

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	27/10/2020 11:43
Date Of Accident	26/10/2020 17:15
Exact Location Of Accident	ALONG YIO CHU KANG RD TWDS YIO CHU KANG LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW9932L
Insured/Policyholder	
Name Of Registered Owner	MEGA CAR LEASING
Co Reg No	5XXXX925A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-86994326

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5117409565
Cover Note Number	

Driver

Name of Driver	NEO GIM HUAT (LIANG JINFA)
NRIC No	SXXXX503C
Date Of Birth	06/01/1971
Occupation	OUTDOOR
Date Of Driving Pass	20/02/2004
Driving Experience	16 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97672649
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address BLK 470B FERNVALE LINK #23-440
 Postcode 792470
 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 CHAIN COLLISION
 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 3
 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 SENGKANG NEIGHBOURHOOD POLICE CENTRE
 Police Station Address ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800 - 3438999 - FAX NO:
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT T/20201026/2135

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Remarks/ Reasons: WITH DRIVER
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD5414R
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category TAXI
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SH9767U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name NEO GIM HUAT (LIANG JINFA)

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJW9932L

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

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.

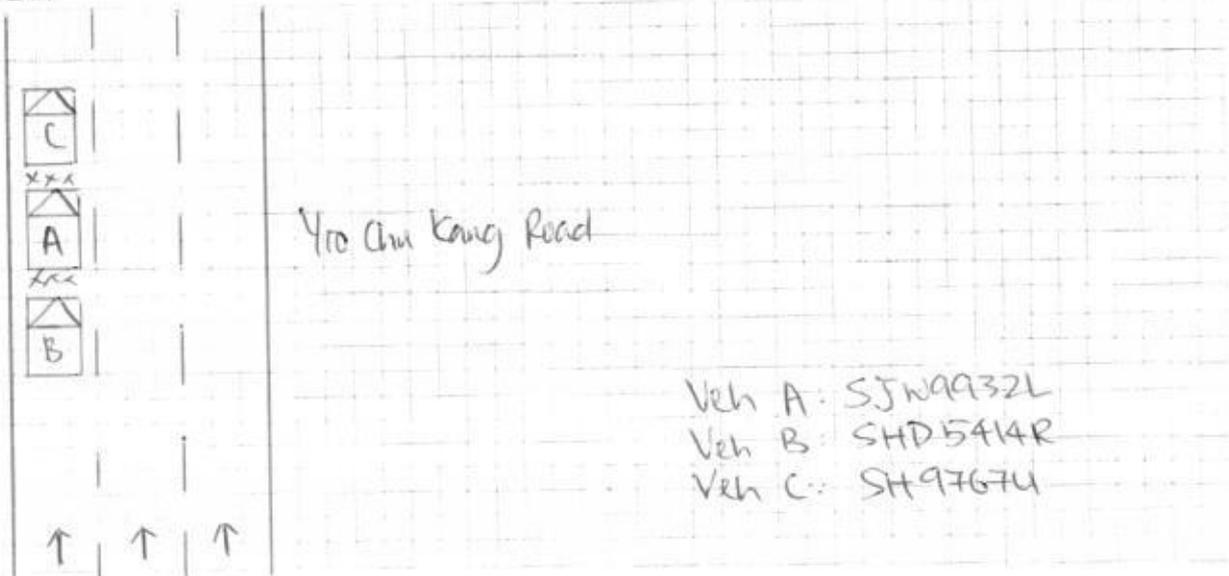


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



Veh A: SJW9932L
Veh B: SHD5414R
Veh C: SH9767U

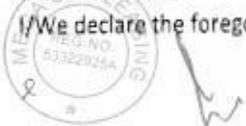
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

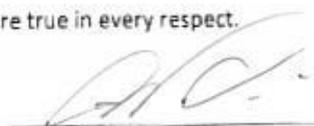
Refer to police report

Report No. T/20201026/2135

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.:



**SINGAPORE
POLICE FORCE**



T/20201026/2135

1 of 4

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20201026/2135

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/10/2020 20:32	Vide Report No.:	Station Diary No.: 134
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Informant's Particulars

Name of Informant: NEO GIM HUAT		Address: APT BLK 470B FERNSVALE LINK #23-440 SINGAPORE 792470	
ID Type / ID No.: NRIC NO / S7101503C		Contact No.:	Mobile: 97672649
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 49	Date of Birth: 06/01/1971	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/10/2020 17:15	Type of Location:
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Chain Collision			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH9767U	Car					0
SHD5414R	Car					0
SJW9932L	Car					0



Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20201026/2135

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	YEO PUAY TONG	ID No.	S1228140D
Related Vehicle	SH9767U (Car)	Contact No.	NIL
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
Name	CHONG YEW WAH	ID No.	S1122485G
Related Vehicle	SHD5414R (Car)	Contact No.	NIL
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	NEO GIM HUAT	ID No.	S7101503C
Related Vehicle	SJW9932L (Car)	Contact No.	97672649
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

Brief Details.

On 26/10/2020 at about 5.15pm, while I was driving along Yio Chu Kang exit from CTE and I was waiting at the traffic junction as the traffic light was red and my vehicle had stopped when suddenly I felt an impact from the rear and the impact caused my vehicle to hit a Comfort taxi in front of my vehicle. I got out of my vehicle and realized that a red Transcab had earlier collided onto the rear of my vehicle causing a chain collision.

We exchanged particulars and after which I felt pain around my neck area as such I went to Mount Alvernia Hospital to seek medical treatment and was given 5 days of MC.



**SINGAPORE
POLICE FORCE**



T/20201026/2135

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Report No. T/20201026/2135

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

CONTINUATION OF REPORT

I have got an in car camera in my vehicle.



**SINGAPORE
POLICE FORCE**



T/20201026/2135

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Report No. T/20201026/2135

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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 3 TAN WEI XIANG ROY

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

26/10/2020 20:32

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No.: 65476219

Classification Of Case:

SN 085

Authentication Stamp

NP168



Signature: 

Singapore Police Force

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: 5117409565-000001

Cover : Third Party, Fire & Theft

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SJW9932L |
| Chassis Number | : MR053HY9305161364 |
| 2. Name of Policyholder | : MEGA CAR LEASING |
| 3. Effective Date of Insurance | : 04 May 2020 |
| 4. Expiry Date of Insurance | : 03 May 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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TWINCAR LEASING 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 : 05 May 2020 14:08 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Mega Car Leasing

Blk 152 Serangoon North Ave 1
#04-326 Singapore 550152
Mobile No :+65 86994326
Megacar88@gmail.com
Registered No: 53322925A

CONTRACT FOR SERVICE

This contract for service is made and effective Date : 21.06.2020

BETWEEN: Mega Car Leasing, ROC 53322925A (the "Company"), a corporation organized and existing under the laws of the Singapore, with its office located at Blk 152 Serangoon North Ave 1 #04-326 Singapore 550152

AND: Name: Neo Guan Hua
NRIC No: 97101503C

(the "Sub-Contractor") with address located at:

Blk 470B Fernvale Link
#23-440 (792470)
Contact No: 97672649
Home: _____
Email: derrick6171@gmail.com

ADDITIONAL DRIVER: NAME: _____
NRIC NO: _____
Address: NA
Contact no: _____
Home: _____

PLEASE SIGN HERE → 
Sub-Contractor Signature



Mega Car Leasing

Blk 152 Serangoon North Ave 1
#04-326, Singapore 550152
Mobile No :+65 86994326
Megacar88@gmail.com
Registered No: 53322925A

NOW, THEREFORE, in consideration of the mutual covenants and promises hereinafter set forth, the parties hereto agree as follows:

1. VEHICLE

The Company hereby handover to the Sub-Contractor, and The Sub-Contractor hereby takeover from The Company, the following described Motorcar (the "Vehicle"):

VEHICLE NO : SJW 9932L
MAKE & MODEL: TOYOTA Vios 1.5A

2. TERM

The term of this Contract shall commence on Date : 21.06.2020

The Sub-Contractor shall pay a rental fee of S\$315 ~~Per day/ week/ month/ year~~

Additional Charges NA

3. USAGE OF PROPERTY

Only the mention Sub-Contractor can use the vehicle and shall use the vehicle in a careful and proper manner and shall comply with the conform to all national, state, municipal, police and other laws, ordinances and regulations in any regulations in any way relating to the possession, use or, maintenance of the Vehicle.

This CONTRACT is valid till 26.12.2020

4. PAYMENT TERMS

Upfront of NA days/week/month/year
Cash Deposit NA



Service Contract Agreement

2/9 Pages

PLEASE SIGN HERE →

Sub-Contractor Signature



Vehicle No.	SJW9932L		Model / Make	Toyota Vios
Date of Accident	26/10/2020			
Time of Accident	1715	HRS		
Location of Accident	Along Yio Chu Kang Road towards Yio Chu Kang Link			
Exact purpose use during accident	Private use			
Name of Owner	Mega Car Leasing			
Telephone No.	H/P: 86994326	Home:	Office:	
NRIC	53322925A			
Address	152 Serangoon North Avenue 1 #04-326 S(590152)			
Claim type	OD	THIRD PARTY	REPORTING ONLY	
Insurance Company	NTUC			
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft	
Policy No.	5117409565-000001			
Name of Driver	As Above If No, Neo Gim Huat			
NRIC	S7101503C	Any Passengers: -		
Date of birth	6/1/1971			
Occupation	Outdoor	/ Indoor		
Driving License Pass Date	20/2/2004			
Gender	Male	/ Female		
Contact No.	H/P: 97672649	Home:	Office:	
Address	BLK 470B Fernvale Link #23-440 S(792470)			
Driver have any own vehicle	No,	If yes, Reg No.		
Relationship	Employee,	If no, state Hiree		
Weather condition	Clear	Raining	Other	
Road Surface	Dry	Wet	Other	
Any Injuries	No,	If Yes, Who?		
Name And Contact No.	Neo Gim Huat 97672649			
Name And Contact No.				
Police Report	No,	If Yes, Where?	Sengkang N.P.C	
Vehicle B No.	SHP 5414R	Any Passengers:		
Name of Driver	Cheng Yew Hah	Contact No.:		
Vehicle C No.	SH9767U	Any Passengers:		
Vehicle D No.		Any Passengers:		
Vehicle E no.		Any Passengers:		
Vehicle F No.		Any Passengers:		
Vehicle G No.		Any Passengers:		
Witness Name		Witness Contact:		
Accident Portion	Front & Rear portion			
Camera Recorder	Yes / No			
Email Address	derrick6171@yahoo.com.sg			
PARTICULAR WORKSHOP	N51 Automotive Pte Ltd			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	Brandon			
FAX NO	6741 0510			
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg			