

VEHICLE NO: SMX4920M

MAKE & MODEL: HONDA FIT

AUTO / MANUAL

DATE OF ACCIDENT	17 / 08 / 2021	*C.C.
TIME OF ACCIDENT	11.04	(AM) / PM
LOCATION OF ACCIDENT	BOON LAY WAY TO JURONG EAST STREET 11	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	VANGUARD CAR RENTAL PTE LTD	
EMAIL:	tridentauto.claims@gmail.com	Office: 6344 1918 MOBILE:
NRIC	202035890R	
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY	
FLEET POLICY:	YES / NO ?	
INSURANCE CO.	NTUC INCOME	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	5120805080 - 000001	
NAME OF DRIVER	AS ABOVE / IF NO: KU LEE FONG	
NRIC	S1623171A	
DATE OF BIRTH	11 / 11 / 1963	
ANY PASSENGER	YES / NO: 2 pax	
NAME OF PASSENGER	UNKNOWN	
GENDER OF PASSENGER	MALE / FEMALE 1 Male, 1 Female	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	19 / 11 / 1984	
GENDER	Male / Female	
CONTACT NO.	Mobile: 9221 4743 Office: Home:	
EMAIL:	Kifirene11@hotmail.com	
ADDRESS		
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes: Reg No.	INSURER:
RELATIONSHIP	Employee / If No:	
WEATHER CONDITION	Clear / Raining / Other:	
ROAD SURFACE	Dry / Wet / Other:	
ANY INJURIES	No / If yes: Who? KU LEE FONG	
CONTACT NO.	9221 4743	
POLICE REPORT	No / If yes: Where? JURONG WEST N.P.C	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES: WHO?	
VEHICLE B NO.	SHC7084B Any Passenger:	
NAME	AKBARI BIN MAWI	
CONTACT NO.	9645 2057	
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
**WORKSHOP:		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO	

SKETCH PLAN

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. 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 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.
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.

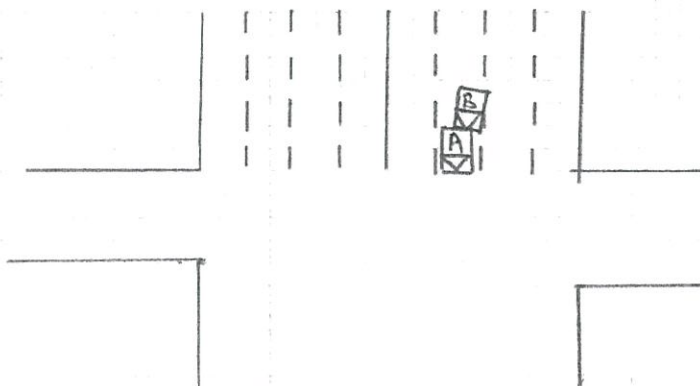


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to Police Report

Declaration

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

Witnessed by Reporting Centre Personnel

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: 5120805080-000001

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SMX4920M**
 Chassis Number : GK31343809
2. Name of Policyholder : VANGUARD CAR RENTAL PTE. LTD.
3. Effective Date of Insurance : 26 Jan 2021
4. Expiry Date of Insurance : 25 Jan 2022
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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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 : PATRONUS PTE. LTD. (00000572664)
 Date of Issue : 27 Jan 2021 13:39 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive



**SINGAPORE
POLICE FORCE**



T/20210818/2018

1 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20210818/2018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/08/2021 10:51	Vide Report No.:	Station Diary No.: 27
Informant's Particulars		
Name of Informant: KU LEE FONG	Address: APT BLK 477 JURONG WEST STREET 41 #06-354 SINGAPORE 640477	
ID Type / ID No.: NRIC NO / S1623171A	Contact No.: Home/Office:	Mobile: 92214743
Nationality: SINGAPORE CITIZEN	Email:	
Sex: Female	Age: 57	Date of Birth: 11/11/1963
Type of Informant: Driver		
Race: Chinese	Language:	Institution / School Name:
Occupation: PRIVATE HIRE 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: 17/08/2021 11:15	Type of Location: Straight Road
Location: BOON LAY WAY				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC7084B	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Yellow	Slightly Damaged	0
SMX4920M	Car	HONDA	FIT 1.3 GF CVT	Black	Slightly Damaged	0



**SINGAPORE
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Report No. T/20210818/2018

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KU LEE FONG	ID No.	S1623171A
Related Vehicle	SMX4920M (Car)	Contact No.	92214743
Hospital/Clinic	EHA CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	17/08/2021	Date Discharge	17/08/2021
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On the 18/08/2021, at about 1015hrs, I was travelling on boon lay way turning right to Jurong East St 11, I was on lane 2 and I saw the traffic light is amber, so I slowed down to a stop. Suddenly I heard a horn sound and then I saw my rear a taxi collided onto my rear vehicle. My car suffered 3 dents on my rear. And my rear bumper was slightly dislodged. We both came down and took photo and exchange particulars. We then part ways. There was no traffic police or ambulance at the scene. I went to see a GP at a clinic and was given 3 days MC.

I wish to state that I have a in-car camera on the rear and front and after reviewing the cam, I saw that the taxi came changed lane abruptly from lane 3 to my lane and collided onto me.



**SINGAPORE
POLICE FORCE**



T/20210818/2018

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

3 of 3

Report No. T/20210818/2018

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:

J /

Sgt 2 ANG KWAN SHYAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

18/08/2021 10:51

Officer In Charge Of Case:

TP / AEIT /

Insp BOON YEN KIAN

Contact No.: 65476172

Classification Of Case:

Authentication Stamp

NP168

Stamp: SINGAPORE POLICE
Signature: [Signature]
Stamp: SINGAPORE POLICE