

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	18/11/2024 17:03 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	18/11/2024 09:20 (SGT)
Exact Location of Accident	Tampines St 62, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM5516Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	FLEAT LEASING PTE LTD
Company Reg No	202409375W
Email Address	ALVINSOONWJ@GMAIL.COM
Mobile Phone No	(Phone) +65-87525191
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Opel
Model	Astra
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1598
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5145801097

DRIVER

Name of Driver	ALVIN SOON WEI JIAN
NRIC No	S9426455C
Date Of Birth	23/07/1994
Occupation	Outdoor
Driving Pass Date	17/11/2020
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	4 YEARS
Gender	Male
Mobile Number	(Phone) +65-87525191
Alt. Phone Number	-
Email Address	ALVINSOONWJ@GMAIL.COM
Address	185 BOON LAY AVE #09-158
Address complement	-
Postcode	640185
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER OF COMPANY
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	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	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
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	ALVIN CHENG YANG
Gender	Male

PASSENGER 2

Name	MARK LIEW JUN XIAN
Gender	Male

PASSENGER 3

Name	MUHD FAIZAL TANG XIANWEI
Gender	Male

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

ON 18/11/24 AT ABOUT 920HRS, I WAS TRAVELLING ALONG TAMPINES ST 62, UPON REACHING THE JUNCTION AND ABOUT TO TURN TO MY LEFT, I SLOW DOWN. ABOUT MOVING SLOW, ALL OF A SUDDEN, I FELT AN IMPACT FROM THE REAR, I STOP AND REALISED A VEHICLE SLK3107G HAD HIT ONTO MY REAR. THAT'S ALL

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 SLK3107G
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 ALVIN SOON WEI JIAN
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SMM5516Z
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person ALVIN CHENG YANG
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SMM5516Z
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

INJURED 3

Name of injured person MARK LIEW JUN XIAN
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -

Injured person in which vehicle? SMM5516Z
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

INJURED 4

Name of injured person MUHD FAIZAL TANG XIANWEI
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SMM5516Z
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

Describe Circumstances of the Accident

On 18.11.2024 at about 0920hrs, I was travelling along Tampines Street 62. Upon reaching the junction and about to turn to my left, I slow down. About moving slow, all of a sudden I felt an impact from the rear. I stop and realised a vehicle SLK 3107G had hit onto my rear. That's all

Declaration

We 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 Personnel





















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)
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5145801097

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SMM5516Z**
 Chassis Number : W0VBD8EG0K8031311
2. Name of Policyholder : FLEAT LEASING PTE LTD
3. Effective Date of Insurance : 23 May 2024
4. Expiry Date of Insurance : 22 May 2025
5. Persons or Classes of Persons entitled to drive#
 (a) The Policyholder.
 (b) Any other person who is driving on the Policyholder's order or with his/her permission.
 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#
 (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for the carriage of passengers for reward purposes.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
ROADSIDE ASSISTANCE AND WELLNESS COVER	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: JCWC CREDIT (S) PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency : JCWC AUTOMOBILE PTE. LTD. (00000573827)

Date of Issue : 23 May 2024 15:05 hrs

For INCOME INSURANCE LIMITED

Chief Executive

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Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	375W
Vehicle Details	
Vehicle No.:	SMM5516Z
Vehicle to be Exported:	No
Intended Deregistration Date:	11 Jan 2025
Vehicle Make:	OPEL
Vehicle Model:	ASTRA ST 1.6 TURBO DIESEL (A)
Primary Colour:	Green
Manufacturing Year:	2019
Engine No.:	A2183359JR5X0194
Chassis No.:	W0VBD8EG0K8031311
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$21,704.00
Original Registration Date:	02 Jul 2019
First Registration Date:	02 Jul 2019
Transfer Count:	1
Actual ARF Paid:	\$22,386.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	01 Jul 2029
PARF Rebate Amount:	\$15,670.00
Intended COE Rebate Details	
COE Expiry Date:	01 Jul 2029
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$43,102.00
COE Rebate Amount:	\$19,275.00
Total Rebate Amount:	\$34,945.00
Message	
You will not be eligible for any COE rebate from the current COE (including unused COE from any lay-up period/s), if you renew your COE.	

The information contained herein is correct as at 18 Nov 2024

OK