

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 First Submission	08/11/2024 15:02 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	07/11/2024 09:00 (SGT)
Exact Location of Accident	374 Tampines Street 34, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME5215J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KA LEASING PTE LTD
Company Reg No	202437777Z
Email Address	ALVINLOO@KALEASING.COM
Mobile Phone No	(Phone) +65-82224488
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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 your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1600
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00019172400

DRIVER

Name of Driver	TEO WAI MING
NRIC No	S1669461D
Date Of Birth	08/01/1964
Occupation	Outdoor
Driving Pass Date	03/03/2000
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	24 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96394542
Alt. Phone Number	-
Email Address	ALVINLOO@KALEASING.COM
Address	126 SIMEI ST 1 #06-282
Address complement	-
Postcode	520126
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

I WAS MOVING OFF MY VEHICLE SME5215J AT POINT 2 AS ILLUSTRATED, THEN VEHICLE SLM3112E AT POINT 1 REVERSED HIS VEHICLE AND HIT MY VEHICLE ON THE LEFT

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	SLM3112E
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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)	-

IMPORTANT NOTICE**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 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.

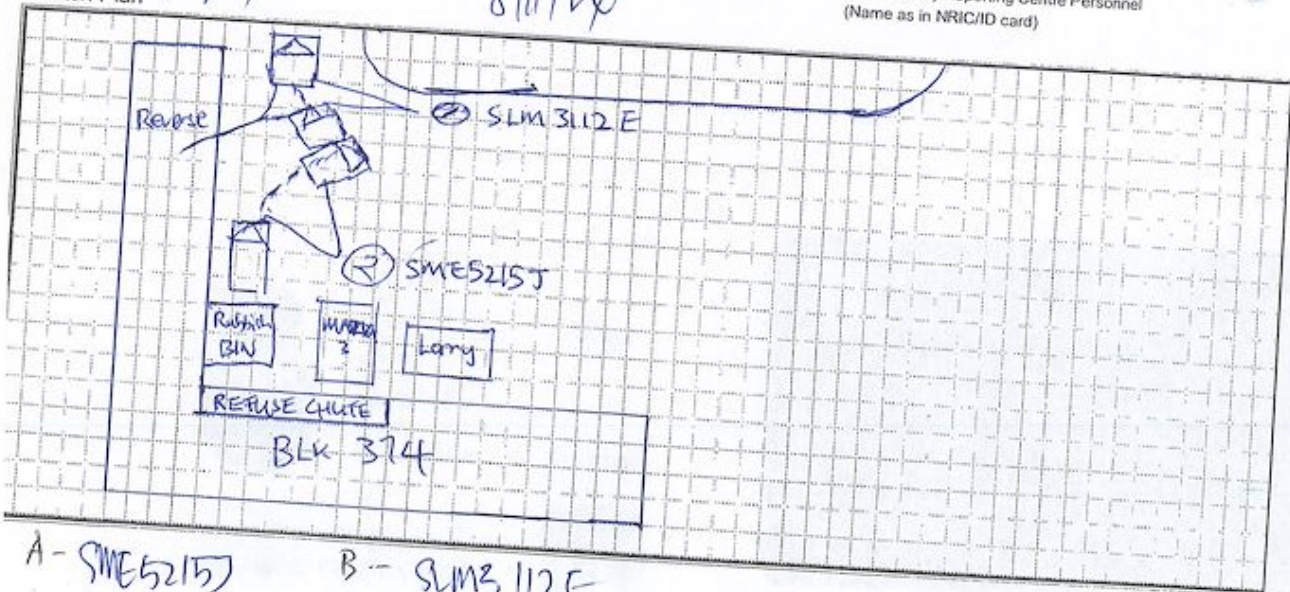


Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstance of the Accident

I was moving off my vehicle SUE5215J at point 2 as illustrated then vehicle SUM3112E at point 1 reversed his vehicle and hit my vehicle on the left.

Declaration

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



Policyholder's Signature / Date & Time

[Signature]
8/11/20

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

[Signature]
8/11/20

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























IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: _____ Vehicle Registration No: SME 5215J

Name (as shown in NRIC): _____ NRIC/FIN/Passport No: _____

(*Vehicle Driver/Policyholder) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: _____

Email Address: _____

Date of Accident: _____ Time of Accident: _____

Place of Accident: _____

Insurance Company: _____

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Admend email : alvinhoo@kaleasing.com

KA LEASING PTE LTD.

Policyholder / Actual Driver's Signature
Date:

12/11/24
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date:

KA LEASING PTE LTD

UEN20243777Z

1 KAKI BUKIT ROAD 1, #02-44 Singapore 415934

I, Alvin Loo director of KA Leasing Pte Ltd authorize Hirer Mr Teo Wai Ming of Nric
S1669461D to file this accident report.



Alvin Loo

8222 4488



KA Leasing Pte Ltd

UEN: 2004317772
1 NAKI BUKIT ROAD 1
02-44 ENTERPRISE ONE
SINGAPORE 415934
Tel: 82204488
Email: ka@leasing.sg@gmail.com

RENTAL AGREEMENT

K-KA-1001004

4 Sep 2024

Sales/ After Sales Tel: 82224488

Towing Service Tel: 84555669

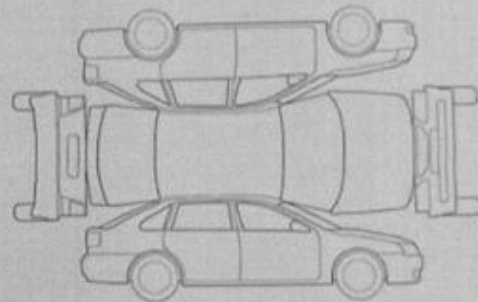
HIRER'S PARTICULARS

Name: Teo Wei Ming
Main Contact: 96394542
Email: pacfricktpowm@gmail.com
Address: 126 SIMELI STREET 1 06-282 SINGAPORE 520126

IC No: S1689461D
Secondary Contact:
Date of Birth: 8 Jan 1964

VEHICLE'S DETAILS

Plate Number: SME5215J
Vehicle Make / Model: KIA / CERATO
Mileage:
Fuel (Check-out): E 1/4 1/2 3/4 F
Fuel (Check-in): E 1/4 1/2 3/4 F



RENTAL DETAILS

Start Date Time	6 Sep 2024 00:00	Expected Return Time	6 Mar 2025 00:00
Rate	\$450.00 (Weekly)	Deposit	\$500.00
CDW Charge	\$35.00		
Local Excess (1st Party)	\$800.00	Local Excess (3rd Party)	\$800.00
Malaysia Excess	\$6,000.00		

[Signature]
Signature

REMARKS

RENTAL CONTRACT 6 MONTH, FRM 06/09/2024 TO 06/03/2025. RENTAL RATE \$450.00/weekly, CDW \$35.00/weekly. TOTAL: \$485.00/weekly. DEPOSIT \$500.00. CDW T&C: No opt-out of CDW during the contract period. CDW covered only main driver only & local only. CDW will continue if car is in workshop due to accidents or repairs as insurance is billed by per month. Any accident involving with foreign vehicle in Singapore or Malaysia is not claimable under 3rd party. Only Own damage claimable. Kindly take note. May direct contact the relevant sales person for any queries. Eligible for 1 claim per month only, if there is 2nd claims within a month, 2nd claims will be taken as normal excess of \$4000.00. Early termination deposit will be forfeited and one month compensation of rental rate for breach of contract at amount of \$1940.00. We seek your assist to sent the car for servicing at an interval of 10000km for your smooth ride as it exceed more than 10000km, we reserve the rights to bill any wear and tear plus servicing cost incur. Tyre puncture not included in maintenance. Smoking and durians is strictly not allowed inside our rental car. If any bad odor's cause, we reserve the right to claim the cleaning fees of \$100.00.

[Signature]

Hirer (Car Out)

Hirer (Car In)

[Signature]



Person in Charge



中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Hire Car

M2406L/B

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)

N SN

AN0667A

Cov. Type: C

CERTIFICATE No.

DMHCSNA00019172400

Engine No.: G4FGJH708000

Cha. No.: KNAF 1416MK5016483

1. Index Mark and Registration
Number of Vehicle

SME5215J

AUTOSAFE

2. Name of Policy Holder

KA LEASING PTE. LTD.

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations, (00:00:00)
Ordinance or Enactment

25/09/2024

Excess Sect. I : S\$2,000.00

Excess Sect. I (Outside Singapore) S\$4,000.00

Excess Sect. II S\$2,000.00

4. Date of Expiry of Insurance

24/09/2025

Excess Sect. II (Outside Singapore) S\$4,000.00

EX ON WINDSCREEN : S\$100.00

5. Persons or Classes of Persons entitled to drive*

As per Named Driver(s) stated below.

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

6. Limitations as to use:

- (1) Use for the carriage of passengers or goods in connection with the Policyholder's business.
(2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

The Policy does not cover

- (1) Use for racing, pace-making, reliability trial or speed-testing.
(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO.: TRILLIUM AUTOMOBILE PTE. LTD.

* 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 headings.

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).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: Hong Jia Ling Agnes

Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

☎ 6389 6111

☎ 6222 1033

🌐 www.sg.cntaiping.com