

# 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 ..... 07/12/2021 17:24 (SGT)  
Date of Accident ..... 03/12/2021 20:45 (SGT)  
Exact Location of Accident ..... Punggol Way, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLS2579S

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... 88 RENTAL PTE LTD  
Company Reg No ..... 201538190R  
Email Address ..... 88motorz@gmail.com  
Mobile Phone No ..... (Phone) +65-98111555  
Alternative Phone No ..... +65-98111555

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Sienta  
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 - Claiming third party  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1496

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... 5108282663-02-000053  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... WONG CHENG KUAN  
NRIC No ..... S7300753D

Date Of Birth .....	06/01/1973
Occupation .....	Outdoor
Date Of Driving Pass .....	14/02/2005
Driving experience .....	16 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82137132
Alt. Phone Number .....	-
Email Address .....	wck768@gmail.com
Address .....	BLK 896 TAMPINES ST 81 #07-878
Address complement .....	-
Postcode .....	520896
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	MRS LUM
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Tampines Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005871999
Alt. Police Station Phone No .....	(Fax) +65-65871699
Police Station Address .....	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20211204/2126.

#### 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 .....	SLX8586E
Vehicle Manufacturer .....	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	GOU KOK FEI
Contact Number .....	(Phone) +65-96668666
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	VEHICLE B
No. Of Passenger (Including Driver) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	MRS LUM
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLS2579S
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLAN

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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

Sketch Plan

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


\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

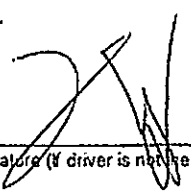
Describe Circumstances of the Accident

Refer to the Police Report.

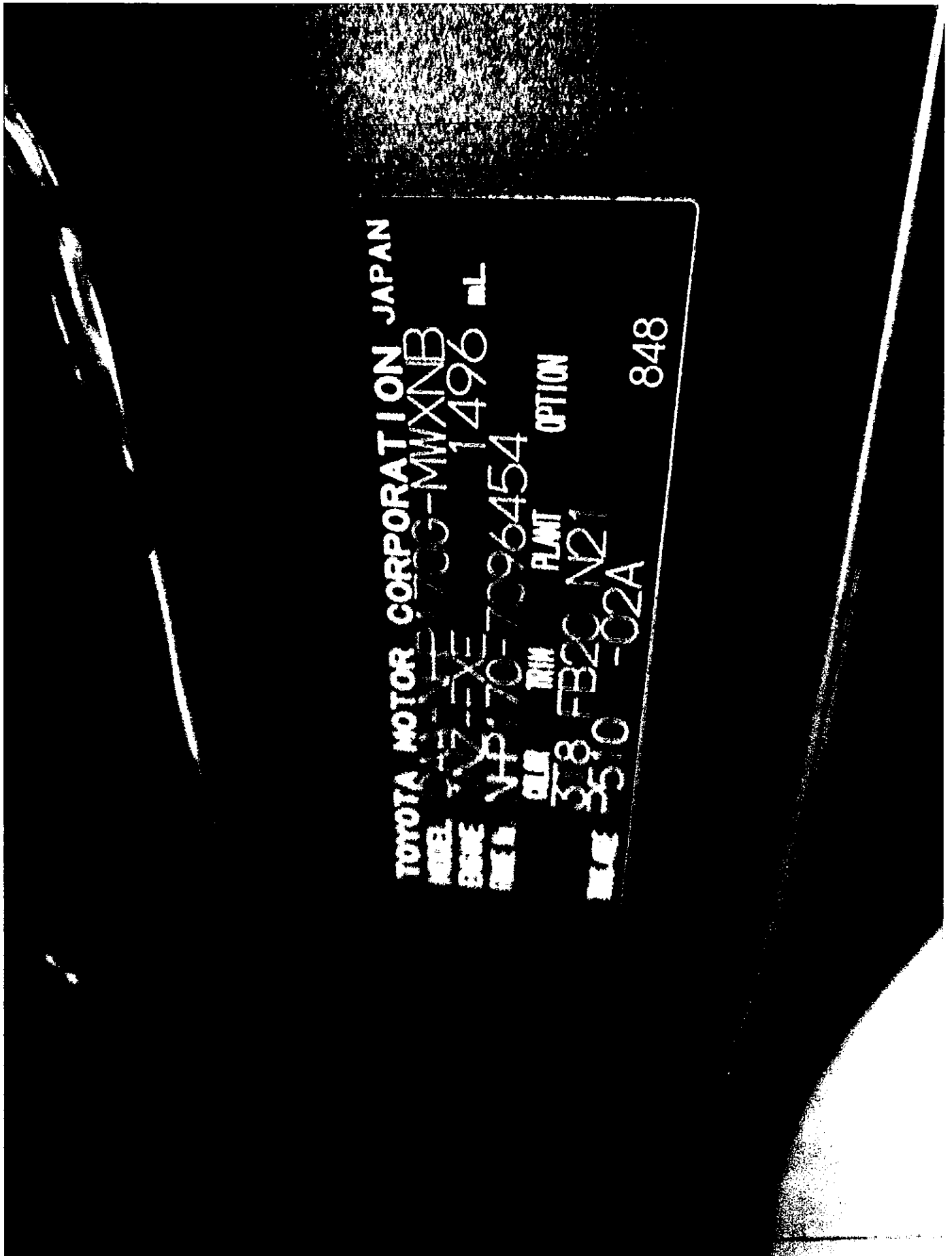
Declaration

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time

 2/12/21  
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel











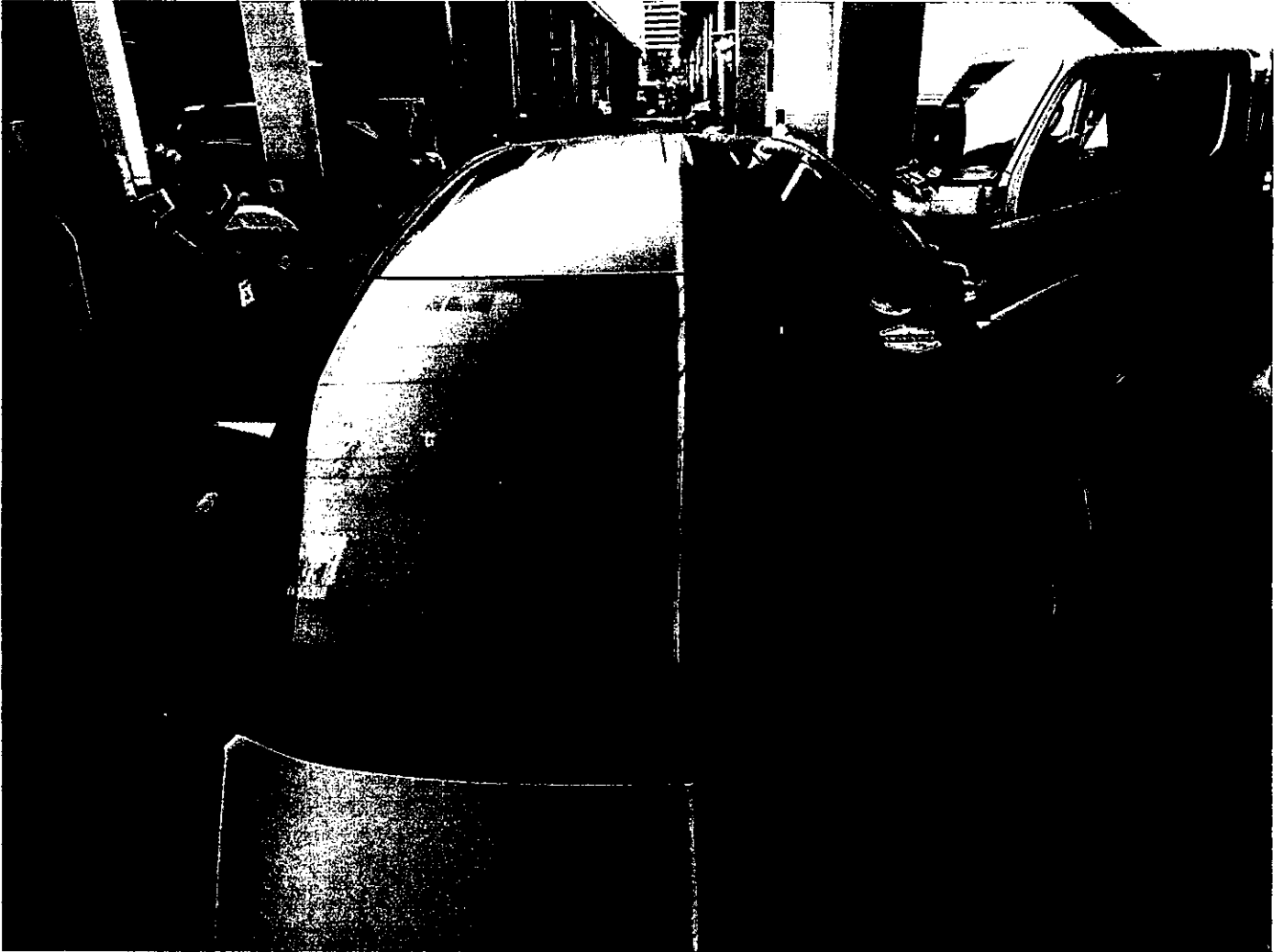














**SINGAPORE  
POLICE FORCE**



T/20211204/2126

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

1 of 3

Report No. T/20211204/2126

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/12/2021 22:30		Vide Report No.:		Station Diary No.: 100	
<b>Informant's Particulars</b>					
Name of Informant: WONG CHENG KUAN			Address: APT BLK 896 TAMPINES STREET 81 #07-878 SINGAPORE 520896		
ID Type / ID No.: NRIC NO / S7300753D			Contact No.: Home/Office: Mobile: 82137132		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 48	Date of Birth: 06/01/1973	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: 03/12/2021 20:45	Type of Location: X-Junction
Location: PUNGGOL WAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
SLS2579S	Car				Slightly Damaged	1
SLX8586E	Car					1

## Details of Person Involved

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





**SINGAPORE  
POLICE FORCE**



T/20211204/2126

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Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

Report No. T/20211204/2126

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	WONG CHENG KUAN		ID No. S7300753D
Related Vehicle	SLS2579S (Car)		Contact No. 82137132
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	03/12/2021	Date Discharge	04/12/2021
No. of Days granted Medical Leave	14	Degree of Injury	Slight
<b>Driver</b>			
Name	GOH KOK FEI		ID No. S7922545B
Related Vehicle	SLX8586E (Car)		Contact No. 96668666
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 03/12/2021 at 2045hrs, I was driving my car (SLS2579S) along Punggol Way at the middle lane sending my passenger towards 407b Northshore Link. When the traffic junction between Punggol Way and Punggol Central turn red, I stopped my car at the junction. Suddenly a car (SLX8586E) collided onto the rear of my car.

After the collision, we shifted our car to the side of the road, and we exchange particulars. However, my passenger felt giddiness and unwell, so I fetched my passenger to Sengkang Hospital to make a check. I was warded for a day and was discharged on 04/12/2021 and received a MC from 04/12/2021 to 17/12/2021. My car suffered dents on the back and there was a beeping sound in my car after the collision and the back hood unable to open. My car does not have any in-car camera.

My Tada ride details: 5cc2e185-d416-44aa-bd6e-7472a41f7ff9

**SINGAPORE  
POLICE FORCE**

T/20211204/2126

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

3 of 3


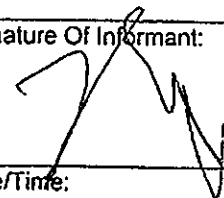

Report No. T/20211204/2126

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 G / Sgt 2 WONG QING JIE 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 04/12/2021 22:30
Officer In Charge Of Case: TP / AEIT /	Classification Of Case:
Contact No.:	
Authentication Stamp NP168	



## 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: 5108282663-02-000053

Cover : Third Party

1. Index mark and Registration Number of Vehicle : SLS25795  
 Chassis Number : NHP1707096454
2. Name of Policyholder : 88 RENTAL PTE LTD
3. Effective Date of Insurance : 27 Sep 2021
4. Expiry Date of Insurance : 26 Mar 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.  
 This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : TONG HEE INSURANCE AGENCY PTE. LTD. (00000614661)  
 Date of Issue : 08 Mar 2021 09:36 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

88 RENTAL PTE LTD

SYNERGY @ KB

25 Kaki Bukit Rd 4 #03-43 & 44, S(417800)

## VEHICLE LEASE AGREEMENT

This VEHICLE LEASE AGREEMENT (hereinafter referred to as "The Agreement" is made on  
03/09/21

Between 88 RENTAL Pte Ltd  
Having its office at:  
SYNERGY @ KB, 25 KAKI BUKIT RD 4 S417800  
Hereinafter referred to as "The Owner" of the one part

And Name : WONG CHENG KUAN  
NRIC NO.: S7300753D  
Address : 132 JALAN JURONG KECHIL, S(598626)

Tel. : 82137132  
Next of kin contact : 91155090 (wife)  
Hereinafter also known as the "The Hirer" of the other part

Hereby agrees that The Owner will lease to The Hirer the vehicle with the below details, hereinafter referred to as "The Vehicle" with the terms & conditions set out in The Agreement contained herein: -

### 1. DESCRIPTION OF VEHICLE

- a) Make & Model : Toyota Sienta Hybrid
- b) Registration No. : SLS2579S
- c) V.I.N. : refer to logcard in vehicle
- d) Paint Color : refer to logcard in vehicle
- e) Engine number : refer to logcard in vehicle

### 2. LEASE PERIOD

- a) Period : 3 Months OR \_\_\_\_\_ days (for short term leasing)
- b) Effective from : 04/09/21 to 04/12/21

\*for rental extension, it won't be stated above.

### 3. RENTAL FEE

- a) The rental fee is hereby agreed between both parties at S\$430 per week or for short term rental total of S\$\_\_\_\_\_ for the above mentioned period.
  - b) SECURITY DEPOSIT S\$\_\_\_\_\_ PAID: Rental \$ 430 Deposit \$ 500
- Remarks: \$200 deposit paid to cars and trips. \$300 balance deposit paid on driveway.

rental paid advance till 05/09/21. cdw \$5/day

### RENTAL FEE(COND')

- c) For short term leasing, billing of the rental will be collected on the day of collection of the vehicle. Deposit may be required for short term lease.
- d) For long term lease(1mth and above), The Owner will invoice to The Hirer for the rental fee on a weekly basis, for Monday to Sunday (hereinafter referred to as "Billing Cycle") and the rental fee shall include: -