

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	03/03/2020 10:12
Date Of Accident	02/03/2020 08:30
Exact Location Of Accident	SELETAR WEST LINK BEFORE EXIT TPE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT6324D
Insured/Policyholder	
Name Of Registered Owner	GO-RENT PTE LTD
Co Reg No	2XXXXX747D
Email Address	XDETOX32@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92223331
Alternative Phone No	OFFICE-94506429

Vehicle Particulars

Manufacturer	MAZDA
Model	3
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	DMHCSNA00000782000
Cover Note Number	

Driver

Name of Driver	YEW CHEE KEONG
NRIC No	SXXXX147B
Date Of Birth	02/04/1965
Occupation	OUTDOOR
Date Of Driving Pass	20/01/1992
Driving Experience	28 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92223331
Fax Number	
Contact Number	OTHERS-94506429
Email Address	XDETOX32@GMAIL.COM

Address	BLK 507B WELLINGTON LINK #09-132
Postcode	752507
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

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?	YES
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)	2
Passenger 1	NAME: : LYNDON CABLAO GENDER: : MALE

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

PLEASE REFER TO SKETCH PLAN

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	SMR6812K
Vehicle Make/Model/Colour	VOLKSWAGEN GOLF
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	83321685
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	YEW CHEE KEONG
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLT6324D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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4. The value and acceptability 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 Insurer of the Q&A Records Management Service established by the General Insurance Association of Singapore (GIAS) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodging of this report to the Insurer, you hereby consent to the archiving of this report at the online sector. 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 work place and the General Insurance Association of Singapore ("GIAS") may be 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 which are 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/authorities such as the police for the purpose(s) of:
 - (i) gathering, 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 obligations or responding to any enquiries to me;
 - (iv) administering my claims including the making of correspondence, statements, disclosures, reports/updates to me, which could involve disclosure of certain personal data about me including about delivery of the sum insured 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 be 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 GIAS to their third party service providers or agents (including their lawyers/law firms) which may be used 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 investigating, investigating, carrying out or managing legal or regulatory, law enforcement and government agencies as is/are required for the purposes stated; or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Insurer's Signature
(Date & Time)

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

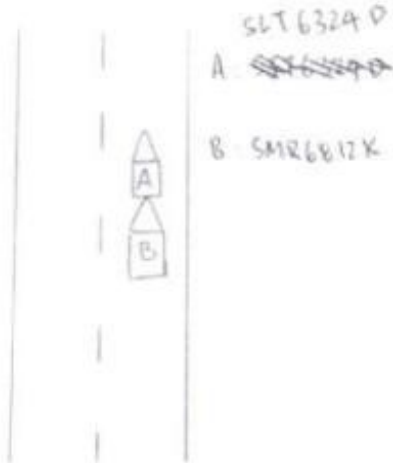
Reporting Centre Person's Signature
(Date & Time)

03/03/2020
Rajesh Kumar

Accident Sketch Plan

SKETCH PLAN

SECRETAR WEST LINK
BEFORE Exit TPE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above stated date and time, I was traveling
Secretar West Link Before Exit TPE. I was traveling straight
when suddenly vehicle collided on to my vehicle rear portion.

DECLARATION

I declare that the foregoing particulars are true and correct.



Date & Time

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

03/03/2020
Rajesh Kumar

AGREEMENT

Go-Rent Pte Ltd
Reg No. 201824747D
Office Address: 2 Venture Drive #14-28 Vision Exchange Singapore 508526

AUTOMOBILE LEASE AGREEMENT

Agreement No. 55126
Agreement Date: 25/2/2020

Lessor	Go-Rent Pte Ltd	ROC No.	201824747D
Address	2 Venture Drive #14-28 Vision Exchange S(508526)	Office No.	6904 8608

Lessee	Yew Chee Keng	NRIC/LEH No.	S168614585	Contact 1	94506421	
Address	BLK 507B, Wellington Circle #09-132 S(752302)				Contact 2	
Email Address	eddiejck@yahoo.com.sg	Date Of Birth	2/4/1965	Contact 1		
Address					Contact 2	
Company					Occupation	
Cn. Address						
Driving Pass Date		Driving Class		D.O. Birth		

Cn. Lessee / CTR		NRIC/LEH No.		Contact 1		
Address					Contact 2	
Named Driver 2		NRIC/LEH No.		Contact 1		
Company					Occupation	
Cn. Address						
Driving Pass Date		Driving Class		D.O. Birth		

DESCRIPTION OF VEHICLE (Personal/Private Hire)

Registration No.	SLT 6324D	Colour	Gold
Make / Model	MAZDA 3 1.6A	Chassis No.	As log card
Reg. Date	** (New / Used) As log card	Engine No.	As log card

TERMS OF RENTAL PAYMENT & PERIOD

Leasing Period	8 months.	Deposit	\$500/ Contra over from 1455
Leasing Start Date	25/2/2020	1 st Rental Fee	\$301
Leasing End Date	17/10/2020	Weekly Rental Fee	\$201
Termination Charge	As Contract	Weekly Rental Due on	Every Friday
Other Charges		Estimated Residual Value	

AGREEMENT

1. Payment of deposit & 1st rental fee must be \$2800.00 upon collection of the car from Go-Rent Pte Ltd.

2. Subsequent weekly rental fee can be made by telegraphic transfer to: 085 872 003207 (with clear indication of the car registration number on remarks).

3. In the event that the Lessee decided to cancel a reservation whereby a booking deposit has already been placed, there shall be no refund on the deposit collected. Strictly no refund after deposit.

4. You shall pay Go-Rent Pte Ltd a late fee of 5% of the late weekly / monthly payment, and an admin charge of \$525 for each late payment which is not paid within 2 days.

VEHICLE DELIVERY

Vehicle check out:	Date	23/2/2020	Time	12:55pm	By:	Steve
Vehicle is due back:	Date		Time		By:	
Vehicle returned:	Date		Time		By:	
Late Return:	Every late hour is chargeable at \$510 for cars below 1600cc and below; \$520 per hour for cars above 1600cc up to the 4 th hour. Further delays will result in the Lessee(s) being charged for a whole day rental for that particular vehicle.					

OTHER TERMS

Belonging	All belonging left in cars will be discarded.
Excessive wear & use	You may be charged for excessive wear based on our standard for normal use and for mileage in excess of kilometer (Clause 7.1-10)
Insurance	Mandatory excess of \$56000 before GST (in Singapore) in respect of each and every single accident. Mandatory excess of \$58000 before GST (in Malaysia) in respect of each and every single accident.
Others	Shall you failed to make / clear any due payment to Go-Rent Pte Ltd and result in towing of the rental / leased vehicle, charges of towing fee, lost of keys charges, vehicle repair charges, admin fee etc will be charged.

By signing below, you acknowledge that you have read the entire Lease before signing it, and both you and we agree to the terms, conditions and obligation of the Lease.

Signed By Lessee	Signed By: Go-Rent Pte Ltd
X	X
Name / NRIC: <i>Yew Chee Jee</i>	Name / NRIC:
X	
Name / NRIC: <i>816861478</i>	

For Singapore Usage only.

Additional Premium for Malaysia Usage applies.

Only Applicable to Named Driver Stated in the Contract.

Vehicle must be washed and vacuum upon returned.

Smoking is prohibited in Vehicle. Penalty of \$350 will be imposed if Vehicle is returned in such condition.

HEALTHPLUS CLINIC & SURGERY

Blk 631, Bedok Reservoir Road, #01-898
Singapore 470631. Tel: 6446 0529

S1686147B
No. 104995

OFFICIAL RECEIPT

Date: 3/3/2020

Received from: Yew chee keong

the Sum of Dollars: Thirty Nine only

Consultation / physiotherapy \$ 45.50/-

Medications 1) Pantalon x (10) \$ 6/-

2) Almag plus x (10) \$ 6/-

3) \$

4) \$

5) \$

6) \$

Procedures \$

Miscellaneous \$

Less Discount \$ 57.50 - 18.50 (Blue chas) Total \$ 39/-

\$ 39/-

Cash/Cheque No. Authorised Signature

HEALTHPLUS CLINIC & SURGERY

Blk 631, Bedok Reservoir Road, #01-898
Singapore 470631. Tel: 6446 0529

No. 84662

MEDICAL CERTIFICATE

Date: 3/3/20

This is to certify that

Mr / Miss / Mdm Yew chee keong

was seen today and found to be

☒ Unfit for duty / School for Two (12) days(s) from 3/3/20 to 4/3/20 inclusive.☐ Fit for light duty from to☐ Attended the clinic at am / pm and left at am / pm☐ Comments

DR DINA QUEK
MB.B.S. (S'pore)

DR. DINA QUEK
M.B.B.S. (S'PORE)

* This certificate is not valid for absence from court or
other judicial proceedings unless specifically stated.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet

**GENERAL
INSURANCE
ASSOCIATION**
RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UTN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MN44200776K Vehicle Registration No: SL7 6324D
Name (as shown in NRIC) : YEO CHIA KUAN NRIC/FIN/Passport No : SXXX147B
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 94506429
Email Address : _____
Date of Accident : 02/03/2020 Time of Accident : _____
Place of Accident : SINGAPORE LACK WAST BEFORE EXIT TPE
Insurance Company : CHONG TAMPUB

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TYPE OF COLLISION SHOULD BE CARO PIERCE

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: 03/02/2020
NRIC/FIN No.: 1084
Date: 10/03/2020

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0110 Fax (65) 6224 0030
Operating Hours: Monday to Friday 09:00 - 17:00
UEN: S60500206 / GST Reg. No.: M40017785

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MHA420027615 -01 Vehicle Registration No: SLT6324D
Name (as shown on NRIC) : YEW CHEE KEONG NRIC/FIN/Passport No : SXXXX147B
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 507B WELLINTO LINK #09-132 Singapore()
Contact (Tel) : 752507 Mobile No.: 922223331
Email Address :
Date of Accident : 02.03.2020 Time of Accident : 08.30
Place of Accident : SELETAR WEST LINK BEFORE EXIT TPE
Insurance Company: CHINA

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

UPDATE; INJURY FOR DRIVER ONLY 2DAYS MC(YEW CHEE KEONG)



Policyholder / Driver's Signature
Date:

Reporting Centre Person's Signature
Name: Red Li
NRIC/FIN No.:
Date: 30/03/2020