

# 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 ..... 17/12/2021 16:22 (SGT)  
Date of Accident ..... 17/12/2021 09:30 (SGT)  
Exact Location of Accident ..... Buangkok Green & Yio Chu Kang Road, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMR6300X

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... DREAM CARZ LEASING PTE LTD  
Company Reg No ..... 201433037R  
Email Address ..... DREAMCARZLEASING@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-62140474  
Alternative Phone No ..... +65-62140474

### VEHICLE PARTICULARS

Manufacturer ..... Hyundai  
Model ..... Avante  
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 car  
Transmission ..... Auto  
CC ..... 1600

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... 5115469867-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... CHEOK KAR GUAN  
NRIC No ..... S8779519E

Date Of Birth .....	18/08/1987
Occupation .....	Outdoor
Date Of Driving Pass .....	28/11/2018
Driving experience .....	3 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-91379004
Alt. Phone Number .....	-
Email Address .....	STONESTEVEKKG@GMAIL.COM
Address .....	BLK 9 SENGKANG EAST AVE #16-30
Address complement .....	-
Postcode .....	544742
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 - Change/cross lane
Weather Conditions .....	Raining
Road Surface .....	Wet

#### 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 vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Ang Mo Kio Division Headquarters
Police Station Phone No .....	(Phone) +65-18002180000
Alt. Police Station Phone No .....	(Fax) +65-64814246
Police Station Address .....	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO.F/20211217/7044.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	@TP
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1



Vehicle Registration Number .....	SHC2402A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-

Vehicle Category .....	Taxi
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) .....	-

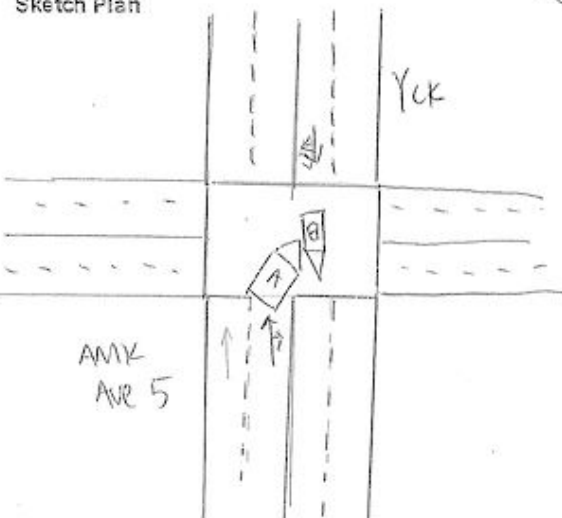
SKETCH PLAN

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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	 Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
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**Sketch Plan**



(A) = SMK6300X  
 (B) = SHC2402A


Describe Circumstances of the Accident

Please refer to Report NO. F/20211217/7044

Declaration

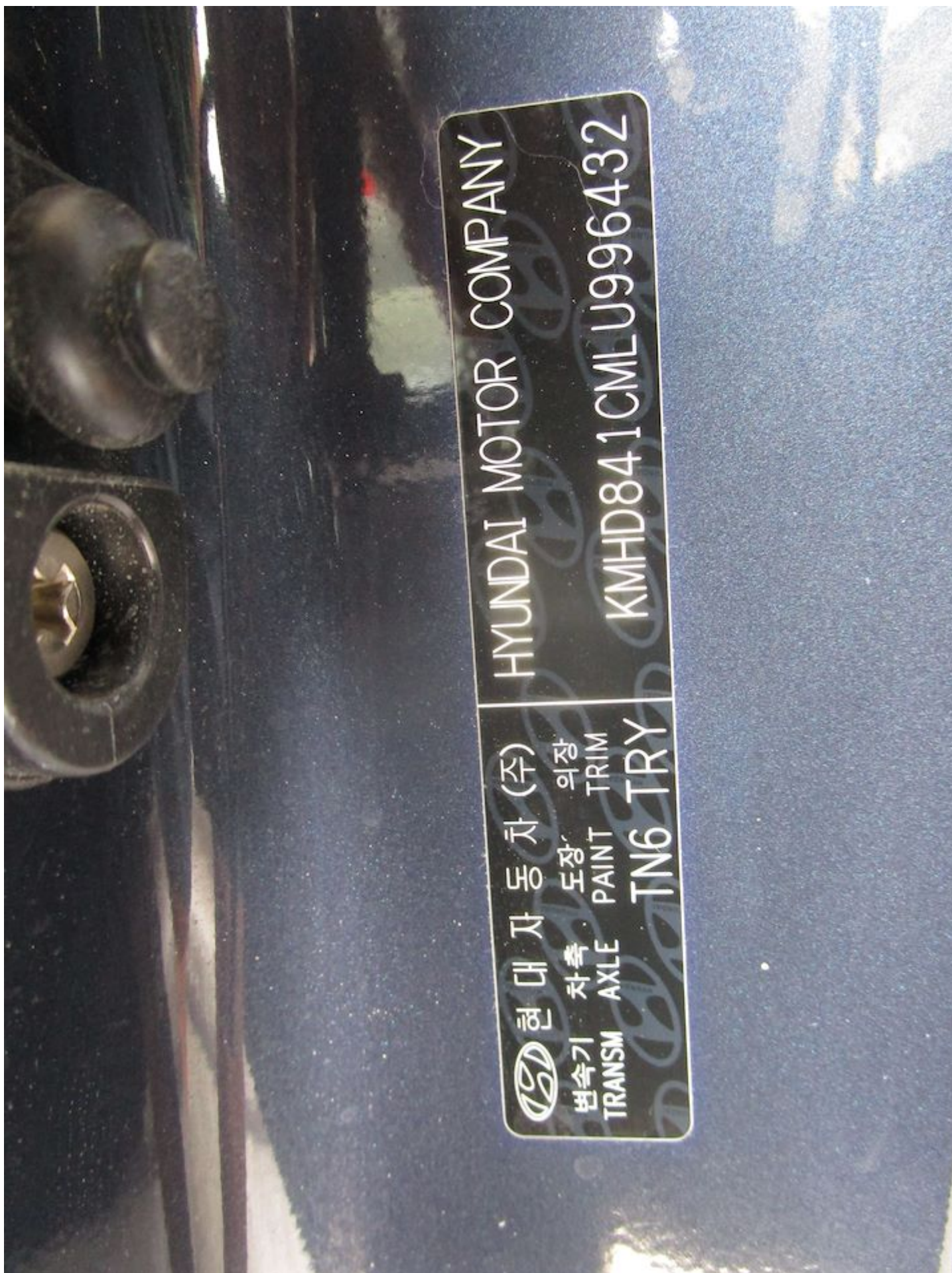
We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel















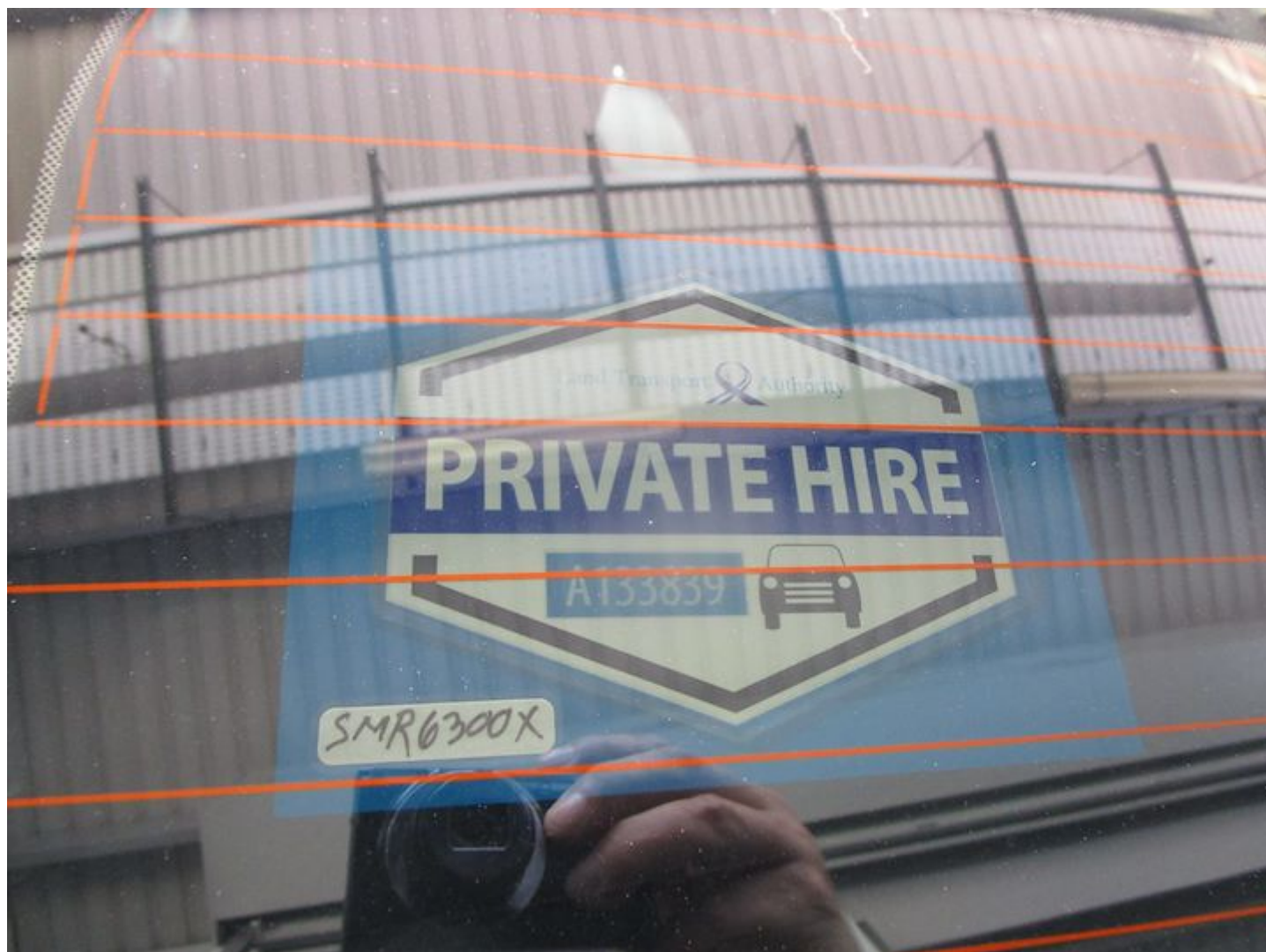
















1 of 2

## Report No. F/20211217/7044

Date/Time Report Made 17/12/2021 12:26	Vide Report No.		Station Diary No.	
Name Of Informant CHEOK KAR GUAN	Address 9 SENGKANG EAST AVENUE #16-30 SINGAPORE 544742			
ID Type / ID No. NRIC NO / S8779519E	Contact No. Home/Office:		Mobile: 91349004	
Nationality MALAYSIAN	Email Address STONESTEVEKG@GMAIL.COM			
Occupation Financial/Investment adviser	Sex Male	Age 34	Date of Birth 18/08/1987	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 17/12/2021 09:30 - 17/12/2021 09:30	Location Of Incident 9 SENGKANG EAST AVENUE #16-30 SINGAPORE 544742			

I had an accident at buangkok green and Yio Chu Kang Road. I was trying to turn right at the junction of Yio Chu Kang. Suddenly a vehicle SHC2402A came from Ang Mo Kio Ave 5, and hit onto the front right portion of my vehicle. SD card taken by TP. Report number: F/2021121710061. IO Ismail. 6547 6185.

Suspect	
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Signature Of Informant:  
The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:  
17/12/2021 12:26

Classification Of Case:



**SINGAPORE  
POLICE FORCE**



F/20211217/7044

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20211217/7044

Person Name	Sing Huey Ong		
Gender	Male	Race	Chinese
Language	English	Address	141 Serangoon North Avenue 2 #08-02 SINGAPORE 550141
Mobile No	83839706		
<b>Victim</b>			
Person Name	CHEOK KAR GUAN		
ID Type	NRIC NO	ID No	S8779519E
Gender	Male	Age	34
Race	Chinese	Language	English
Occupation	Financial/Investment adviser	Address	9 SENGKANG EAST AVENUE #16-30 SINGAPORE 544742
Mobile No	91349004	Is Informant A Victim?	Yes
<b>Person Name</b> CHEOK KAR GUAN (Informant)			

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: 17/12/2021 12:26
Officer In-Charge Of Case:	Classification Of Case:





### 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: 5115469867-01

Cover : Third Party

- |   |                              |
|---|------------------------------|
| 1. Index mark and Registration Number of Vehicle  | : SMR6300X                   |
| Chassis Number  | : KMHD841CMLU996432          |
| 2. Name of Policyholder   | : DREAM CARZ LEASING PTE LTD |
| 3. Effective Date of Insurance  | : 16 Jan 2021                |
| 4. Expiry Date of Insurance   | : 15 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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER 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 : ASSURE (SINGAPORE) PTE. LTD. (00000615327)  
 Date of Issue : 29 Dec 2020 16:32 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

**DREAM CARZ LEASING PTE LTD**

8 Kaki Bukit Ave 4 #04-20 Premier Singapore 415875

Email: dreamcarzleasing@gmail.com

Tel: +65 6214 0474 Fax: +65 6384 5205



VHA No: 3303

ROC No: 201433037R

**VEHICLE RENTAL AGREEMENT**

<b>HIRER'S PARTICULAR</b> Name: (as in I/C) <u>CHEOK KAR GUAN</u> NRIC/PASSPORT No: <u>S8779519E</u> Address (Res): <u>B1K 9 Sengkang East Avenue #16-30 S544742</u> Name & Address of Employer: _____ Occupation: _____ Driving Exp: <u>2</u> Driving Licence No: <u>S8779519E</u> D/L Type: <u>Local</u> / International Issue Date: <u>28/11/2018</u> Date of Birth: <u>18/08/1987</u> Tel: (O) _____ (R) _____ HP / PG <u>91349004</u>		Vehicle No: <u>SMR6300X</u> Replace Veh No: _____ Mileage Out: _____ Mileage Out: _____ Make & Model: <u>Hyundai Avante</u> Auto / Manual Group: <u>Auto</u> Out : Date <u>25/11/2021</u> Time: <u>1pm</u> HIRE / PERIOD EXPIRY <u>25/11/2022</u> Time: _____ NON-WAIVER EXCESS = \$ <u>2000/22000</u>																															
<b>ADDITIONAL DRIVER'S PARTICULARS</b> Name: (as in I/C) _____ NRIC/PASSPORT No: _____ Address (Res): _____ Driving Licence No: _____ D/L Type: Local / International Issue Date: _____ Date of Birth: _____ Occupation: _____ Driving Exp: _____		<table border="1"> <thead> <tr> <th colspan="3">CHARGES</th> </tr> </thead> <tbody> <tr> <td>Daily</td> <td>@ \$</td> <td>per day</td> </tr> <tr> <td>Weekly</td> <td>@ \$ <u>380</u></td> <td>per week</td> </tr> <tr> <td>Monthly</td> <td>@ \$</td> <td>per month</td> </tr> <tr> <td>Hours</td> <td>@ \$</td> <td>per hour</td> </tr> <tr> <td>Others</td> <td>@ \$</td> <td></td> </tr> <tr> <td>CDW</td> <td>@ \$</td> <td>per day/month</td> </tr> <tr> <td>PAI</td> <td>@ \$</td> <td>per day/month</td> </tr> <tr> <td colspan="3">Delivery/ Collection Service</td> </tr> <tr> <td colspan="3"><b>SUB-TOTAL \$</b></td> </tr> </tbody> </table>		CHARGES			Daily	@ \$	per day	Weekly	@ \$ <u>380</u>	per week	Monthly	@ \$	per month	Hours	@ \$	per hour	Others	@ \$		CDW	@ \$	per day/month	PAI	@ \$	per day/month	Delivery/ Collection Service			<b>SUB-TOTAL \$</b>		
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Hirer's Signature		Additional Driver's Signature _____ Authorised Person Signature																															

I have read and agree to the terms and condition on both sides of the 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 made on the charge/ credit card voucher. All information I have given Dream Carz Leasing Pte Ltd in connection with this agreement is true.

**\* IMPORTANT**

- ONLY PERSON ABOVE 22 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, 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 REDIRECTED.
- THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN AT THE RATE SHOWN PER HOUR OR PER DAY, INCLUSIVE OF CDW AND/OR PAI WHERE APPLICABLE.
- IN CASE OF ACCIDENT, THE HIRER SHALL REPORT TO RENTAL OFFICE IMMEDIATELY. IF THERE IS BODILY INJURIES, 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 DREAM CARZ LEASING PTE LTD.

RETURN OF VEHICLE, THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN SINGAPORE OF HIRER / DRIVER "FALLING WHICH THE DAY AND TIME INSERTED BELOW SHALL DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO Dream Carz 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