies and/or the Acques Environ.
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- E Consein under the Personal Data Protection Act (PDPA)

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(11) carrying out and/or dealing with the instructions or responding to any enquiring by his.

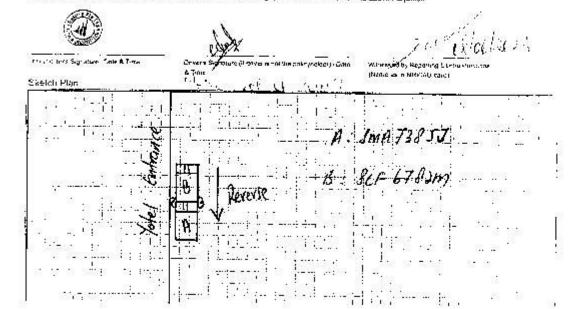
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Declaration live doctare the foregoing particulars are true in every respect.



Policyholder's Sigrature / Date & Time

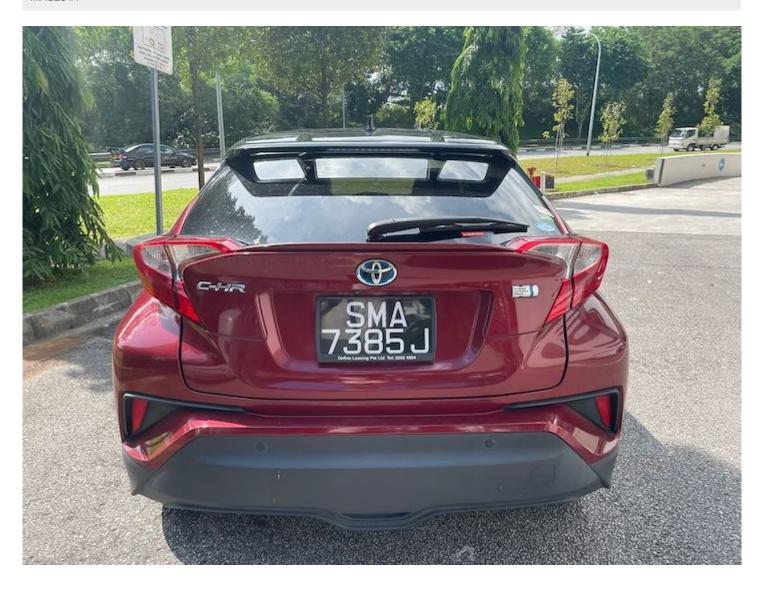


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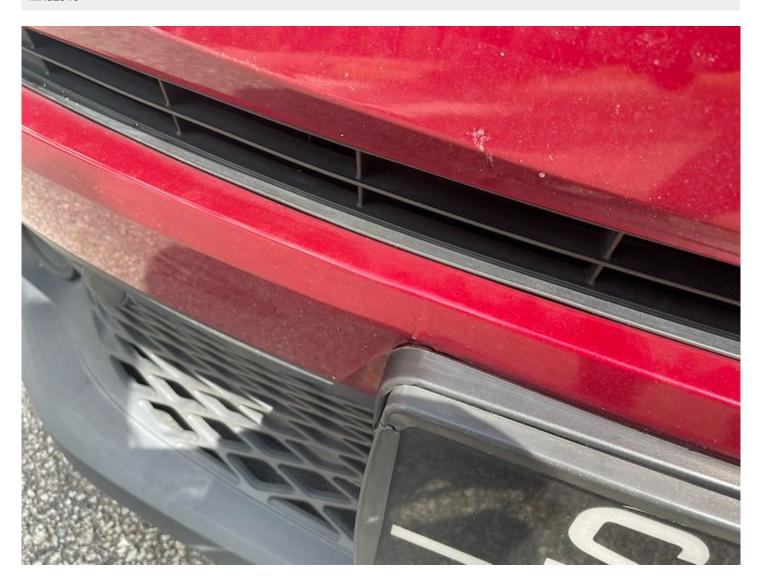


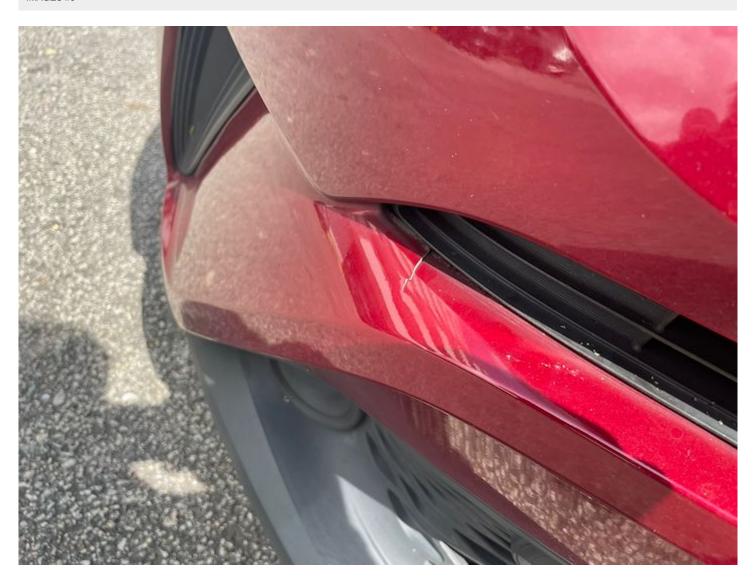








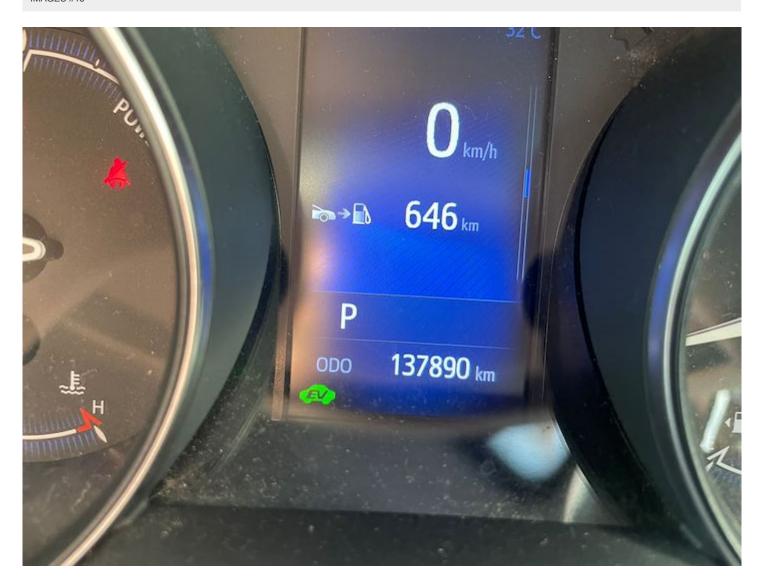
















VINZ LEASING PTE LTD 202241117M 53 UBI AVE 1 #01-44 (5)408934

CAR RENTAL AGREEMENT

RENTAL NO: 0029

MERGENCY CONTACT:	64995585 (MOTHER)
PURPOSE OF RENTAL:	PHV
EMAIL:	edmond78@outlook.com
CONTACT NUMBER:	91408808
DRIVING LICENCE PASS DATE:	16/12/2020
DATE OF BIRTH	13/12/1978
HIRER'S ADDRESS:	463 ANG MO KIO AVE 10 #03-1102 (S)560463
HIRER'S NRIC:	57826472A
HIRER'S NAME:	NG KHAI KENG EDMONO

RENTAL VEHICLE DETAILS

W-8-03	100 000000 000		70 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1		
CAR PLATE NO.:	SMA7385}	MAKE & MODEL :	TOYOTA C-HR HYBRID 1.8A		
CHASIS NO.:	ZYX102112846	ENGINE NO.:	22R84U5929		
WEEKLY RENTAL:	\$525/- (DAILY @ \$75/-)	CDW RATE:	\$85/- [DAILY @ \$5/-)		
-	TOTALWE	EKLY PAYMENT: \$560.00	2 255 425 SWANNIES (FRANKLIES S		
	DRIVING LICENCE TYPE: CL	ASS 3 / PDVL / TDVL / LES	S THAN 2YEARS		
EXC	ESS: \$2500/\$2500 , EXCES	S \$4000/\$4000 LESS THA	AN 2 YEARS LICENCE		
CONTRACT TERM :	78	THISTME	(63		
START DATE & TIME:	CHANN X 23	END DATE & TIME:	03 AUG 7023 (3)		
START MILEAGE:		END MILEAGE:	:2(4:		

Hirer/Authorized Ride('Hirer')(Relief)

Hirer must produce a vallet Singapore NRIC and Driving License or a valid international Driving License & valid Foreign.

Driving Licence and Passport or PLN card. Hirer guarantees that he / site is not under any suspension order on his/her Driving License.

Terms of Payment / Security Deposit Amount: \$500.00

Hire charges and Security Deposit for the bire period is payable by The Hirer at the time of taking over the vehicle. The Hirer is to pay a mandatory amount of security deposit. It will be refunded back to The Hirer by bank transfer, 14 days from the end of the filtring period. The Company will use the security deposit to offset any repairs, fines or summons treatmed by The Hirer during the rental period. Alt rental charges paid in advance is non-refundable.

