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 18/07/2023 11:57 (SGT) Reported by **Actual Driver** Date of Accident 17/07/2023 07:40 (SGT) Exact Location of Accident Singapore Additional Location Information ECP TOWARDS CITY BEFORE EXIT 14B Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number SLX9956P

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

Model Prius Variant 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 CC 1797

INSURANCE COMPANY

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

DRIVER

Name of Driver TAN SONG TECK NRIC No SXXXX391H Date Of Birth 04/05/1966 Occupation Outdoor

Date Of Driving Pass 04/04/1996 Driving experience 27 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-92963121 Alt. Phone Number Email Address tansongteckhenry@gmail.com Address APT BLK 290B COMPASSVALE CRESCENT Address complement # 10-52 Postcode 542290 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 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 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Yes 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 **GRAB PASSENGER** Gender PASSENGER 2 Name **GRAB PASSENGER** Gender Female **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 THE ATTACHED STATEMENT ATTACHMENT(S) Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Was there any video captured by Car Camera?

Vehicle Registration Number	YQ5979H
Vehicle Manufacturer	_
Vehicle Model	_
Vehicle Variant	-
Vehicle Colour	_
Vehicle Category	Commercial vehicle
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKT5855G
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

INJUNED	
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	# 10-52 542290 - NECK AND BACK SLX9956P
INJURED 2	
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	- - - NECK AND BACK SLX9956P

INJURED 3

Name of injured person GRAB PASSENGER

Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK
Injured person in which vehicle?	SLX9956P
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

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SKETCH PLAN

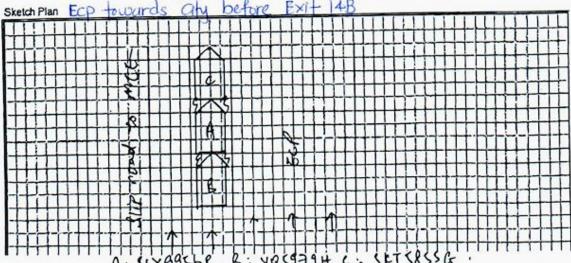
IMPORTANT NOTICE

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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 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 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)

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.

Winessed by Re er is not the policyholder) / Dale Name as in NRICAD card)



On the St	ated date and time, I was
travelling	along the stated location. The
vehicle in	trant braked in which I followed
suit. Suda	denly. I felt a lingle impact
from the	rear of my vehicle. The impact
nes so gre	eat that it prohis my valuible to
hit the s.	which infrant. When I got oft.
1 realised	I was involved in a 3- equ
chain will	ilion.

Declaration

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

Policyholder's Signature / Delar & Time

Drive's Signature (I driver is not the policyholder) / Date

tressed by Reporting Centra Personnel

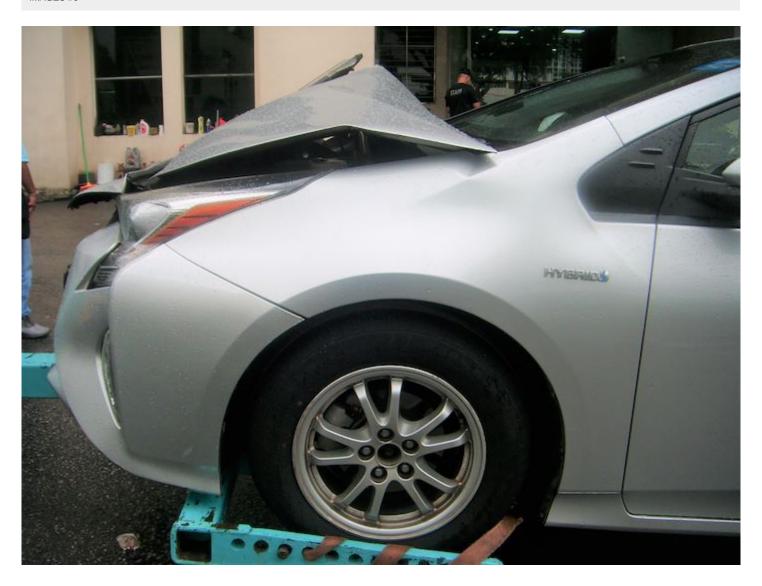


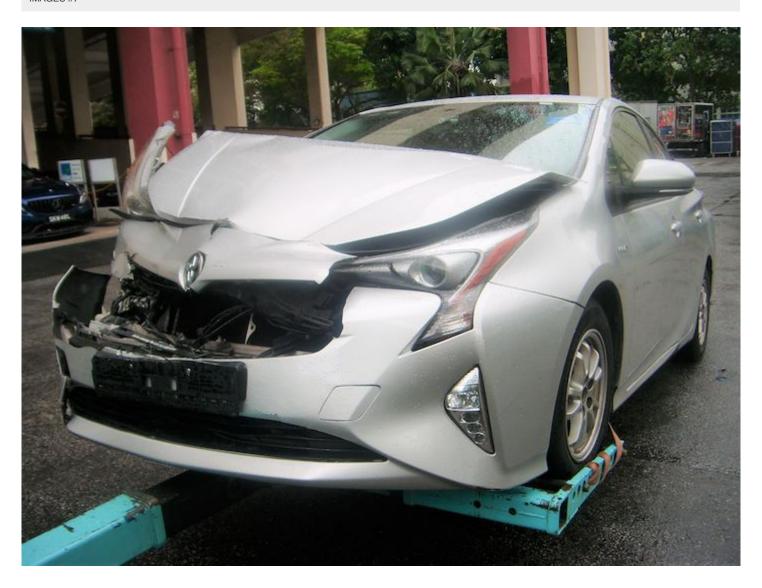




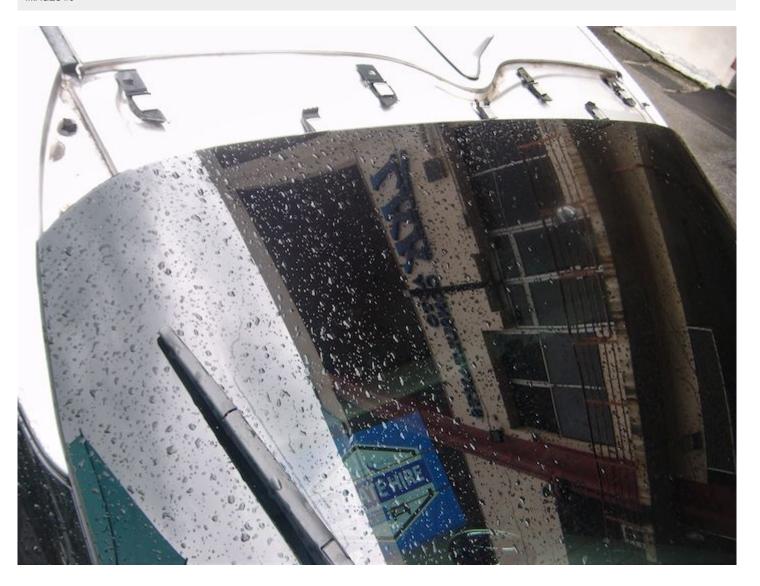
























VINZ LEASING PTE LTD 202241117H 53 UBI AVE 1 #01-44 (S)408934

CAR RENTAL AGREEMENT

RENTAL NO: 0044 (RENEWAL)

HIRER'S NAME:	TAN SONG TECK	
TIRER'S NAME:	S1757391H	
HIRER'S NRIC:	290B COMPASSVALE CRESCENT #10-52 (S)542290	
HIRER'S ADDRESS:		
DATE OF BIRTH	4/5/1966	
DRIVING LICENCE PASS DATE:	4/4/1996	
CONTACT NUMBER:	92963121	
SCHOOL STATE OF THE SCHOOL	tansongteckhenry@gmail.com	
EMAIL:	PHV	
PURPOSE OF RENTAL:		
EMERGENCY CONTACT:	HO CHUI LI 98487884	

RENTAL VEHICLE DETAILS

		VEHICLE DETAIL	TOYOTA PRIUS HYBRID
CAR PLATE NO.:	SLX9956P	MAKE & MODEL:	
CHASIS NO.:	ZVW506059189	ENGINE NO.:	2ZRR957942
WEEKLY RENTAL:	\$511/- (DAILY @ \$73/-)	CDW RATE:	\$35/-(DAILY @ \$5/-)
No. of the last of	TOTAL W	EEKLY PAYMENT: \$546/-	
	DRIVING LICENCE TYPE: CL	ASS 3 / PDVL / TDVL / LES	S THAN 2YEARS
EXC	ESS: \$2500/\$2500 , EXCES	SS \$4000/\$4000 LESS THA	N 2 YEARS LICENCE
CONTRACT TERM :	3 MONTHS		
START DATE & TIME:	9/6/2023	END DATE & TIME:	11/9/2023
	-, -,	END MILEAGE:	
START MILEAGE:			

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

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

Driving Licence and Passport or FIN card. Hirer guarantees that he / she 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 hire 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 hiring period. The Company will use the security deposit to offset any repairs, fines or summons incurred by The Hirer during the rental period. All rental charges paid in advance is non-refundable



Coannad with Camecannar