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 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	02/08/2018 15:23
Date Of Accident	25/07/2018 17:35
Exact Location Of Accident	WINSTEDT ROAD EXITING TO CLEMENCEAU NORTH ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLL1420J
Insured/Policyholder	
Name Of Registered Owner	ONESTO LEASING PTE LTD
Co Reg No	201814843R
Email Address	KH_TAN96@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-92393100
Alternative Phone No	OFFICE-64403100
Vehicle Particulars	
Manufacturer	MAZDA
Model	3
Exact Purpose for which vehicle was being used at time of accident	DRIVING HOME
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101761885
Cover Note Number	
Driver	
Name of Driver	TAN KHENG HWEE
NRIC No	S9606728C

NRIC No S9606728C

Date Of Birth 12/02/1996

Occupation INDOOR

Date Of Driving Pass 22/04/2015

Driving Experience 3 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92393100

Fax Number

Contact Number OFFICE-64403100

EMail Address KH_TAN96@HOTMAIL.COM

Address BLK 50 TELOK BLANGAH DRIVE

#06-102

Postcode 100050

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

ernicie

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Number of vehicles involved in the accident 2
Was any body injured in the Accident? NO
Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

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
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SH7813H

Vehicle Make/Model/Colour HYUNDAI I40

Details Of Properties

Vehicle Category TAXI

Name of Driver TAN JACKSON
NRIC/Passport Number S2192475Z
Contact Number 81801479

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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- 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) 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.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, (d) 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:

RIC/FIN No.: KOSLI WARRY

Accident Sketch Plan

KETCH PLAN SLL My	Cal Point of imp	SH 7813H Taxi		
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	0	WAX XX XX	exexex	Trees k
ot2	pline 9	VINISTROT ROAD	c light	
ESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT			
1. on 25 July 20	18 17:32 hours I w	was making my w	vay home and	proceeded
	ad (Win stedt roo	id) to make	a right turn	10
clemenceau ave.	north.	- 1 // +	1 -1 - 1	red rate
2. As I approach	hed the stopline at	Skm/h, 1	noticed a taxi	veu el
as includ out be	eyand the Stopline t	o get an	DEPORCHER V	rew of
the road. I	Stopped believed the t	ari and waite	d for my t	em.
2 when it was	my turn to turn	out, I realised s	I am unake to	get
a proper large of	the road. I noticed	I that the traff	tic lights was	not working
so I have to 1	inch out and look	out for on-c	owing reliable.	
4. I Slowly Provi	paded out with my	regel foot on the	brake peobl a	t the
approximate Sept	of <sknyh.< td=""><td>I still was</td><th>not able to get</th><td>a full view of the</td></sknyh.<>	I still was	not able to get	a full view of the
L. A. T approxi	hed the line of the	yellow box,		a taxi
in the was	driving at a high	spead seemed h	o have	-
Swerved to my	cas and had h		ght headlight	4
Info:				
i) Traffic legat we	al not operational the	+ day		
ii) I was mohing		box at <5ki	wh to get	a crew
of the road	- Addison			
20 7 1 1 1	1 1 1	adjustus to	If he has	1 seen
the tro of		any adjustness	IT WE THE	
DECLARATION	the behind	ue.		
	articulars are true in every respect.		ar ost	4/2018
Policyholder's Signature Date & Time:	Oriver's Signature (If driver is not the policy Date & Time: 2/8/	rholder) Na	porting Centre Parsonne me: IC/FIN No.: ACAM	WHOOS
	10/	15:29hrs		

LETTER

CRA B RESIDTE

SJ MOTOR ENTERPRISE

Company Reg. No.: 52838801X 170 Upper Bukit Timah Road Bukit Timah Shopping Centre #03-50 Singapore 588179

Tel: 6440 3100 Fax: 64402100 Email: simotor@singnet.com.sg

SUB-CONTRACT AGREEMENT

nade on the	ONTRACT AGREEMENT (Date)	(hereina	iter referred	i to as "The A	greement" is
Between:	SJ MOTOR ENTERPRIS 170 Upper Bukit Timah F Bukit Timah Shopping C Singapore 588179	toad,	3-50,		
	Hereinaster referred to as	"The O	wner ⁿ		
And:	1) Company's Name :				
	Contact Person				
	Tel:		HP:		
	Email:				
	2) Name :	TAN	KH40 C	HWEE	
	NRIC :	596	067280		113 79 2
	Residential address at :	50	TELOX	BLANGAH	DEINE
	Tel:	~ · ·	HP:	923959	44
	Email:	-		127737	17

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Hereby agrees that The Owner will lease to The Hirer the vehicle with the below details, hereinafter referred to as "The Vehicle" with the Terms & Conditions set out in The Agreement contained herein:

1. DESCRIPTION OF VEHICLE

a. Make & Model	1.0	MAZDA S
b. Registration No	:-	SLL 1420 3
c. Chassis Number	:	JM68N 22 13 8 HO1 410 59
d. Engine Number	:	P5 20428845

2. LEASE PERIOD

2.1.1	3 m THS		-1.1
a. Period:	and the same		02/09/2018
h Effective from:	8103/10/20	to	

3. VEHICLE USAGE FEE

a. The Fee is hereby agreed between both parties at S\$ 420/ per day/week/month. The Owner will invoice to The Hirer for the fee on a weekly basis, from Monday to Sunday (hereinafter referred to as "Billing Cycle") and the fee shall include:

- i. Unlimited mileage;
- ii. Road Tax;
- iii. Motor Insurance Coverage (Excess Applicable);

b. Fee should be paid by The Hirer to The Owner every following Friday, following the Billing Cycle. Any carnings should be paid by The Owner to The Hirer every following Friday/Saturday, following the Billing Cycle.

c. Without prejudice to The Owner's other rights, The Hirer will be liable to pay an administrative fee of S\$50.00 and a late payment interest computable at a rate of 5% per month, if the Fee and/or other payment(s) remain(s) unpaid for more than seven (7) calendar days from due date on the invoice(s). Thereafter, The Owner at its sole discretion will reserve all rights to repossess The Vehicle by way of lodging a lost vehicle report with the police and/or activation of a vehicle re-possession team to retrieve the vehicle. Consequentially, the Hirer will be deemed to have breached The Agreement rendering it null & void, including the forfeiture of security deposit that has been withheld by The Owner, and will also be liable to reimburse to The Owner the cost of re-

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