

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	12/11/2020 15:59
Date Of Accident	11/11/2020 11:10
Exact Location Of Accident	ALONG HAVELOCK ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR3405Y
Insured/Policyholder	
Name Of Registered Owner	1NSPIRED CONCEPT AUTO LEASING PTE LTD
Co Reg No	2XXXXX357K
Email Address	INSPIREDAUTOLEASING@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98399993
Alternative Phone No	OFFICE-98399993

Vehicle Particulars

Manufacturer	TOYOTA
Model	NOAH HYBRID-1.8 X CVT (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	5113397340-01
Cover Note Number	

Driver

Name of Driver	NG KIAN SOON, ALVIN (HUANG JIANSHUN, ALVIN)
NRIC No	SXXXX890E
Date Of Birth	17/07/1981
Occupation	OUTDOOR
Date Of Driving Pass	15/01/2007
Driving Experience	13 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98399993
Fax Number	
Contact Number	OTHERS-98399993
Email Address	ALVINNG1707@GMAIL.COM

Address	BLK 56 CASSIA CRESCENT #14-17
Postcode	910567
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH WEST NPC
Police Station Address	ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , 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 SKETCH PLAN AND POLICE REPORT T/20201113/2070

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	SGY222L
Vehicle Make/Model/Colour	FERARRI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG WEE ONG (HUANG WEIHUANG)
NRIC/Passport Number	SXXXX433Z
Contact Number	90467246
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name	NG KIAN SOON, ALVIN (HUANG JIANSHUN, ALVIN)
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SMR3405Y
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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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: 12/11/20 12:37pm

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

Accident Sketch Plan

SKETCH PLAN

ALONG HAVELOCK ROAD

A) SMR 3405Y
B) SKY 772L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

When I was travelling along Havelock Road at around 11.09pm
A Ferrari knock my car from behind when my car is stationary
waiting for the green light at the traffic light.

DECLARATION

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

Policyholder's Signature

Date & Time:

GLARMC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time: 12/11/20 12:37pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

RENTAL AGREEMENT

INSPIRED CONCEPT AUTO LEASING PTE LTD

Agreement Date: 31-12-2019

AUTOMOBILE LEASE AGREEMENT

THE SCHEDULE

(Lessor)	Name: <u>INSPIRED CONCEPT AUTO LEASING PTE LTD</u> ROC No: <u>201927357K</u> Address: <u>24 LENG KEE ROAD, LENG KEE AUTOPOINT, #03-01 SINGAPORE 159096</u>
(Lessee)	Name: <u>NG KIAN SOON, ALVIN (HUANG JIANSHUN, ALVIN)</u> NRIC/PP/UED No: <u>S8120890E</u> Address: <u>BLK 178 EDGEFIELD PLAINS #17-232 SINGAPORE 820178</u>
(Guarantor)	Name: _____ NRIC/PP/UED No: _____ Address: _____
(Guarantor)	Name: _____ NRIC/PP/UED No: _____ Address: _____

DESCRIPTION OF VEHICLE ("Vehicle")

MAKE/MODEL & DISTRIBUTOR OF VEHICLE	COLOUR	REGISTRATION NO.
1. Make/Model : <u>TOYOTA NOAH HYBRID 1.8X CVT</u>	BLACK	SMR3405Y
2. Chassis No : <u>ZWR800411717</u>		
3. Engine No : <u>2ZR2F21618</u>		
4. Distributor : <u>INSPIRED CONCEPT AUTO LEASING PTE LTD</u>		

TERMS OF RENTAL PAYMENT

1. Commencement Date: <u>31-12-2019</u>
2. Period of Lease: From <u>01-01-2020</u> to <u>31-12-2025</u> (<u>72</u> months) ("Lease Period").
3. Initial Payment of SGD\$ _____ ("Initial Payment") and thereafter DAILY Lease of SGD\$ <u>109</u> each ("Rental"), due on the every last Friday of the week (payable in advance) ("Due Date").
4. Security Deposit: SGD\$ <u>800</u>

Upon 3 rd Year Completion	Choose <u>one</u> from the option : 1. Continue the Lease with no Rebate <input type="checkbox"/> 2. Take back \$5 per day Rebate & end the contract* <input type="checkbox"/>
Complete Full 6 Years	Fully Own the Vehicle with 'ZERO' Loan without taking any \$5 per day rebate

*(eg. 365 Days x 3 years x \$5 = \$5,475)

POLICE REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999



T/20201113/2070

1 of 3

Report No. T/20201113/2070

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/11/2020 15:11	Vide Report No.:	Station Diary No.: 17
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Informant's Particulars

Name of Informant: NG KIAN SOON, ALVIN		Address: APT-BLK-178 EDGEFIELD PLAINS #17-232 SINGAPORE 820478- Rte 56 Carlin Crescent #14-17	
ID Type / ID No.: NRIC NO / S8120890E		Contact No.: Home/Office: Mobile: 98399993	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 39	Date of Birth: 17/07/1981	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Grab Driver		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others:	Drink Drive: No	Date/Time of Accident: 11/11/2020 23:10	Type of Location: Straight Road
Location: HAVELOCK ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SGY222L	Car					0
SMR3405Y	Car				Slightly Damaged	0

Details of Person Involved

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

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20201113/2070

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

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Report No: T/20201113/2070

CONTINUATION OF REPORT

Driver			
Name	NG KIAN SOON, ALVIN	ID No.	S8120890E
Related Vehicle	SMR3405Y (Car)	Contact No.	98399993
Hospital/Clinic	Eiddwen Family Medicine Clinic	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	12/11/2020	Date Discharge	12/11/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 11 November 2020 at about 11:09pm, I was on my way to meet my friend, Mr Shah at Tras Street. I was forming up at the traffic lights along Havelock Road just beside River Place Condominium as the lights had turned red. While waiting for the traffic lights to turn green, I suddenly felt a bang on the rear of my car (SMR3405Y) and jerked forward. I then alighted my car to only found out that there is another car, SGY222L, had collided into the rear of my vehicle. We then exchanged particulars and agreed that both parties do not require any ambulance services. I then drove off after that after I has access

On 12 November 2020 at about 7.45pm, I went over to the GP located near Cassia Crescent, Eiddwen Family Medicine Clinic, to seek for treatment as I suspected I could have suffered from further injuries and require medical attention. I was then awarded a 3 days MC from 12 Nov to 14 Nov 2020. I was then advised to make a police report with regards to this accident.

POLICE REPORT



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999



T/20201113/2070

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Report No. T/20201113/2070

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
D /
Staff Sgt YEO CHUN HUA ANTHONY

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
13/11/2020 15:11

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt ONG YONG HOCK
Contact No.: 65476436

Classification Of Case:

Authentication Stamp
NP168

SN 45



EIDDWEN FAMILY
MEDICINE CLINIC

34 Cassia Crescent #01-80 Singapore 390034
Tel: 6970 5818 Fax: 6970 5838

Medical Certificate

Date : 12 Nov 2020

MC No. : 0000000382

This is to certify that :

Name : NG KIAN SOON ALVIN

NRIC : S8120890E

is Unfit for Duty for 3 days
from 12 Nov 2020 to 14 Nov 2020 inclusive.

Dr Lin Lih Keong

MBBS (Singapore)

BMedSci

GP No. 15555A

DR LIN LIH KEONG
MBBS GDFM FAMILY PHYSICIAN

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

Eiddwen Family Medicine Clinic
34 Cassia Crescent
#01-80
Singapore 390034
Telephone No: 69705818 Fax No: 69705838

Accident Photo



Accident Photo



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 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
UEN: 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 : MAY20100334 Vehicle Registration No: SVR38054
Name (as shown in NRIC) : Ng Kian Soon, Kevin NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 98399443
Email Address : _____
Date of Accident : 11/11/2020 Time of Accident : 11:10
Place of Accident : Along Havelock Road
Insurance Company : XMC

(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:

- ① To third party claims
- ② To Insurer Police Report 9/2020 11/3/2020

Policyholder / Driver's Signature
Date:

13/11/2020
Reporting Centre Personnel's Signature
Name: Kevin