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 Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 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 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	08/12/2017 19:01
Date Of Accident	07/12/2017 11:10
Exact Location Of Accident	CROSS JUNCTION FROM BEDOK SOUTH AVE 1 TOWARDS ECP
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLS572Z
Insured/Policyholder	
Name Of Registered Owner	QUALITY LEASING PRIVATE LIMITED
Co Reg No	201312796G
Email Address	LIMYUBENG@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-90891189
Alternative Phone No	OFFICE-90891189
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ISIS
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5082552257-01
Cover Note Number	

Driver

Name of Driver LIM YU BENG (LIN YOUMING)

NRIC No S7310461J
Date Of Birth 22/03/1973
Occupation OUTDOOR
Date Of Driving Pass 01/10/2009

Driving Experience 8 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90891189

Fax Number

Contact Number OTHERS-90891189

EMail Address LIMYUBENG@YAHOO.COM.SG

Address BLK 618 YISHUN RING ROAD

#06-3232

Postcode 760618

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - LEASING

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

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 this accident? NO
Was any body injured in the Accident? YES
Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.
Number of Passengers (Including Driver) 2

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name

YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 32 YISHUN ST 81, POSTCODE: 768456, COUNTRY: SINGAPORE

Police Station Contact **TEL NO**: 1800-8522999 - **FAX NO**: 68522239

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASECREFER TO POLICE REPORT T/20171208/2051

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJY379H

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver ESTHER SIAM ERN HONG

NRIC/Passport Number S8783846C

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name LIM YU BENG (LIN YOUMING)

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SLS572Z

Were seat belts worn? YES Was injured conveyed to hospital by ambulance? NO

Address Postcode

Accident Sketch Plan

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.
- Any false reporting may be referred to the Police for investigation.
- 6. The 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 lodgment 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)
 - (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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature
Name: Port | MARCH

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN Bed	ok South Ave 1 towards ECP.
BEROK SO AVE 1	
	John Wash
	pull 12 12 12 12 12 12 12 12 12 12 12 12 12
DECLARATION /We declare the foregoing part	eculars are true in every respect. Ostion 1907
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.: NRIC/FIN No.:

POLICE REPORT





Police Station Of Origin; Yishun South N.P.C

32 Yishun Street 81 SINGAPORE 768456

Tel No: 1800-8522999

1 of 3 Report No. T/20171208/2051

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/12/2017 12:10		/lade:	Vide Report No.;	Station Diary No.: 72		
Informa	nt's Partic	ulars				
Name of LIM YU	f Informant: BENG		Address: APT BLK 618 YISHUN RING ROAD #06-3232 SINGAPORE 760618			
ID Type / ID No.: NRIC NO / S7310461J			Contact No.: Home/Office:	Mobile: 90891189		
Nationality: SINGAPORE CITIZEN			Email:			
Sex: Male	Age:	Date of Birth: 22/03/1973	Type of Informant: Driver			
Race: Chinese		100000000000000000000000000000000000000	Language: Institution / School Na English			
Occupation: GRABCAR DRIVER		2	Driving Licence Information: Class: 2B,2A,3 Date of Expiry:			

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 07/12/2017 11:10	Type of Location X-Junction	
	TH AVENUE 1 towards ECP				
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
T-15-F1		Traffic Control:		Traffic Volume: Light	
Traffic Flow: Dual Carriage	Way	Not Controlled		Light	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJY379H	Car	HONDA	CIVIC	Red		0
SLS572Z	Car	ТОУОТА	ISIS	Blue	Slightly	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

POLICE REPORT



T/20171208/2051

2 of 3

Report No. T/20171208/2051

Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999

CONTINUATION OF REPORT

Driver			Contract Contracts		Billia		
Name	ESTHER SIAM ERN HONG			ID No		S8783846C	
Related Vehicle	SJY379H (Car)			Contact No.		NIL	
Hospital/Clinic	NIL			5.000 (50.00		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL Date			harge	NIL		
No. of Days granted Medical Leave NIL			Degree of	Injury NIL			
Driver							
Name	LIM YU BENG			ID No	4.	S7310461J	
Related Vehicle	SLS572Z (Car)			Contact No.		90891189	
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class Drivin Licend Expiry	9	Class: 2B,2A,3 Date of Expiry: NIL	
Date Treatment	07/12/2017 Date Disc			harge	NIL		
No. of Days gran	Io. of Days granted Medical Leave 05 Degr				egree of Injury Slight		

Brief Details.

On 07/12/2017 at about 1110hrs along the cross junction of Bedok South Ave 1 towards ECP, I was driving my vehicle (bearing plate number: SLS572Z) on the 2nd lane from the right of a 4 lane road. The lane on my right was only intended for vehicles turning right and my lane is only for vehicles going straight. At that point of time, I was at the traffic light and it was red and all vehicles were stationary. There were some vehicles ahead of me but there was no vehicles on the lane to my right.

All of a sudden, a vehicle bearing plate numb er: SJY379H appeared out of nowhere and collided with the side of my vehicle. Thereafter after I high beam her vehicle was then she stopped a distance away. We then exchanged particulars and left. I am a Grabcar driver and the vehicle I was driving is a rental car. At that point of time, I did not sustain any injuries. However, later I had a neck pain and went for medical treatment at Mount Alvernia Hospital and was given 5 days MC from 07/12/2017 - 11/12/2017.

POLICE REPORT





Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999

3 of 3 Report No. T/20171208/2051

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: F / Sgt 2 MUHAMMAD RIDWAN BIN SA'MION	Signature Of Informant
Signature Of Interpreter: Not applicable	Date/Time: 08/12/2017 12:10
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:
Authentication Stamp NP168. Singapore Police Fo	rce

LEASING AGREEMENT

QUALITY LEASING PTE LTD

15 Commonwealth Lane Lot 57 | Commonwealth Car Mall | Singapore 149554 Tel: 6473 8668 Fax: 6473 3005 | Co Reg. No. 201312796G

Vehicle Lease Agreement

THIS AGREEMENT is made on the	15th	day of	Sep	2017	between Qual	ity Leasing
PTE LTD (hereinafter called 'the O						
owner's successors in title) o BIK 618 Yishun Ring Road #06	f the one	e part , (Hereinafi	AND ter call	ed 'the Hirer')	of the other par	of t.
WITNESSETH as follows - (5	1760618					

- The Owner agrees to let and the Hirer agrees to lease the motor vehicle described in the Schedule hereto (hereinafter called 'the Vehicle' which expression shall also include any accessories replacements renewals or additions thereto) in accordance with the terms and conditions herein contained.
- The lease of the Vehicle shall commence on the date and at the time specified in the Schedule and shall continue for the entire period ending on the date and time therein stated ("the Lease Period").
- The Hirer acknowledges that the Vehicle is the property of the Owner and the Hirer shall not claim or
 assert any right to ownership or title to the Vehicle. The Hirer acknowledges that he is in possession of
 the Vehicle solely as a Hirer and holds the Vehicle as a Bailee for the Owner.
- 4. The Hirer shall upon execution of this Agreement pay the RENTAL CHARGE of SGDS 1650 and a DEPOSIT of SGDS_500 specified in the Schedule hereto as security for the due performance and observance of the Hirer's obligations under this Agreement. Without prejudice to any other rights which the Owner may have against the Hirer, the Owner shall be at liberty to appropriate and retain such sum of money from the deposit that may be due from the Hirer to the Owner under the terms of this Agreement. Provided always that if the Hirer shall duly perform and observe all the covenants, conditions, stipulations and agreements during the entire Lease Period, the Owner shall at the expiration of the Lease Period refund the deposit without interest to the Hirer.
- 5. The Hirer covenants with the Owner as follows:
- (a) To pay the monthly rental charges and payments specified in the Schedule on the FIRST day of every month during the Lease Period.
- (b) To keep the Vehicle in the Hirer's possession and custody and provide for its safe and proper keeping and permit any person who may be authorized by the Owner to have access thereto for purpose of inspecting the Vehicle;
- (c) To authorize and permit only holders of a valid driving license of not less than Two (1) years and who are not lessthan 21 years of age and not more than 65 years to drive the Vehicle.
- (d) Not to re-lett or re-hire the Vehicle to third parties or allow the Vehicle to be use for public hire such as UBER and GRABCAR or to let unauthorized persons or learners use the Vehicle or permit the Vehicle to be used for smuggling or trafficking of narcotics and contrabands or for any other illegal purposes or criminal activity or for the purpose of testing or racing or any other form of contest and to indemnify the Owner for all losses including the value of the Vehicle in the event the Vehicle is forfeited, confiscated, impounded or damaged or destroyed;
- (e) Not to smoke or let any person smoke in the vehicle, failing which to a penalty of \$500.00 will be imposed;
- (f) To observe the road traffic laws and regulations and comply with all police and traffic summonses and pay all fines and penalties in connection therewith;

LEASING AGREEMENT

- (1) The vehicle is not covered by a motor insurance policy covering personal insurance for the Hirer, his passenger or authorized driver and the Owner shall not be responsible for any liability claims, injuries or otherwise in connection with any accident death or the losses arising from the use of the vehicle. The Owner may at the request of the Hirer and upon payment of the requisite charges arrange for separate personal accident coverage for bodily injury or death;
- (u) In the event of an accident, the Hirer shall be liable for the first \$\$3000 (3rd Party Coverage Vehicle) or \$\$4000 (Comprehensive Coverage Vehicle) of each and every accident involving any damage to our Vehicle during the lease period. And \$\$5000 of each and every accident involving any damage to our Vehicle during the lease period when vehicle is out of the territory of Singapore for all insurance coverage type. An excess of \$\$5000 will be imposed in the event of a Total Loss. An excess of \$\$3000 per driver will be imposed for non inform additional driver.
- (v) Not to acknowledge or compound any claim either partially or fully in respect of any accident involving the Vehicle and forward all correspondence in connection with any such accident to the Owner or its insurers. In the event of an Accident, the Hirer undertakes to send the Vehicle to the Owner for inspection. A replacement car (to be determined by the Owner) will be provided for the duration;
- (w) To pay as and when required by the Owner any increase in the Road Tax as may by levied or imposed by Government on the Vehicle over and above the amount levied at the date of commencement of this Agreement.
- 6. If the Rental Charges remains unpaid by the Hirer at the expiration of seven (7) days after becoming payable (whether formally demanded or not) then the Hirer shall pay interest on the outstanding Rental Charge at the rate of 10% (TEN Per Cent) per month on any such unpaid Rental Charge commencing retrospectively from the date the Rental Charges becomes payable until the Rental Charge is fully paid.
- 7. If the Hirer defaults in the payment of Rental Charges for three (3) daysor if the Hirer breaches any of the covenants, conditions, stipulations or the agreement herein and fails to remedy the breach within three (3) days of receiving notification by the Owner to do so or if the Hirer enters into liquidation or is adjudged a bankrupt then the Ownermay upon such acts of repudiation terminate the Agreement whereupon it shall be lawful for the Owner at any time thereafter to repossess the Vehicle but without prejudice to the Owner's rights to recover all outstanding Rental Charges or sums payable by the Hirer under the terms of this Agreement.
- 8. In the event any action is taken by the Owner to repossess the Vehicle or to recover the Rental Charges or any sums payable by the Hirer under this agreement, the Hirer shall pay all costs incurred by the Owner including all legal costs incurred on an indemnity basis.
- All notices or legal process instituted against the Hirer shall be deemed to be sufficient service if left addressed to the Hirer at the Hirer's address stated in this Agreement.
- 10. Should the Hirer seek to terminate this Agreement before the expiry of the Thire (3) months period for whatever reason, the Hirer will have to pay liquidated damages equivalent to Cne (1) months Rental Charges to the Owner as a genuine pre-estimate of the loss and damage suffered by the Owner for such early termination.
- 11. Should the Hirer seek to terminate this Agreement during the last One (1) months, the Hirer will have to pay liquidated damages equivalent to One (1) months Rental Charges as well as the Rental Charges for the remaining Lease Period as a genuine pre-estimate of the loss and damage suffered by the Owner for such termination.
- 12. The Owner reserves the rights to amend the terms and conditions of rental without notice to the Hirer but the Owner has no responsibility to update any information in this contract.























