

## 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 ..... 22/12/2020 14:29 (SGT)  
Date of Accident ..... 18/12/2020 18:00 (SGT)  
Exact Location of Accident ..... 2 Airport Rd, Singapore 539939  
Additional Location Information ..... KPE TOWARDS ECP / MCE  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJG5552K

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... LQW LEASING  
Company Reg No ..... 53395044M  
Email Address ..... DERRICK21TAN@HOTMAIL.COM  
Mobile Phone No ..... (Phone) +65-98334443  
Alternative Phone No ..... +65-98334443

#### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Vios  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private hire  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Reporting only  
Vehicle Category ..... Private hire

#### INSURANCE COMPANY

Name of Insurance Company ..... Axa  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... P2322293  
Cover Note Number ..... CN094891

#### DRIVER

Name of Driver ..... WANG LUNG MERVYN  
NRIC No ..... S8439133F  
Date Of Birth ..... 19/12/1984  
Occupation ..... Outdoor

Date Of Driving Pass .....	02/12/2006
Driving experience .....	14 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-8361479
Alt. Phone Number .....	-
Email Address .....	mervynnwang@gmail.com
Address .....	BLK 945 TAMPINES AVE 4
Address complement .....	#06-316
Postcode .....	520945
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 .....	Collision - Head to Rear
Weather Conditions .....	Clear
Road Surface .....	Dry

#### 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) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	PASSENGER
Gender .....	Male

#### PASSENGER 2

Name .....	PASSENGER
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO STATEMENT & SKETCH BY DRIVER

#### 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 .....	SML5430S
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

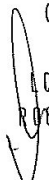

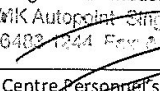
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	HEDIYANTO
NRIC No .....	S8775111B
Contact Number .....	(Phone) +65-83189828
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.

 <b>QW LEASING</b> <b>ROC: 53395044M</b>	 Driver's Signature (If driver is not the policyholder) Date & Time: <b>22 DEC 2020</b> <b>1000 HRS</b>	<b>AH LIM MOTOR COMPANY</b> No. 10 Ang Mo Kio Industrial Park 2A #01-09 A/MK Autopoint, Singapore 568047 Tel: 6403 1244 Fax: 6403 1240  Reporting Centre Personnel's Signature Name: NRIC/FIN No.:
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.:

Accident report SA1920CM0002

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ENTERING KPE TOWARDS ECP/MCE, TRAFFIC CAME TO A STOP AND I WAS NOT ABLE TO BREAK IN TIME.

**AH LIM MOTOR COMPANY**













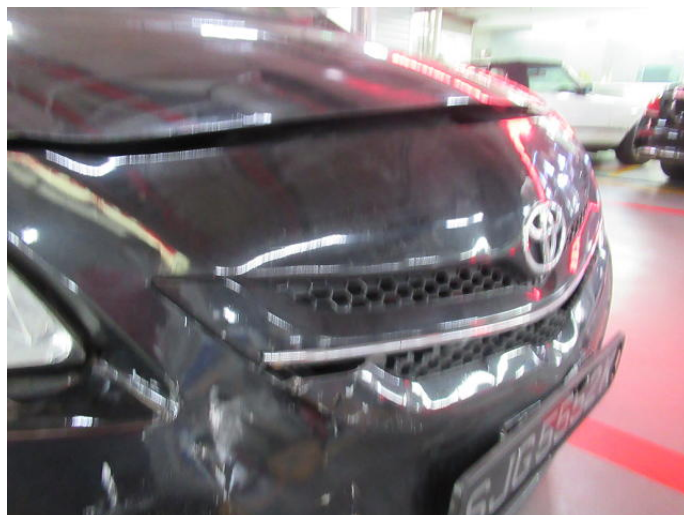




















## Sketch Plan Pg. 3

# LQW LEASING

ROC: 53395044M

1 TAMPINES NORTH DRIVE 1 #01-28 T-SFACE SINGAPORE 528559

To Whom It May Concern,

Accident involving my vehicle no. SJG552K on 18/12/2020 (date) with  
SML5430S (other vehicle no) along EPE towards ECP

I, LQW Leasing ROC No. 53395044M

Owner of vehicle no. SJG552K am aware of the accident of my vehicle on

18/12/2020 (Date) while car was driven by Wang Lung Mervyn

Nric No. S8439133P. I hereby, authorise him / her to make the report.

LQW LEASING  
ROC: 53395044M

Name Derrick TanDate: 22/12/2020

To fill in if there is a OD claim

I am aware of the circumstances and agreeable to claim my own insurance for the  
 above accident.

Name

Date:



## POLICYHOLDER ACKNOWLEDGEMENT FORM

Date: 22/12/2020To: Owner of Vehicle Number: 8JF5552 K

The following has been advised to you via your workshop, AH LIM MOTOR COMPANY through their staff, Eileen, Zila, Mui Hong, Wei Jie. Please tick the applicable box if you had been advised on any of the following:

- ( ☒ ) You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- ( ☐ ) You had been advised by the workshop on the liability and merits of the case accordingly.
- ( ☐ ) You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
- if fire damage and you claim under your own insurance, any applicable excess will be waived. However, there will be no recovery prospect and NCD will be affected.
  - if fire damage and you are claiming against the Third Party, your NCD will not be affected. However, the recovery is not guaranteed, and AXA will not be held responsible.
- ( ☐ ) You have agreed to let AXA assign a workshop for your vehicle repairs. In the process, your vehicle might be towed out to another workshop assigned by AXA. In return, you will get:
- \$200 off on your Basic Own Damage Excess or
  - \$200 as a benefit if your policy has \$0 excess and no Loss of Use benefit or
  - Additional \$200 on top of existing Loss of Use Benefit if your policy has \$0 excess and existing Loss of Use benefit
- ( ☐ ) There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
- ( ☐ ) There will be no cancellation/withdrawal of the Own Damage claim once the order of spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
- ( ☐ ) The estimated waiting time for the spare parts to arrive is \_\_\_\_\_. The estimated arrival time does not include the repair period.
- ( ☐ ) You will be driving the vehicle out despite being advised by the workshop mechanic/ personnel that the vehicle may not be road worthy.
- ( ☐ ) For vehicles below three (3) years old or under warranty with a local distributor, your insurance company will use only original parts to repair your vehicle.
- ( ☐ ) For vehicles above three (3) years old and no longer under warranty with a local distributor, your insurance company will be carrying out repairs where any damaged part that can be repaired will be repaired and any part that needs to be replaced will be replaced using any combination of original parts and/or original equipment manufacturer (OEM) parts and/or second-hand parts.
- ( ☐ ) You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.
- ( ☐ ) For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.
- ( ☐ ) Others Reporting only

Signed and acknowledged by:

LOW LEASING

Name and signature of policyholder/ authorized driver\* and company stamp (where applicable)

\*authorized driver to either the named drivers as per motor insurance policy or in the case of commercial vehicles, permitted drivers who are permitted to drive the insured Vehicle.

AH LIM MOTOR COMPANY  
 No. 10A, ...  
 Tel: ...

Name and signature of workshop personnel including company stamp

# LQW LEASING

ROC: 53395044M

1 TAMPINES NORTH DRIVE 1 #01-28 T-SPACE SINGAPORE 528559

## Rental Agreement Form

### Applicant Information

Name	WANG LUNG MERVYN		NRIC	S8439133 F	
Email	MERVYNWANG@GMAIL.COM		Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female	
Mobile No	83671479	Home	66122294	Date Of Birth	19/12/1984
Address (Stated in NRIC)	945 TAMPINES AVENUE 4 #06-316 Singapore (S20945)				
Correspondence address	Singapore ( )				
Driving License Pass date	2/12/2006				

### Employment Information

Company			
Company address	Singapore ( )		
Office Phone	Fax	Current position	

### Information of Next of Kin / Guarantor

Name	SIRIPINYA FUCUM		Relationship	WIFE	
NRIC	S8086337 C	Mobile No	87386939	Home	66122294
Address (Stated in NRIC)	AS ABOVE Singapore ( )				

### Vehicle Details

Vehicle Registration No	(eg S9A1234L)	SJ6 5552 K
Make / Model	(eg Honda CIVIC 1.8A White)	VIOS
Transmission	Manual <input type="radio"/> Automatic <input checked="" type="radio"/> Semi-auto <input type="radio"/>	

### Lease Details

From	12/10/2020	To	11/1/2021
Agreed sum of lease	\$270/- \$100/-	Terms of payment	Daily <input type="radio"/> Weekly <input checked="" type="radio"/> Monthly <input type="radio"/>
Collection Date & Time	12/10/2020	Return Date & Time	

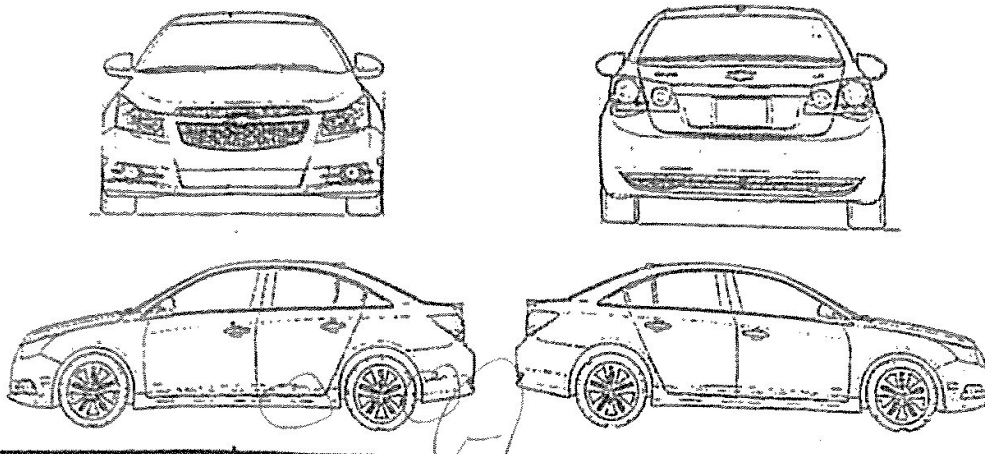
This agreement contract is valid for 3 months, contract will be auto renew if driver never give notice to return. In any occurrence of change of vehicle a new agreement will be written

### Vehicle Details

Mileage upon lease		Fuel upon collection	E <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> F <input type="checkbox"/>
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Other Remarks:


**Vehicle Condition - Please mark damaged / scratched area upon collection**




**Terms & Conditions:**

1	<p>The "Applicant" will abide the following rules upon lease of the vehicle:</p> <ul style="list-style-type: none"> <li>(a) All regulations and laws governed by Singapore Police Force.</li> <li>(b) Insurance coverage solely to "Applicant" only, any other(s) charges will be borne by the "Applicant" in an event of an accident or similar occurrence.</li> <li>(c) Diligence to operate the vehicle in a proper manner, in any occurrence of negligence, charges would to be borne by "Applicant"</li> <li>(d) Not to use the vehicle to: <ul style="list-style-type: none"> <li>(i) push or tow another vehicle.</li> <li>(ii) participate in any race or competition</li> </ul> </li> <li>(e) Any violation of laws or traffic rules, charges will be borne by "Applicant"</li> <li>(f) "Applicant" is hereby responsible to check and pay any violation as occurred during the period of lease, in an event of occurrence in which the violation is outstanding and to be enclosed by "LQW LEASING", additional charges applies per furnishing</li> <li>(g) Inform correspondence <u>7 days in advance</u> upon return of vehicle. If "Applicant" choose to omit this line, <u>charge of 7 days rental would be imposed on "Applicant"</u></li> </ul>
2	<p>"For "Applicant" whom lease the vehicle for Private Hire purposes</p> <ul style="list-style-type: none"> <li>• Daily/ Weekly/ Monthly rental will be deducted from the Private Hire reimbursement weekly.</li> <li>• Payment must make by every Monday or latest by Tuesday 2359hrs *Approval based on correspondence of LQW LEASING.</li> <li>• <u>12%</u> of late charge will be imposed if payment transaction was not completed.</li> <li>• In the event if driver is unable to fulfill the payment of the vehicle in 2 days of demand by correspondence, LQW LEASING reserve the rights to repossess the lease vehicle and recover the payment from the "Applicant" Next-of-Kin, guarantor through legal / court proceedings. Additional or Miscellaneous Charges will be borne by "Applicant"</li> </ul>
3	<p>"Applicant" is required to return LQW LEASING for a weekly periodically maintenance to ensure that the lease vehicle is as per lease condition. "Applicant" will bear all repair / damage / modification done on the lease vehicle to return as per previous condition if this line is ignored.</p>
4	<p>Vehicle is only to be used and driven in Singapore. In any occurrence, "Applicant" is to use the vehicle out of Singapore, all cost will be borne by "Applicant". "Applicant" is liable to pay the market value of the vehicle at point of loss and inclusive of all damages and demands of losses to LQW LEASING upon the occurrence of loss vehicle reported.</p>
5	<p>Accident Excess SGD \$2,500 For Age Above 22 Yrs Old, License 2 Yrs. If Accident Driver Have To Pay For All Repair, Rental And Excess Fee</p>
6	<p>// we acknowledge that my/our personal data may/will be disclosed by LQW LEASING to its third party service providers or agents (including its lawyers / law firms / authority of Singapore), which may be sited outside of Singapore, for one or more of the Purposes, as such third party service providers or agents.</p>

I hereby, the "Applicant" have fully read and agrees to the terms of LQW LEASING.

  
 12/10/2020  
 Applicant Signature / DATE & TIME

  
 Representative of LQW LEASING