

Jan 1 Jan 08

2/23

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	18/05/2020 14:48
Date Of Accident	17/05/2020 21:45
Exact Location Of Accident	BEHIND BLOCK 26 TECK WHYE LANE CARPARK (TW1)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJX7665R
Insured/Policyholder	
Name Of Registered Owner	CCA LEASING PTE.LTD.
Co Reg No	2XXXXX720W
Email Address	CHRIS.YEO@INFINITE-PARTNERS.COM
Mobile Phone No	(LOCAL) +65-96662234
Alternative Phone No	OFFICE-96662234
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5112089465
Cover Note Number	
Driver	
Name of Driver	LUCAS LEE JIA KIE
NRIC No	SXXXX780D
Date Of Birth	18/09/1992
Occupation	OUTDOOR
Date Of Driving Pass	14/12/2012
Driving Experience	7 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96662234
Fax Number	
Contact Number	OTHERS-96662234
Email Address	CHRIS.YEO@INFINITE-PARTNERS.COM

Address	BLK 621B EDGEFIELD WALK #11-37
Postcode	822621
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 - MAJOR/MINOR RD
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PUNGGOL N.P.C
Police Station Address	ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200518/2004

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	SJA8433H
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOH CHEE GUAN GU ZHI YUAN
NRIC/Passport Number	SXXXX770Z
Contact Number	94899537
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LUCAS LEE JIA KIE

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SJX7665R

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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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.



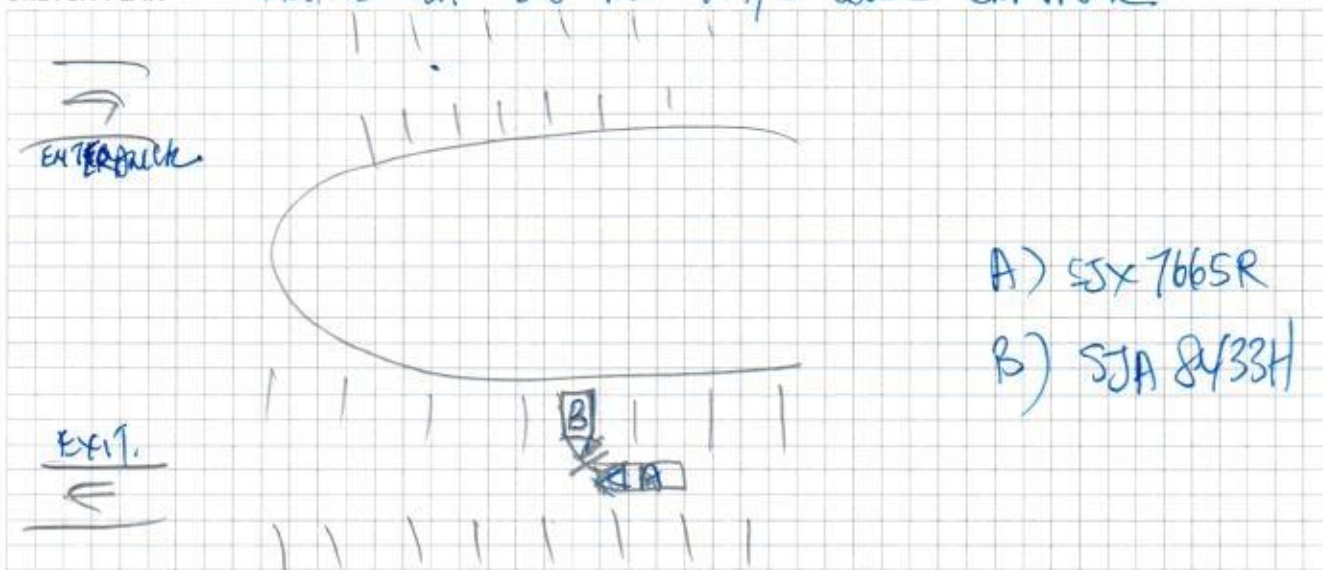
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

BETHVED BIK 26 TRUCK WAYE LOUKE GARPARK



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT T/200518/2004

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:

[Handwritten signature]

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

[Handwritten signature]
Name: *[Handwritten name]*
NRIC/FIN No.: *[Handwritten number]*

19/5/20 1325hr

ACCIDENT STATEMENT

ACCIDENT DATE: (18/05/2020) (DD/MM/YYYY), TIME: (21:45) (HH:MM)

LOCATION: Behind Bk 26 Tech Whye Lane Carpark (Tw1)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJX 7665 R
 b) INSURANCE COMPANY: NTCU
 c) POLICY NUMBER: 5112089465-600010
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Hyundai Avante 1.6A
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Job Purpose
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: CCA Leasing Pte Ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Lucas Lee Jia Kie (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S4233780D CONTACT: 96662234
 c) ADDRESS: Bk 6213 Edgetfield Walk #H-37

* d) DATE OF BIRTH: (18/09/1992) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 14/12/2012

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hired

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Traffic Police on-site

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SJA 8433H MODEL: Mazda

b) DRIVER'S NAME: Koh Chee Guan

c) NRIC/FIN/PASSPORT: S7323770Z CONTACT: 94899537

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

email = Chris.yeo@Infinite-Partners.com

VIDEO



**SINGAPORE
POLICE FORCE**



T/20200518/2004

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

1 of 4

Report No. T/20200518/2004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/05/2020 01:54		Vide Report No.: J/20200517/0206		Station Diary No.: 8	
Informant's Particulars					
Name of Informant: LUCAS LEE JIA KIE			Address: APT BLK 621B EDGEFIELD WALK #11-37 SINGAPORE 822621		
ID Type / ID No.: NRIC NO / S9233780D			Contact No.: Home/Office: Mobile: 96662234 ✓		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 27	Date of Birth: 18/09/1992	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Plumber			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 17/05/2020 21:45	Type of Location: Car Park
Location: Along Road 1 TECK WHYE LANE Behind Blk 26 Open Car Park				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
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
SJA8433H	Car					0
SJX7665R	Car					1

Details of Person Involved

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



Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

CONTINUATION OF REPORT

Driver			
Name	KOH CHEE GUAN GU ZHI YUAN	ID No.	S7323770Z
Related Vehicle	SJA8433H (Car)	Contact No.	94899537
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	LUCAS LEE JIA KIE	ID No.	S9233780D
Related Vehicle	SJX7665R (Car)	Contact No.	96662234
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 17/05/2020 at about 2145hrs, I was at driving my vehicle bearing registration number SJX7665R at behind Blk 26 Teck Whye Lane Car Park. When I was driving near to lot number 78, the vehicle bearing registration number SJA8433H suddenly came out of the lot and collided onto my right front wheel area of my vehicle. As the impact from the collision was very big, I blackout for a few seconds before getting back my conscious. After which we started to exchange particulars as per normal. While we were discussing how to settle the matter, I took a smoke break at the side and when the driver told me that his car was unable to start and requested me to help him jump-start his vehicle, I then agreed.

When he went to his boot to take the equipment and came back to the bonnet area, I suddenly smell some alcohol smell from him. I even stepped away a few times to make sure that the alcohol smell came from the said driver before calling for Police assistances.

On the same day at about 2330hrs, after the police arrived, they took my particulars from me and I complied. After which they did their necessary checks with the driver and shortly after, they asked me to take my leave first. I do not know what happen after that.

I would like to inform that this is the first time such incident happens and I do not have an in-car camera. There are also no CCTV around the vicinity.



**SINGAPORE
POLICE FORCE**



T/20200518/2004

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

3 of 4

Report No. T/20200518/2004

CONTINUATION OF REPORT



SINGAPORE
POLICE FORCE



T/20200518/2004

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

4 of 4

Report No. T/20200518/2004

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:

F /

Sgt 1 YEO HUI YU

Y

Signature Of Informant:

Signature of Informant

Signature Of Interpreter:

Not applicable

Date/Time:

18/05/2020 01:54

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Y

Classification Of Case:

SN 113

Authentication Stamp

NP168

Singapore Police Force

Claim Handling

Accident MT/1092834

Policy No.	5112089465	Vehicle No.	SJX7665R	GST Registration No.	
Certificate No.	5112089465-000010				
Policyholder Name	CCA LEASING PTE.LTD.			Policyholder NRIC	201926720
Product Code	FLEET MASTER (INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96662234	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	Yes	TCA	Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	18/05/2020 15:26	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	17/05/2020	Time of Accident hh:mm	21:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BEHIND BLOCK 26 TECK WHYE LANE CARPARK (TW1)				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable	1,500.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					

Policyholder Mailing Address

Address 1	11 SYED ALWI ROAD	Address 2	#02-04 TECK HENG LONG INDU	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	207629
Unit No.	02-04	Related Policy Number	5113981735		

O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LUCAS LEE JIA KIE	Driver NRIC	SKXXX7800	Driver DOB	18/09/1990
Register Date of Driver License	14/12/2012	Driver Age	27	Driving Experience	7
Contact No.(Mobile)	96662234	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 612B #11-37	Address 2	PUNGGOL DRIVE	Address 3	DAMAI GRC
Address 4	SINGAPORE 822612	Address Type	Foreign address	Post Code	822612
Unit No.	11-37				
Does he own a Singapore Registered car?	Yes	Driver Vehicle No.	SJX7665R	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes		
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Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	CCA LEASING PTE.LTD.	In
Contact No.(Mobile)		Contact No. (Home)	NIL	Co
Email Address		Vehicle Number	SJX7665R	TP
Claim Description	SJX7665R / SJAB433H ON 17 May 2020			Ne
Preferred Workshop		Insured Liability	Not at Fault	Pr
Report No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Wi
Date Registered		GIA report	Received	
Report Taken By		Claim Close Date	18/05/2020 15:41	Dr
		Workshop Repairer	ROSLI WAHAB	Re

Print AK letter

Save Submit

Attachment

Accident No.	MT/1092834	Claim No.	001
Last Doc. Received	Yes No	Upload Date	18/05/2020 00:00
Path *		Category *	Confidential Urgency *
Choose File No file chosen		Clear Please Select	NO Normal
Choose File No file chosen		Clear Please Select	NO Normal
Choose File No file chosen		Clear Please Select	NO Normal

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5112089465-000010

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SJX7665R**
Chassis Number : **KMHOU41BMAU986623**
2. Name of Policyholder : **CCA LEASING PTE.LTD.**
3. Effective Date of Insurance : **17 Jan 2020**
4. Expiry Date of Insurance : **16 Jan 2021**
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TECK WEI CREDIT PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : ASSURE (SINGAPORE) PTE. LTD. (00000615327)

Date of Issue : 21 Aug 2019 17:20 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.	<input type="text" value="5112089465"/>	Date of Accident	<input type="text" value="18/05/2020 14:44"/>							
Vehicle No.(For Motor)	<input type="text" value="SJX7665R"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5112089465	5112089465-000010	CCA LEASING PTE.LTD.	201926720W	GFM	drivo CLASSIC	SJX7665R	SJX7665R	17/01/2020	19/08/2020
<input type="button" value="Continue"/>										