

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	24/12/2019 14:21
Date Of Accident	23/12/2019 17:55
Exact Location Of Accident	NEWTON CIRCUS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR504P
Insured/Policyholder	
Name Of Registered Owner	HVS CAPITAL PTE LTD
Co Reg No	2XXXXX289E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82024804
Alternative Phone No	OFFICE-82024804

Vehicle Particulars

Manufacturer	TOYOTA
Model	AQUA HYBRID 1.5S CVT
Exact Purpose for which vehicle was being used at time of accident	GOJEK USAGE
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109916971-000050
Cover Note Number	

Driver

Name of Driver	CHEW SI KAI
NRIC No	SXXXX922J
Date Of Birth	05/06/1990
Occupation	OUTDOOR
Date Of Driving Pass	14/02/2017
Driving Experience	2 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97969701
Fax Number	
Contact Number	
Email Address	SIKAICHEW@GMAIL.COM

Address	BLK 127 BUKIT BATOK WEST AVENUE 6 #08-396
Postcode	650127
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	SIDE SWIPE
Weather Conditions	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	ORCHARD NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 KILLINEY ROAD , POSTCODE: 239572 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7359999 - FAX NO: 67331934
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED POLICE REPORT NO: T/20191223/2163. WILL REPAIR AND CLAIM AT OPTIMA WERKZ PTE LTD.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	PASS TO OWNER WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMD5205T
Vehicle Make/Model/Colour	NISSAN SYLPHY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEE MIN CHERYL
NRIC/Passport Number	SXXXX350H
Contact Number	91280805
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

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.
- (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: 24/12/2019
1:30PM

Driver's Signature

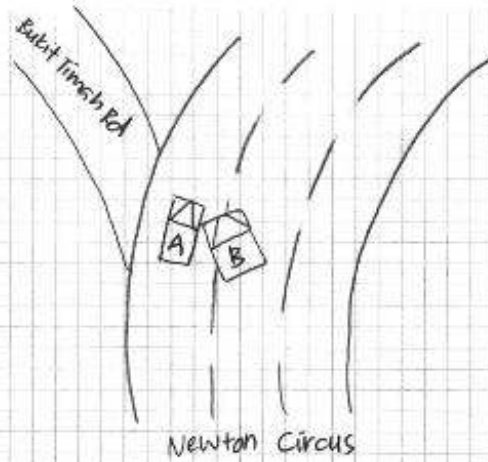
(If driver is not the policyholder)
Date & Time: 24/12/2019
1:30PM

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



(A) SMR 504 P
(B) SMD 5205 T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No : T/2019/223/2.163

WILL REPAIR AND CLAIM AT OPTIMA WERKE FZE LTD.

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Driver's Signature
(If driver is not the policyholder)
Date & Time: 2-4/12/2019
1:30 PM

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

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20191223/2163

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

1 of 3

Report No: T/20191223/2163

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/12/2019 21:10	Vide Report No.:	Station Diary No.: 182
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Informant's Particulars

Name of Informant: CHEW SI KAI			Address: APT BLK 127 BUKIT BATOK WEST AVENUE 6 #08-396 SINGAPORE 650127		
ID Type / ID No.: NRIC NO / S9018922J			Contact No.: Home/Office: Mobile: 97969701		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 29	Date of Birth: 05/06/1990	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: PRIVATE HIRE DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 23/12/2019 17:55	Type of Location: Roundabout
Location: Along Road 1 NEWTON CIRCUS				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMD5205T	Car				Seriously Damaged	0
SMR504P	Car				Slightly Damaged	0

Details of Person Involved

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

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20191223/2163

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

2 of 3

Report No. T/20191223/2163

CONTINUATION OF REPORT

Driver			
Name	Tee Min Cheryl		ID No. S9636350H
Related Vehicle	SMD5205T (Car)		Contact No. 91280805
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	CHEW SI KAI		ID No. S9018922J
Related Vehicle	SMR504P (Car)		Contact No. 97969701
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above 23/12/2019, at about 5.58pm I was driving my vehicle (SMR504P) along Newton Circus on the extreme left lane when a vehicle (SMD5205T) from the lane on my right hit the right side of my car as the driver wanted to exit to Bukit Timah rd which was on my left. My car suffered scratches and dents along the right side of the car while the front left bumper of the said vehicle was damaged too. I have in build in car camera which shows the incident. I am lodging this report as the rental company inform me to do so.

Sketch Plan #5



SINGAPORE
POLICE FORCE



T/20191223/2163

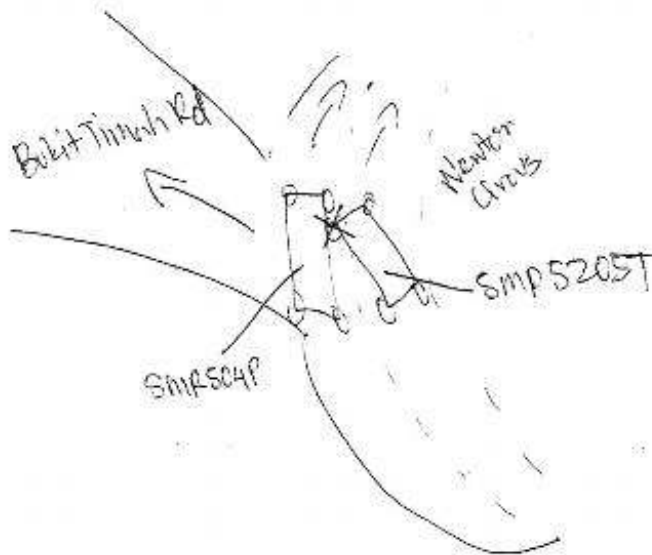
Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

Report No: T/20191223/2163

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:

E /
Sgt 3 MUHAMMAD ZAMIR BIN NAZIR

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

23/12/2019 21:10

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

SN 172

Classification Of Case:

Authentication Stamp
NP168

SIGNATURE

Sketch Plan #6



Define Leasing Pte Ltd co. Reg: 2018286742

Rental Agreement

Date: 13 Dec 2019

26 Sin Ming Lane, #05-126 Midview City Singapore 573971 | Contact no: +65 9420 8692 | support@defineleasing.com

Rental Vehicle Details

Vehicle Make: Toyota Vehicle Model: Aqua Car Plate: 5MR 504 P
Chassis Number: _____ Vehicle Mileage: _____ Fuel Bat: _____

Leasing Details

From: 18 Dec 2019 to 17 Dec 2020 (1mth / 3mth / 6mth / 1yr) 1st Payment Commence Date: _____
Deposit Due: \$500 / \$1,500 Deposit Collected: \$ 750 Total Rental Weekly: \$ 532
Rental Daily: \$ 70 Rental Weekly: \$ 490 Insurance Excess Buy Down: \$ 6 / Day
If hire return vehicle within 1 year from the commencing date, deposit of \$ 1500 will be forfeited

All payable(s) are to be made to Define Leasing Pte Ltd, OCBC Banking Account: 7128-7262-1001

Hirer Particulars

Name: Chew Si Kai NRIC No: S9018922J DOB: 05-06-1990
Address: 31R 129 Bukit Batok West Ave 6 #05-506 Postal Code: 650127 Email: Si Kai Chew @ gmail.com
Home No: _____ Mobile No: 97469701

Pls Answer all below Questions

Have you been Declared Bankrupt / Undischarged Bankrupt? Yes / No
Have you Owed any Rental Company Outstanding Payments? Yes / No
Have you been convicted in a court of law and Suspended for any Serious Traffic Violations? Yes / No

Vehicle Insurance

Local (Singapore) Excess Fees: \$2,000 Own Damage, Excess Fees: \$1,500 3rd Party Damage

Overseas (Out of Singapore) Excess Fees: \$4,000 Own Damage, Excess Fees: \$3,000 3rd Party Damage

If Hirer purchase 50% Buy down excess @ additional \$ 6 / Day, Excess fees payable will be 50% of each Section

*Engagement with the "HIRER" as per above detail ONLY. Failure to comply or subletting would be penalized. "Define Leasing" reserves all its rights.

[Signature]
Main Renter's Signature

[Signature]
Define Leasing - Signature

I, "RENTER" hereby agree, and understood all the terms & conditions of both sides of this agreement and signifies acceptance upon signing of agreement.