

# 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 ..... 13/12/2021 17:33 (SGT)  
Date of Accident ..... 11/12/2021 13:00 (SGT)  
Exact Location of Accident ..... Artillery Ave, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLT7609B

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... HTS MOTOR CARS PTE. LTD.  
Company Reg No ..... 2XXXXX781G  
Email Address ..... JASON22CHIN@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-90298853  
Alternative Phone No ..... (Home) +65-90298853

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Freed  
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 hire  
Transmission ..... Auto  
CC ..... 1496

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... Yes  
Policy Number ..... 5114379300-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LEE LIK KIONG (LU LIQIANG)  
NRIC No ..... SXXXX789A

Date Of Birth .....	20/01/1976
Occupation .....	Outdoor
Date Of Driving Pass .....	26/07/1996
Driving experience .....	25 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98281717
Alt. Phone Number .....	-
Email Address .....	EDDIE17LEE@GMAIL.COM
Address .....	BLK 344 UBI AVE 1
Address complement .....	#10-1095
Postcode .....	400344
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 - Roundabout
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 .....	GRAB PASSENGER
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Changkat Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18007819999
Alt. Police Station Phone No .....	(Fax) +65-67832722
Police Station Address .....	Blk 109 Tampines Street 11 #01-261 Singapore 521109
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN AND POLICE REPORT ATTACHED

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SNA9463S
Vehicle Manufacturer .....	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
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 .....	LEE LIK KIONG (LU LIQIANG)
Gender .....	Male
Phone No .....	(Phone) +65-98281717
Address .....	BLK 344 UBI AVE 1
Address Complement .....	#10-1095
Post Code .....	400344
Approximate Age Years Old .....	45
Injuries Sustained .....	5 DAYS MC
Injured person in which vehicle? .....	SLT7609B
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## SKETCH PLAN

## IMPORTANT NOTICE

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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/ean 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.

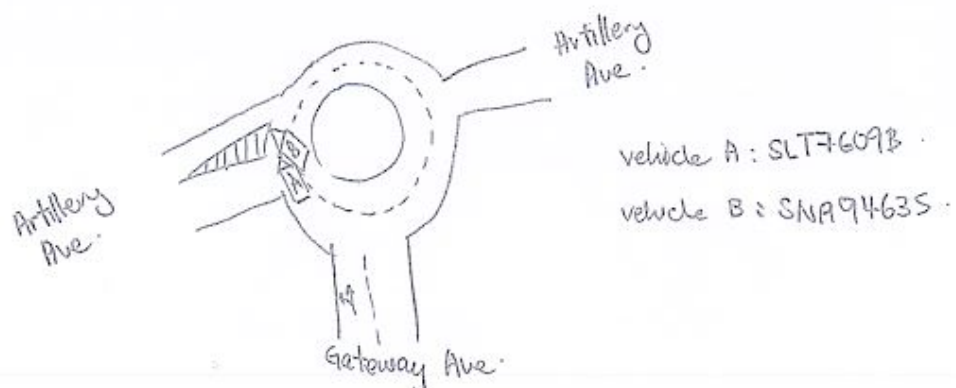


Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



**Describe Circumstances of the Accident**

Please refer to Police Report attached.

**Declaration**

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]*



Witnessed by Reporting Centre Personnel









































**SINGAPORE  
POLICE FORCE**



T/20211211/2076

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

1 of 3

Report No. T/20211211/2076

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/12/2021 18:23		Vide Report No.:		Station Diary No.: 13
<b>Informant's Particulars</b>				
Name of Informant: LEE LIK KIONG		Address: APT BLK 344 UBI AVENUE 1 #10-1095 SINGAPORE 400344		
ID Type / ID No.: NRIC NO / S7601789A		Contact No.: Home/Office: Mobile: 98281717		
Nationality: SINGAPORE CITIZEN		Email: eddie17lee@gmail.com		
Sex: Male	Age: 45	Date of Birth: 20/01/1976	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/12/2021 13:00	Type of Location: Roundabout
Location:  ARTILLERY AVENUE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SLT7609B	Car	HONDA	FREED	White	Slightly Damaged	1
SNA9463S	Car	HYUNDAI	KONA	Blue	Slightly Damaged	1

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20211211/2076

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

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Report No. T/20211211/2076

**CONTINUATION OF REPORT**

Driver			
Name	LEE LIK KIONG		ID No. S7601789A
Related Vehicle	SLT7609B (Car)		Contact No. 98281717
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	11/12/2021		Date Discharge 11/12/2021
No. of Days granted Medical Leave	05		Degree of Injury Slight

**Brief Details.**

On the abovementioned date, time and location, I was driving on the left lane while the other vehicle was driving on my right. Out of a sudden, the other vehicle cut into my lane and I had to jam my brakes. However, our vehicles had already collided. The collision was involving the head of my car and the left rear side of his vehicle. My car sustained dents and scratches on the front right side and tyre area of the vehicle. I tried to exchange particulars with him but he did not want to. He only took my number plate. There were no police or ambulance at scene. I then went to get myself checked and was provided with 5 days of MC. I sustained pain on my back, neck, legs and right elbow.



**SINGAPORE  
POLICE FORCE**



T/20211211/2076

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

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Report No. T/20211211/2076

**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 3 DANESH ASYRAFF BIN  
LEONADI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
11/12/2021 18:23

Officer In Charge Of Case:  
TP / AEIT /  
SSI TAY CHUN KEEN  
Contact No.: 65476436

Classification Of Case:

Authentication Stamp  
NP168



SINGAPORE  
POLICE FORCE

SIGNATURE







## 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:** 5114379300-01-000004

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SLT7609B**  
 Chassis Number : GB71042037
2. Name of Policyholder : HTS MOTOR CARS PTE. LTD.
3. Effective Date of Insurance : 09 Jan 2021
4. Expiry Date of Insurance : 08 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	: MOTOR-WAY CREDIT PTE LTD
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 : S & M ALLIANCE PTE LTD (00000614373)  
 Date of Issue : 07 Jan 2021 14:02 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

# HTS MOTOR CARS PTE LTD

Agreement Date: 20 SEPT 2021

## AUTOMOBILE LEASE AGREEMENT


### THE SCHEDULE

(Lessor)	Name: HTS MOTOR CARS PTE LTD	ROC No: 201430781G
	Address: 24 LENG KEE ROAD, LENG KEE AUTOPOINT, #05-01 A/B/C SINGAPORE 159096	
(Lessee)	Name: LEE LIK KIONG	NRIC/PP/UED No: S7601789A
	Address: BLK 344 UBI AVE 1 #10-1095 SINGAPORE 400344	
(Guarantor)	Name: _____	NRIC/PP/UED No: _____
	Address: _____	


### DESCRIPTION OF VEHICLE ("Vehicle")

MAKE/MODEL & DISTRIBUTOR OF VEHICLE	COLOUR	REGISTRATION NO.
1. Make/Model: HONDA FREED 1.5G HYBRID	WHITE	SLT7609B
2. Chassis No: GB71042037		
3. Engine No: LEB5570732		
4. Distributor: HTS MOTOR CARS PTE LTD		

### TERMS OF RENTAL PAYMENT

1. Commencement Date: RECONTRACT	
2. Period of Lease: From 27 MARCH 2022 to 26 SEPT 2022 ( 6 months) ("Lease Period").	
3. Initial Payment of SGD\$ _____ ("Initial Payment") and thereafter DAILY Lease of SGD\$ _____ including GST each ("Rental"), due on every Friday of the week (payable in advance) ("Due Date").	
4. Security Deposit: SGD\$ NIL	
5. 7 days rental waiver upon contract completion.	
6. Lost of key - \$800 fee	
7. Lease to own "Lessee" Must fulfil 84 months from NIL	
8. Repossess fee - \$500 chargeable	
9. Returning of car need to be informed 7 days advance.	
10. Renter shall only be liable to pay S\$500.00 in insurance excess (for each section) instead of the excess amount indicated in the Insurance Matters. Opts in by paying a daily CDW charge of \$6.00 (Inclusive of GST)	
CDW PERIOD: TILL 26 SEPT 2022	

### OTHER TERMS OF LEASE (\*Except for Items 7, 11 & 12, please delete the option clearly if inapplicable)

1. Service: Lessor's Package ("Package") / Lessee to pay for own service	
2. Mileage Limit: No [ ( NIL ) Kilometer every (NIL) Months ]	
3. Motor Insurance: Included in Rental	
4. Road-Tax: Included in Rental	
5. 24 Hr Emergency Break down 7 Towing IN Singapore: YES / NO	
6. 24 Hr Emergency Break down 7 Towing IN Malaysia: YES / NO	
7. Mandatory Excess SGD \$5,000 (in Singapore) and SGD \$10,000 (in Malaysia, if applicable) in respect of each and every single accident.	
8. GPS Tracking: YES (Please refer to clause 17.3)	
9. Provision of Courtesy Car: (Subject refer to clause 7.4)	
10. Replacement cost of Vehicle's Tyres: Included in Package / Payable by Lessee	
11. Contractor (pursuant to Clause 12.1.1):	
12. Estimated Residual Value (For reference only):	



**FULL PARTICULARS OF MAIN NAMED DRIVER**

Name : LEE LIK KIONG	
Date of Birth : 20 JAN 1978	
Company :	
Nationality: SINGAPOREAN	
Address : BLK 344 UBI AVE 1 #10-1095 SINGAPORE 480344	Contact No: 98281717
NRIC/FIN/PP No: S7601789A	Driving Licence No: S7601789A

**FULL PARTICULARS OF OTHER NAMED DRIVER**

Name :	
Date of Birth :	
Company :	Nationality:
Address :	Contact No:
NRIC/FIN/PP No:	Driving Licence No:

**WITNESS to Lessor Signature****SIGNED by for and on behalf of**

.....  
Name:  
NRIC/PP NO.:

.....  
Authorised Signatory

**WITNESS to Lessee Signature**

.....  
Witness Signature/Name  
NRIC/PP No:

George Tan

**SIGNED by OR for and on behalf of LESSEE:**

.....  
Lessee Signature/Name

**WITNESS to Guarantor Signature**

.....  
Witness Signature/Name  
NRIC/PP No. :

**SIGNED by GUARANTOR:**

.....  
Guarantor Signature/Name  
NRIC/PP No. :