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 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

aforesaid.	son to the distining of the report at the contact and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	19/10/2019 13:22
Date Of Accident	18/10/2019 12:05
Exact Location Of Accident	BOON LAY WAY RIGHT TURN INTO JURONG TOWN HALL RD.
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGV7143B
Insured/Policyholder	
Name Of Registered Owner	LEO CAR RENTALS LLP
Co Reg No	R16LL1885A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97300960
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC
Exact Purpose for which vehicle was being used at time of accident	
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5101732419-01
Cover Note Number	
Driver	

Name of Driver LEO CHEONG WEE, LAWRENCE

NRIC No S7720250A

Date Of Birth 23/07/1977

Occupation OUTDOOR

Date Of Driving Pass 03/11/1998

Driving Experience 20 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97300960

Fax Number
Contact Number

EMail Address NOEMAIL

2 PETIR ROAD #07-14 Address

Postcode 678265

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **OWNER**

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 **RAINING** Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

2

involved in the accident

YES

Was any body injured in the Accident? Was any injured conveyed to hospital by

YES

ambulance?

Was any other material or property damaged? I have been approached by unknown person(s) YES

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

YES Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name **BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE**

Police Station Address ROAD: 42 FAJAR ROAD . POSTCODE: 679005 . COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-8929999 - FAX NO: 67673650

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO POLICE REPORT NO./T20191018/2195.

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 **GBE5521E**

Vehicle Make/Model/Colour

VEH B

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver LIM HUI YAU NRIC/Passport Number S1717535A Contact Number 97713593

Address Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF INJURED PERSON 1

Name LEO CHEONG WEE, LAWRENCE

Approximate Age Injuries Sustain

Injured person in which vehicle?

SGV7143B

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Accident Sketch Plan Pg. 1

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.

Jon.

LLP

LEO CA RENTALS

> Policyholder's Signature Date & Time:

Driver's Signature

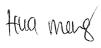
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Accident Sketch Plan Pg. 1

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D-CAN 214313				
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B= GBE 5521 =				
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SCRIBE CIRCUMSTANCE	S OF THE ACCIDENT			
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Refer to	Police Report No	= T/2010	11018/2195	
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declare the foregoing parti			19/10/19 12.20pm f	
EO CAR			19/10/4 12.70/M Reporting Centre Personnel's Signature	

NRIC/FIN No.:

Date & Time:

POLICE REPORT Pg. 1





Police Ştation Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Tel No: 1800-8929999

1 of 3 Report No. T/20191018/2195

Chinese Occupation: DRIVER Driving Licence Information: Class: 3 Date of Expiry: Drink Drive: Accident: No Drive: Accident: No 18/10/2019 12:05 Location: Along Road 1 BOON LAY WAY JURONG TOWN HALL ROAD Boon Lay Way right turn into Jurong Town Hall Road Weather: Raining Traffic Flow: Road Specific Control: Traffic Volume of Expiry: Date of Expiry: Date of Expiry: Type Accident: No Date/Time of Accident: 18/10/2019 12:05 Road Specific Control: Traffic Volume of Expiry: Tra		
LEO CHEONG WEE, LAWRENCE ID Type / ID No.: NRIC NO / S7720250A Nationality: SINGAPORE CITIZEN Sex: Age: Date of Birth: Driver Race: Chinese Occupation: DRIVER Ceneral Information of the Accident Type of Accident: Type of Accident: No Driver D		
Contact No.:		
NRIC NO / S7720250A Home/Office: Mobile: 97300960 Nationality: Email: Sex: Age: Date of Birth: Driver Race: Language: Institution / School Class: 3 Occupation: DRIVER Driving Licence Information: Class: 3 Date of Expiry: General Information of the Accident Type of Accident: No 18/10/2019 12:05 Location: Along Road 1 BOON LAY WAY JURONG TOWN HALL ROAD Boon Lay Way right turn into Jurong Town Hall Road Weather: Raining Traffic Flow: Traffic Control: Traffic Volt Heavy	····	
Nationality: SINGAPORE CITIZEN Sex: Age: Date of Birth: Type of Informant: Male 42 23/07/1977 Driver Race: Language: Institution / School Occupation: DRIVER Driving Licence Information: Class: 3 Date of Expiry: Seneral Information of the Accident Type of Accident: Drive: Accident: Along Road 1 BOON LAY WAY JURONG TOWN HALL ROAD Boon Lay Way right turn into Jurong Town Hall Road Weather: Raining Traffic Flow: Traffic Control: Traffic Voltation: Traffic Flow: Traffic Control: Traffic Voltation: Traffic Flow: Traffic Voltation: Traffic		
Male 42 23/07/1977 Driver Race: Chinese Language: Institution / School Occupation: DRIVER Driving Licence Information: Class: 3 Date of Expiry: General Information of the Accident Type of Accident: Non-Injury Drink Drive: Accident: No Date/Time of Accident: 18/10/2019 12:05 Type Location: Along Road 1 BOON LAY WAY JURONG TOWN HALL ROAD Boon Lay Way right turn into Jurong Town Hall Road Road Surface: Wet Road Spee Raining Wet Traffic Control: Traffic Volumeavy		
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Weather:Road Surface:Road SpeedRainingWetTraffic Flow:Traffic Control:Traffic Volume		
Traffic Flow: Traffic Control: Traffic Volume	ed Limit:	
Anyone co	ume:	
1,100 0. 00	Anyone conveyed by ambulance: Yes	
Details of Vehicle Involved		
Vehicle No. Type Make Model Color Condition No		
GBE5521E Lorry Slightly 0 Damaged	of Passenge	
SGV7143B Car Seriously 0 Damaged	of Passenge	

Use of Pedestrian Crossing: NA

POLICE REPORT Pg. 1





2 of 3

Report No. T/20191018/2195

Police Station Of Origin:
Bukit Panjang N.P.C

1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999

CONTINUATION OF REPORT

Driver	100 100 100 100 100 100 100 100 100 100					
Name	LEO CHEONG WEE, LAWRENCE		ID No	.	S7720250A	
Related Vehicle	SGV7143B (Car)		Conta	ct No.	97300960	
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL	
Date Treatment	18/10/2019 Date Disc			harge	18/10)/2019
No. of Davs gran				: Injury	Sligh	t

Brief Details.

On 18/10/2019 at about 1205hrs, I was driving my vehicle SGV7143B along Boon Lay Way right turn into Jurong Town Hall Road. I was quening for my turn at the right turn, the right turn arrow began flashing, I slowed down my vehicle and later came to a stop before the stop line.

A few seconds later, I felt a hard impact from the rear. I got off, made a check and discovered one vehicle GBE5521E had collided onto my vehicle rear. I had exchanged particulars with the said driver. He is namely:

Lim Hui Yau S1717535A HP: 97713593

We agreed to settle the matter through insurance. There is a front in car camera installed in my vehicle. Traffic Police came to the scene, took the in car camera footage from me and advised me to lodge a police report. I felt pain at my chest area. Ambulance was at scene as well and conveyed me to Ng Teng Fong Hospital. I was issued 4 days MC.

POLICE REPORT Pg. 1





Report No. T/20191018/2195

3 of 3

Police Station Of Origin: Bukit Panjang N.P.C

1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999

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	Signature Of Informant.
J/ //	1000
Sgt 2 QUEK JUN CAI	
Signature Of Interpreter:	Date/Time:
Not applicable	18/10/2019 19:31
Officer In Charge Of Case:	Classification Of Case:
TP/GIA/	F37
Staff Sgt WONG SIEU LUL	
Contact No.:-65476151	
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THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

- 1. any Endorsement specified as operative in the Schedule
- 2. the Conditions and General Exclusions of this Policy, and
- 3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document. GST Reg No. M4-0003030-8

Policy Number : 5101732419-01
The Policyholder : LEO CAR RENTALS LLP
2 PETIR ROAD
#07-14 MAYSPRINGS
SINGAPORE 678265

Period of Insurance : 26 Jun 2019 To 25 Jun 2020

Sum Insured : N/A
Premium (inclusive GST) : \$\$934.42

Interest Insured

Cover Type : Third Party
Primary Driver : N/A

Named Driver (1) : LEO CHEONG WEE LAWRENCE

Named Driver (2) : N/A

Make/Model : HONDA/CIVIC Capacity : 1600cc Registration Number SGV7143B Registration Year 2007 Chassis Number : JHMFD46207S200865 Off-peak Car No Repair at Owner's Preferred Workshop: No Insure with COE : N/A Excess (Section 1) NCD Entitlement : 50% : N/A Excess (Section 2) : S\$1,500 NCD Protection : No

Additional Excess : N/A
Unnamed Driver Excess : N/A
Hire Purchase Company : N/A

Memo A: 1) The Policy does not cover any driver who is below 22 years old or with less than 2 years driving experience. 2) Section 1 clause 8 on Unnamed driver excess will not apply.

Endorsement Operative : M1

Agency : INSUREDIY PTE LTD (00000636900)

Date of Issue : 20 Jun 2019 14:26 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Chief Executive

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7720250A

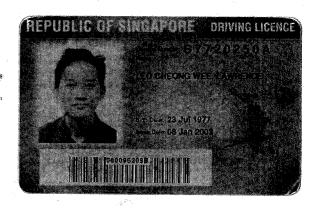


LEO CHEONG WEE, LAWRENCE

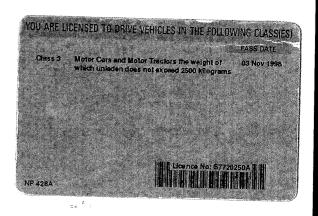
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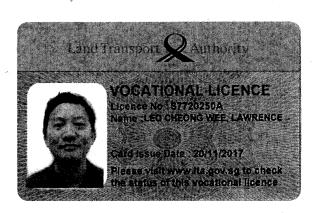
CHINESE
Date of birth
23-07-1977
Country of birth
SINGAPORE

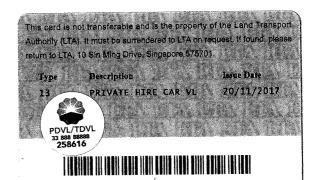
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Accident Photo SGV 7143 B











