

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 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 Report	20/03/2019 13:59
Date Of Accident	14/11/2017 06:00
Exact Location Of Accident	ANG MO KIO AVE 5 / YIO CHU KANG RD (ST LIGHT POLE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG8125R
Insured/Policyholder	
Name Of Registered Owner	VISCAR LEASING PTE LTD
Co Reg No	201634983K
Email Address	VISCARLEASING@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88589225
Alternative Phone No	OFFICE-88589225

Vehicle Particulars

Manufacturer	HYUNDAI
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5087371725
Cover Note Number	

Driver

Name of Driver	HOW WEE MENG
NRIC No	S8706306B
Date Of Birth	18/03/1987
Occupation	OUTDOOR
Date Of Driving Pass	23/06/2009
Driving Experience	8 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88589225
Fax Number	
Contact Number	OTHERS-88589225
Email Address	VISCARLEASING@GMAIL.COM

Address	BLK 979C BUANGKOK CRESCENT #13-111
Postcode	533979
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

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

Sketch Plan

SKETCH PLAN

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 **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. 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) 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.
- (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:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 14/11/2017 At around 6am when it
 It was a very heavy rain in the morning and
 I could see clearly and feeling very tired after
 a whole day of driving Gosh till 6am when
 I on my way home. so I shake to the
 left side of the of Ang mo kio Ave 5
 and hit the Lamp post at the cross junction.

I was willing pay the repair cost of SGD
 1692.14 of the vehicle SJG 8125R which damaged
 the street Light Pole From LTA
 Ref LTA/201711025/704103

8858 9225

DECLARATION

I/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:

Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

SGS/MSF/SGS/MSF/SGS/MSF

Scape Letter.



10 Ubi Crescent #05-08, Ubi Techpark, Lobby A, Singapore 408564

Tel: +65 65934853, +65 65934854 Fax: +65 67490702 Registration No. 53271968M

SALES AGREEMENT

SA NO : 10375
DATE : 12/2/18

OWNER/BUYER DETAIL

NAME : 1 Efficient Auto NIRC : _____
 ADDRESS : _____
 CONTACT NO: _____ D.O.B _____ OCCUPATION _____

The Vehicle bearing registration Number SJG 8125R

MAKE & MODEL : HYUNDAI AVANTE 1.6A. ORIG REG DATE : 17/7/08
 YEAR OF MAKE : 2008 R/T Validity : _____
 ENGINE NO : _____ CHASSIS NO : _____
 COLOUR : As Per Log Book. NO OF OWNERS : _____
 COE VALUE : _____ MILEAGE : _____

PURCHASED DETAIL :

Registration No. : SJG 8125R.
 Selling Price : \$5896 + \$1750
 Deposit : _____ (Cash/Cheque: _____)
 Total Balance : \$7646 was: 865844.
 Remark : _____

Sign for & on behalf of VISCAR MOTORS

Name:

Mobile:



Buyer Signature

Name:

NRIC NO:

Terms and Condition of Sales

In the event of the purchaser's failure to pay the balance, the seller shall have the right to seize the car and forfeit the deposit paid by the purchaser.

MAIL ON 4/3/19
Land Transport Authority

1 Hampshire Road Singapore 219428
Tel: 1800-CALL LTA (1800-2255 582) Fax: (65)6396 1130

26.02.2019

Our Ref : LTA/ 201711025/704103

NTUC INCOME INSURANCE CO -
OPERATIVE LTD
NO. 1 MARITIME SQUARE
#10-01 HARBOURFRONT CENTRE
SINGAPORE 099253

Your Ref:

DID : 63961139 Fax : 63961130

Dear Sir / Madam

DAMAGE TO STREET LIGHT POLE ALONG ANG MO KIO AVENUE 5/YIO CHU KANG ROAD
INVOLVING VEHICLE NO : SJG 8125R ON 14.11.2017.

We refer to the above-mentioned accident.

- 2 For your information, the accident resulted in the damage of the STREET LIGHT POLE which we had to repair at a cost of SGD 1692.14. As your insured was the driver/owner of the vehicle SJG 8125R which damaged the STREET LIGHT POLE, we seek to recover the cost of repairs from you.
- 3 Please arrange to make payment to LTA PayNow UEN ID T08GB0027DLTA and indicate LTA/201711025/704103 as Bill Reference within fourteen (14) days from the date of this letter. Kindly email to LTA_Receipting@lta.gov.sg to inform us after you have made the payment.
- 4 Alternatively, please remit to:
Account Name : Land Transport Authority of Singapore
Bank Account No : DBS 015-018272-5
SWIFT code : DBSSSGSG
- 5 Should you require any clarification, please contact Ms Marie Tan at telephone number 63961139.

This is a computer generated document. No signature is required

VISCAR LEASING PTE LTD
10 UBI CRESCENT #05-16
UBI TECHPARK
SINGAPORE 408564



Our Ref: MT/CA/TP/059/1035052-001/CQ/VU

07 Mar 2019

VISCAR LEASING PTE LTD
10 UBI CRESCENT
#05-16 UBI TECHPARK
SINGAPORE 408564

Dear Policyholder

CLAIM NUMBER: MT/1035052-001
ACCIDENT INVOLVING SJG8125R / PROPERTY on 14 Nov 2017

We would like to inform you that a claim for S\$1,692.14 has been made against your motor policy.

We need to respond to this claim within seven days. We would appreciate it if you could provide us:

- a. additional evidence, if any, such as accident photographs, video clips or witnesses' statement
- b. information on whether you are making a claim against the other party

We wish to remind you that under this motor insurance policy, you are required to report the accident, whether there is damage or not, within 24 hours or the next working day after the accident at any of our reporting centres. If you have not done so, please report this accident to us immediately. Otherwise, we regret to inform you that we may not be able to handle the claim on your behalf.

You need not respond to us if you have already reported the accident and do not have any further information.

We wish to remind you not to admit liability, make offer or payment without informing us and getting our approval. If you are making a claim against another party or have instructed your workshop or lawyers to act on your behalf, please update us on the developments. This is important as any liability undertaken by you may have serious implication on the third party claim against you, and may result in us not being able to handle the claim for you.

If you have any queries, please contact our Customer Service Officers at 6788 6616 or email us at motor@income.com.sg.

Yours sincerely

Goh Peng Hong
Manager
Motor Insurance

NTUC Income Insurance Co-operative Limited

Income Centre 75 Bras Basah Road Singapore 189557 • Tel: 6788 1777 • Fax: 6338 1500 • Email: csquery@income.com.sg • Website: www.income.com.sg
an NTUC Social Enterprise

VISCAR LEASING

10 Ubi Crescent #05-16 Ubi Techpark Lobby B Singapore 408564
Tel: 66357937 Fax: 67490702 CO.Registration No. 201634983K

DATE: 31/10/17

No. VL0033
(Hirer's Copy)

Car Rental Agreement

Hirer Particulars

Name (as per NRIC): HOW WEE MENH License Date Pass 23
NRIC/Driving License: S8706306B Date of Birth: 18/3/1987 (DD/MM/YYYY)
Address: 435A FERNVALE ROAD #21-202 (S) 791435
Contact Number: 88589225 2ND Contact Number: _____

Vehicle Description

Make / Model: HYUNDAI AVANTE 1.6 A Vehicle Number: SJG 8125R
Date of Collection: 31/10/17 Date of Return: 1/2/18
Time of Collection: 1.35pm Time of Return: 9.23am
Contract Period: 3 mths Insurance Excess: \$1500/-
Fuel: _____

Payment

Rental Amount: \$320 (Per Week) (\$229) Pro Rate From 01/11/17 To 05/11/17
Deposit: \$500 DECAL within 3days if NOT PAYMENT \$500/-

Return Of Deposit To Hirer : _____ (Hirer Signature & Date)
Payment for the subsequent week rental is to be made on every Sunday before 2359 hours and penalty of SGD \$10 will be imposed for every day of late payment.

[Signature]
Hirer Signature & Date



[Signature]
Authorized Staff Signature & Date

Vehicle returned in good condition

Accident Sketch Plan

Pre Rental Checklist

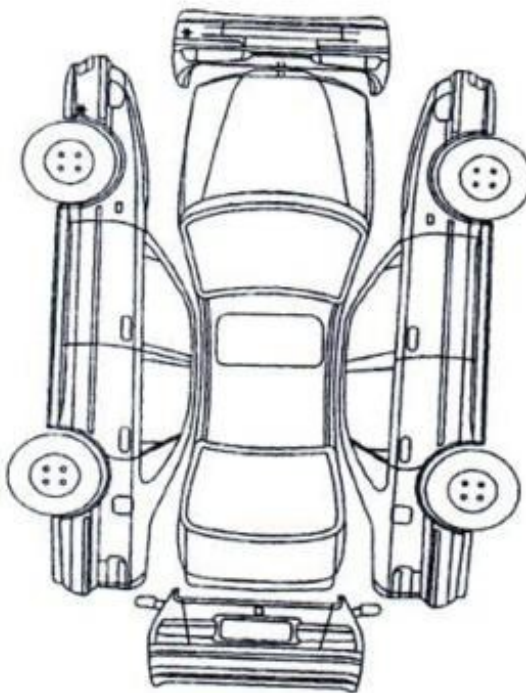
Identify areas of damage on the diagram and include comments within remarks below.

Mileage Out in KM _____

Fuel Level (%) _____

Mileage In KM _____

Fuel Level (%) _____



Remarks

A 31/10/17

Hirer Signature & Date



[Signature]

Authorized Staff Signature & Date

Accident Sketch Plan

Date : 19/3/2019

TO WHOM MAY CONCERN

Dear Sir

RE : ACCIDENT DATE : 14/11/2017
Vehicle NO. : SJG8125R

I, Mr How Wee Meng, Nric no. S8706306B will take sole responsibility relating to the above accident, Viscar Leasing Pte Ltd will not need to bear any responsibility with regards to the accident.

Thank you.

Your Faithfully



Name : MR How Wee Meng

Nric No : S8706306B

Contact No : 88589225

Accident Sketch Plan



10 Ubi Crescent #05-16 Ubi Techpark Lobby B Singapore 408564
Tel: 90303074 Fax: 67490702 CO.Registration No. 201634983K

Ref : LTA / 201711025 / 704103

To whom may concern

Refer to the accident involving vehicle no : SJG8125R on 14.11.2017 LTA seek to recover the costs of repairs \$1692.14.

We had rented the above mentioned vehicle on that period of time to
Hirer : How Wee Meng
Nric : S8706306B
Address : Blk 435A Fernvale Road #21-202 Singapore 791435
Hp : 88589225

Attached is the proof of documents and Hirer details.
Kindly revert the above incidents claims to the Hirer.

A handwritten signature in black ink, appearing to be "A" followed by a stylized flourish.



Best Regards,

Andy Lim
Hp : 90303074
Email : viscarleasing@gmail.com

Viscar Leasing Pte Ltd
ROC 201634983K
10 Ubi Crescent
Ubi Techpark Lobby B
#05-16 Singapore 408564

Accident Photo



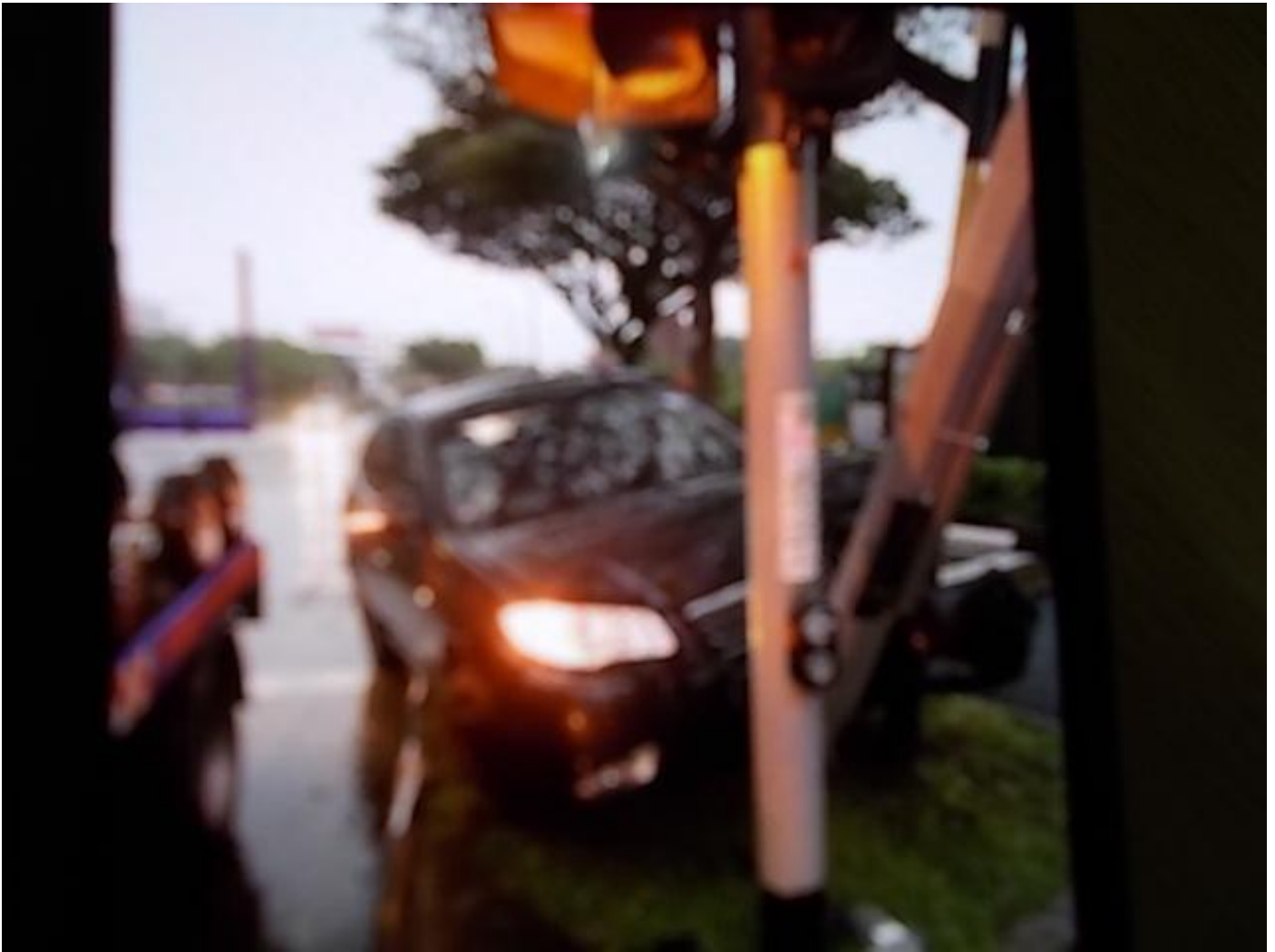
Accident Photo



Accident Photo



Accident Photo



Accident Photo

