

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 Submission 04/12/2020 12:14 (SGT)
Date of Accident 21/09/2020 12:30 (SGT)
Exact Location of Accident 567A Hougang Street 51, Singapore 531567
Additional Location Information DRIVE WAY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKA3349P

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner OSCARS LEASING PRIVATE LIMITED
Company Reg No 2XXXXX292N
Email Address KRIS@OSCARSLASING.COM.SG
Mobile Phone No (Phone) +65-91129911
Alternative Phone No +65-91129911

VEHICLE PARTICULARS

Manufacturer Kia
Model Cerato
Variant -
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 - Reporting only
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage ThirdParty
Fleet Policy No
Policy Number 5109909289-01
Cover Note Number -

DRIVER

Name of Driver TAN ZHI WEI
NRIC No SXXXX735Z
Date Of Birth 22/02/1981
Occupation Indoor

| | |
|--------------------------------------------------------------------|--------------------------------|
| Date Of Driving Pass | 10/07/2000 |
| Driving experience | 20 YEARS AND 2 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-93964108 |
| Alt. Phone Number | - |
| Email Address | KRIS@OSCARSLIASING.COM.SG |
| Address | BLK 511 HOUGANG AVE 10 #13-153 |
| Address complement | - |
| Postcode | 530511 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Hirer |
| Does Driver Own Other Vehicles? | No |
| Vehicle Registration Number of Other Vehicle Owned by Driver | - |
| Insurance Company of Other Vehicle Owned by Driver | - |

GENERAL INFORMATION OF THE ACCIDENT

| | |
|--------------------------|------------|
| Type of Accident | Side Swipe |
| Weather Conditions | UNKNOWN |
| Road Surface | UNKNOWN |

OTHER INFORMATION

| | |
|-----------------------------------------------------------------------------------------------------------|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 2 |
| Was anybody injured in the Accident? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other material or property damaged? | Yes |
| Number of Passengers (Including Driver) | 1 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

DETAILS OF POLICE ACTION

| | |
|-------------------------------------------------|-------------------------------------|
| Was the accident reported to the police? | Yes |
| Police Station Name | Geylang Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18008486999 |
| Alt. Police Station Phone No | (Fax) +65-68486799 |
| Police Station Address | 1 Cassia Link Singapore 397618 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT G/20201110/2034

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 | FBP245C |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Motorcycle |
| Name of Driver | - |
| Contact Number | - |

Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

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.



ON
BEHALF

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Unable to provide sketch



**SINGAPORE
POLICE FORCE**



G/20201110/2034

1 of 2

Report No. G/20201110/2034

POLICE REPORT (NP299)

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

| | | | | | |
|-------------------------------------------|--|------------------------------------------------------------------------------------------------|-----------|-----------------------------|-----------------|
| Date/Time Report Made 10/11/2020 13:19 | | Vide Report No. | | Station Diary No. 61 | |
| Name Of Informant LIM YAO HUAI | | Address APT BLK 217 TAMPINES STREET 23 #08-17 SINGAPORE 520217 | | | |
| ID Type / ID No. NRIC NO / S9120564E | | Contact No. Home/Office | | Mobile 91376109 | |
| Nationality SINGAPORE CITIZEN | | Email Address | | | |
| Occupation SALES EXECUTIVIE | | Sex Male | Age 29 | Date of Birth 13/06/1991 | Race Chinese |
| Institution/School Name | | Language | | | |
| Date/Time Of Incident 25/09/2020 00:00 | | Location Of Incident 50 EAST COAST ROAD #01-90 GRAND MERCURE ROXY HOTEL SINGAPORE 428769 | | | |

Brief details.

I am lodging on behalf of my company Oscars Leasing Pte Ltd. My company provides car rental and leasing services.

On 6/10/2020, I received a letter from NTUC Income Insurance regarding one of our rental vehicle(SKA3349P) is involved in an accident with another vehicle (FBP245C) on 21/09/2020, and a insurance claim is being made by the other party towards us. During the date of 21/09/2020, that vehicle

| | |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| Signature Of Officer Recording The Report: G / Sgt 3 JAVIN NG CHEN BOON | Signature Of Informant: |
| Signature Of Interpreter: Not applicable | Date/Time: 10/11/2020 13:19 |
| Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Sr Staff Sgt NEO JIN MING, EDWIN Contact No.: | Classification Of Case: |

Authentication Stamp

SINGAPORE
POLICE FORCE

SIGNATURE



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20201110/2034

was rented to a client since 09/07/2020 till 03/10/2020. When our company had receive this letter, the client had already returned the vehicle to us on 03/10/2020 however the damage on the vehicle is slight and there is only scratches and the client did not inform us of any accident he was involved when he had returned the vehicle.

Upon received the letter, we had try to contact the client however he remain uncontactable thus we are unable to gather any information regarding the accident.

I am lodging this report for record purposes and to inform the insurance company on this issue.

Clients Details:

Tan Zhi Wei

S8106735Z

Blk 511 Hougang Ave 10 #13-153

Hp:93964108

Signature Of Officer Recording The Report:

G / Sgt 3 JAVIN NG CHEN BOON

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
10/11/2020 13:19

Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
Sr Staff Sgt NEO JIN MING, EDWIN
Contact No.:

Classification Of Case:

Authentication Stamp



SIGNATURE

Hello, NAC_PAYA_UBI_800601

• Change Language

• Change Password

• Log Out

My Desktop

Notice of Loss

Policy Query

| Policy No. | <input type="text"/> | Date of Accident | <input type="text" value="21/09/2020 11:39"/> | | | | | | | |
|-----------------------------------------|---------------------------------------|----------------------|-----------------------------------------------|-------------------|---------|-------------|-------------|----------------|---------------|-------------|
| Vehicle No.(For Motor) | <input type="text" value="SKA3349P"/> | 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"/> | 5109909289-01 | 5109909289-01-000005 | OSCARS LEASING PRIVATE LIMITED | 201431292N | GFM | Third Party | SKA3349P | SKA3349P | 01/06/2020 | 31/05/2021 |
| <input type="button" value="Continue"/> | | | | | | | | | | |



**SINGAPORE
POLICE FORCE**

Traffic Police
10 Ubi Avenue 3
Singapore 408865
Tel +65 6547 0000
Fax +65 6547 4883
www.police.gov.sg

Your Ref : MT/CA/TP/021/1104575-001/RD/LC
Our Ref : GIA/T00345/20B/1095
Date : 01 December 2020

OSCARS LEASING PRIVATE LIMITED
50 EAST COAST ROAD
#01-90
SINGAPORE 428769

Dear Sir / Madam,

**TRAFFIC ACCIDENT INVOLVING VEHICLES SKA3349P & FBP245C ON 21.09.2020 @
1230 HRS ALONG DRIVEWAY OF BLK 567A HOUGANG ST 51**

I refer to the above accident.

2 We have been informed by your insurance company, **NTUC Income Insurance Co-operative Ltd**, that you have yet to report the above accident despite a reminder. Please do so with the said insurance company as soon as possible.

3 If you were not involved in any such accident, please inform your insurance company as such.

4 Should you have any queries, you may contact your insurance company person in-charge, **RAJESWARY DORAISAMY - TEL: 6430 7934**.

5 Thank you.

Yours faithfully,

SSGT SELINA WONG
for HEAD TRAFFIC INVESTIGATION
TRAFFIC POLICE



cc: NTUC INCOME INSURANCE CO-OPERATIVE LTD
75 BRAS BASAH ROAD
SINGAPORE 189557
ATTN: RAJESWARY DORAISAMY - TEL: 6430 7934

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9120564E



Name

LIM YAO HUAI
(LIN YAOSHUI)

林耀淮

Race

CHINESE

Date of birth

13-06-1991

Sex

M

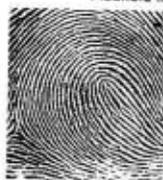
Country of birth

SINGAPORE

S9120564E



4435731



NRIC No. S9120564E

Date of issue

18-11-2009

Address

APT BLK 217 TAMPINES STREET 23
#08-17
SINGAPORE 520217

ACCIDENT STATEMENT

ACCIDENT DATE: (21 / 9 / 20) (DD/MM/YYYY), TIME: (12:30) (HH:MM)

LOCATION: 50 East Coast Rd #01-02 Grand Mercurie Driveway of BIK 567A

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKA 3349P
b) INSURANCE COMPANY: INC
c) POLICY NUMBER:
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL:
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private Use
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: Oscar Leasing (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 9112 9911
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Tan zhi wei (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 93 9641 08
c) ADDRESS:

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hiree.

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS Unknown)
b) ROAD SURFACE: (DRY / WET / OTHERS Unknown)

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: Geylang NPC.

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FB9 245C MODEL:
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT: CONTACT:

* No of passenger
(Including driver)
(1)

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

Email = ~~SA~~ KRIS@OSCARSLIASING.COM.SG

fax =

VIDEO = No.