

# 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 ..... 18/01/2021 13:18 (SGT)  
Date of Accident ..... 16/01/2021 11:18 (SGT)  
Exact Location of Accident ..... Near Unnamed Road, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLX1032H

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... MICRO CREDIT (CAR LEASING) PTE LTD  
Company Reg No ..... 2XXXXX504E  
Email Address ..... danielucas83@gmail.com  
Mobile Phone No ..... (Phone) +65-98280773  
Alternative Phone No ..... +65-98280773

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Shuttle  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private hire

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5117122054  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... CHEN CAIFA  
NRIC No ..... SXXXX809Z  
Date Of Birth ..... 16/06/1986  
Occupation ..... Outdoor

Date Of Driving Pass .....	18/08/2017
Driving experience .....	3 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98280773
Alt. Phone Number .....	-
Email Address .....	terencechenf@gmail.com
Address .....	BLK 162 YISHUN STREET 11 #15-252
Address complement .....	-
Postcode .....	760162
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 .....	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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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 .....	UNKNOWN
Gender .....	Female

#### PASSENGER 2

Name .....	UNKNOWN DAUGHTER
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Central Division Headquarters
Police Station Phone No .....	(Phone) +65-18002240000
Alt. Police Station Phone No .....	(Fax) +65-62200877
Police Station Address .....	391 New Bridge Road #03-112 Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT A/20210116/7062

#### 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 .....	GBH1345H
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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) .....	-

## INJURED PERSONS DETAILS


### INJURED 1

Name of injured person .....	CHEN CAIFA
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SLX1032H
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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 Date & Time: \_\_\_\_\_

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

Reporting Centre Personnel's Signature \_\_\_\_\_  
 Name: Rose Lim  
 NRIC/FIN No.: 18101/2001

SKETCH PLAN

Vehicle A SX1032H

Vehicle B GBH1345H

Vehicle A

Vehicle B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Is Refer to Police report No:

A12021011617062

DECLARATION

I/We declare that 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 Person's Signature

Name:

NRIC/FIN No.:























































**SINGAPORE  
POLICE FORCE**



A/20210116/7062

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**POLICE REPORT (NP299)**

Report No. A/20210116/7062

Police Station Of Origin  
Central Division HQ  
A 331 New Bridge Road #03-112 Police  
Cantonment Complex SINGAPORE 088762  
Tel No:1800-2240000

Date/Time Report Made 16/01/2021 23:23	Vide Report No.	Station Diary No.
Name Of Informant CHEN CAIFA	Address 162 YISHUN STREET 11 #15-252 SINGAPORE 760162	
ID Type / ID No. NRIC NO / S8616809Z	Contact No.	Mobile: 98280773
Nationality SINGAPORE CITIZEN	Email Address terencechenca@gmail.com	
Occupation Taxi driver	Sex Male	Age 34
Institution/School Name	Date of Birth 16/06/1986	Race Chinese
Date/Time Of Incident 16/01/2021 11:20 - 16/01/2021 11:20	Location Of Incident HAVELOCK ROAD	

**Brief details.**

On the above mentioned date and time i was driving vehicle SLX1032H with 2 passengers on board.

All of us were belted.

I was traveling straight along havelock road before the junction of new market road. I was on the third lane from the right and there was a lorry in front of me and he cut to the left lane.

Afterwards, i continue driving straight as there was no vehicle in front of me anymore but suddenly when

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 16/01/2021 23:23
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

SINGAPORE  
POLICE FORCE

A/20210116/7062

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20210116/7062

almost half of my vehicle had already passed by the said lorry, suddenly I felt a impact from my vehicle left portion.

I alighted to realise that vehicle GBH1345H tried to avoid the cyclist in front of him as such sway his vehicle to the right and collided on to the left portion of my vehicle.

Later in the afternoon, i started feeling soreness on my right arm, right knee, neck and chest areas so i went to central 24 hour clinic yishun to seek treatment and was given 3 days mc.

Subjects Involved			
Victim			
Person Name	CHEN CAIFA		
ID Type	NRIC NO	ID No	S8616809Z
Gender	Male	Age	34
Race	Chinese	Language	English
Occupation	Taxi driver	Address	162 YISHUN STREET 11 #15-252 SINGAPORE 760162
Mobile No	98280773	Is Informant A Victim?	Yes
Person Name CHEN CAIFA (Informant)			

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:  
16/01/2021 23:23

Classification Of Case:







**MICRO CREDIT (CAR LEASING) PTE LTD**  
101 Kitchener Road #03-03 Jalan Besar Plaza  
Singapore 208511

VHA No: 1378

POC NO. 200910504E

**VEHICLE RENTAL AGREEMENT**

<p><b>HIRER'S PARTICULAR</b></p> <p>Name: (as in I/C) <u>CHEN CHIA</u></p> <p>NRIC/PASSPORT No: <u>412-# 586188092</u></p> <p>Address (Res): <u>162 Yunnan Street 11</u></p> <p><u>#15-X2 (S) 460163</u></p> <p>Name &amp; Address of Employer:</p> <p>Occupation: _____ Driving Exp: <u>240 F</u></p> <p>Driving Licence No: _____ D/L Type: Local / International</p> <p>Issue Date: <u>12/08/2017</u> Date of Birth: <u>16/06/1989</u></p> <p>Tel: (O) _____ (R) _____ HP/PG <u>16200113</u></p> <p><b>ADDITIONAL DRIVER'S PARTICULARS</b></p> <p>Name: (as in I/C) _____</p> <p>NRIC/Passport No: _____ Tel: _____</p> <p>Address (Res): _____</p> <p>Driving Licence No: _____ D/L Type: Local / International</p> <p>Issue Date: _____ Date of Birth: _____</p> <p>Occupation: _____ Driving Exp: _____</p>	<p>Vehicle No: <u>SX10324</u> Replace Veh No: _____</p> <p>Mileage Out: _____ Mileage In: _____</p> <p>Make &amp; Model: <u>Honda Brio hybrid</u> Auto / Manual</p> <p>Group: _____</p> <p>OUT Date: <u>28/25/20</u> Time: <u>10:40p</u></p> <p>HIRE/PERIOD EXPIRY: <u>6 mth</u></p> <p>NON-WAIVER EXCESS: \$ <u>200/2000 and 95+</u></p>																																				
<p style="text-align: center;"><b>CHARGES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Daily</td> <td>0 \$</td> <td>per day</td> <td></td> </tr> <tr> <td>Weekly</td> <td>0 \$</td> <td>per week</td> <td><u>2145</u></td> </tr> <tr> <td>Monthly</td> <td>0 \$</td> <td>per month</td> <td><u>4160</u></td> </tr> <tr> <td>Hours</td> <td>0 \$</td> <td>per hour</td> <td></td> </tr> <tr> <td>Others</td> <td>0 \$</td> <td></td> <td><u>6000</u></td> </tr> <tr> <td>CDW</td> <td>0 \$</td> <td>per day/month</td> <td></td> </tr> <tr> <td>PAI</td> <td>0 \$</td> <td>per day/month</td> <td></td> </tr> <tr> <td colspan="4">Delivery Service</td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>SUB-TOTAL \$</b></td> </tr> </table>		Daily	0 \$	per day		Weekly	0 \$	per week	<u>2145</u>	Monthly	0 \$	per month	<u>4160</u>	Hours	0 \$	per hour		Others	0 \$		<u>6000</u>	CDW	0 \$	per day/month		PAI	0 \$	per day/month		Delivery Service				<b>SUB-TOTAL \$</b>			
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I have read and agree to the terms & condition on both sides of this agreement. If I have presented a charge/credit card for payment, I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have been made on the charge/credit card voucher. All information I have given MICRO CREDIT (CAR LEASING) PTE LTD, in connection with this Agreement is true.

**\*IMPORTANT**

- ONLY PERSONS ABOVE 21 YEARS OF AGE WITH MORE THAN 3 YEARS DRIVING EXPERIENCE, AUTHORIZED LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER. AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REPORTED.
- THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN, AT THE RATE SHOWN PER HOUR OR PER DAY, INCLUSIVE OF COM AND/OR PAI WHERE APPLICABLE.
- IN CASE OF ACCIDENT, THE HIRER SHALL REPORT TO RENTAL OFFICE IMMEDIATELY. IF THERE IS INJURY INVOLVED, A POLICE REPORT MUST BE MADE WITHIN 24 HOURS.
- VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY, AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY MICRO CREDIT (CAR LEASING) PTE LTD.
- HIRER MUST CHECK OIL OR MAINTAINING THE ENGINE OIL, & COOLANT THAT CAUSES DAMAGE TO THE ENGINE SHALL BEAR THE REPAIR COST.

**RETURN OF VEHICLE:** THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SIGNATURE OF HIRER / DRIVER" FILLING WHICH THE DAY AND TIME INSERTED BELOW SHALL BE THE DAY AND TIME THE VEHICLE IS RETURNED TO MICRO CREDIT (CAR LEASING) PTE LTD AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

DATE IN	TIME IN	MILEAGE	CHECKED BY	REMARKS

SIGNATURE OF HIRER/DRIVER