

# 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 ..... 07/05/2022 10:50 (SGT)  
Date of Accident ..... 04/05/2022 23:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... JUNCTION OF BUANGKOK GREEN & BUANGKOK LINK  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMN476H

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... ONESTO LEASING PTE LTD  
Company Reg No ..... 201814843R  
Email Address ..... jenniferx4325@gmail.com  
Mobile Phone No ..... (Phone) +65-84890969  
Alternative Phone No ..... (Office) +65-84890969

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Sienta  
Variant ..... HYBRID 1.5X CVT  
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 ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMHCSNA00003712200  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... HO WAI CHEW  
NRIC No ..... S1569076C

|  |                                |
|--|--------------------------------|
| Date Of Birth .....  | 23/11/1962                     |
| Occupation .....   | Outdoor                        |
| Date Of Driving Pass .....   | 05/06/1998                     |
| Driving experience .....   | 23 YEARS AND 11 MONTHS         |
| Gender .....   | Male                           |
| Mobile Number .....  | (Phone) +65-93807645           |
| Alt. Phone Number .....  | -                              |
| Email Address .....  | jenniferx4325@gmail.com        |
| Address .....  | BLK 204D PUNGGOL FIELD #07-352 |
| Address complement .....   | -                              |
| Postcode .....   | 824204                         |
| 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? .....  | No  |
| Was any injured conveyed to hospital by ambulance? .....  | -   |
| 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 .....   | Passenger |
| Gender ..... | Female    |

#### DETAILS OF POLICE ACTION

|   |    |
|---|----|
| Was the accident reported to the police? .....  | No |
| Was notice of intended Prosecution given? ..... | No |
| If yes, against whom? .....                     | -  |

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH

#### 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 ..... | SKQ6518P    |
| Vehicle Manufacturer .....        | -           |
| Vehicle Model .....               | -           |
| Vehicle Variant .....             | -           |
| Vehicle Colour .....              | -           |
| Vehicle Category .....            | Private car |

|   |                       |
|---|-----------------------|
| Name of Driver .....                          | PATRICK YEO CHAI GUAN |
| NRIC No .....                                 | S9415763C             |
| Contact Number .....                          | (Phone) +65-83994016  |
| 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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## 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

05/05/22 1635hrs

05/05/22 1635hrs

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Describe Circumstances of the Accident

On 04/05/2022 at about 2300 hrs, I was stationary at the junction of Bungkak Green & Bungkak link.

Out of a sudden, I felt an impact at my rear portion. Vehicle B had bang onto my rear of my vehicle.

Both of us alighted to exchange particulars. After which, we proceeded our own routes.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

05/05/22  
1635 hrs

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

05/05/22  
1635 hrs

Witnessed by Reporting Centre Personnel





























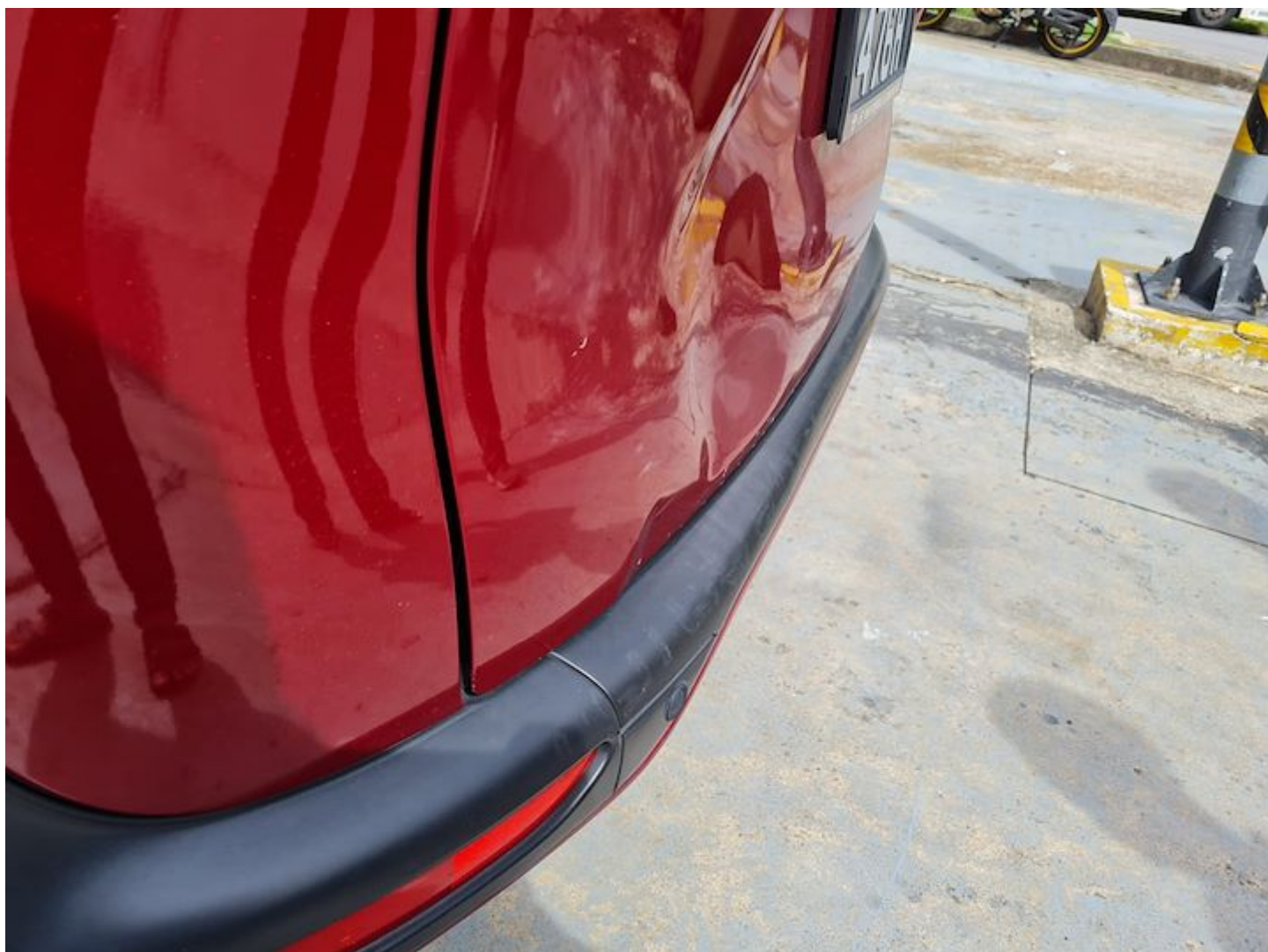




TOYOTA MOTOR CORPORATION JAPAN  
MODEL 6AA-NHP170G-MWXXNB  
ENGINE 1NZ-FXE 1496 mL  
FRAME No. NHP170-7168568  
COLOR 3T3 FB20 N21  
TRIM PLANT OPTION  
TRANS./MILE P510 -02A 616





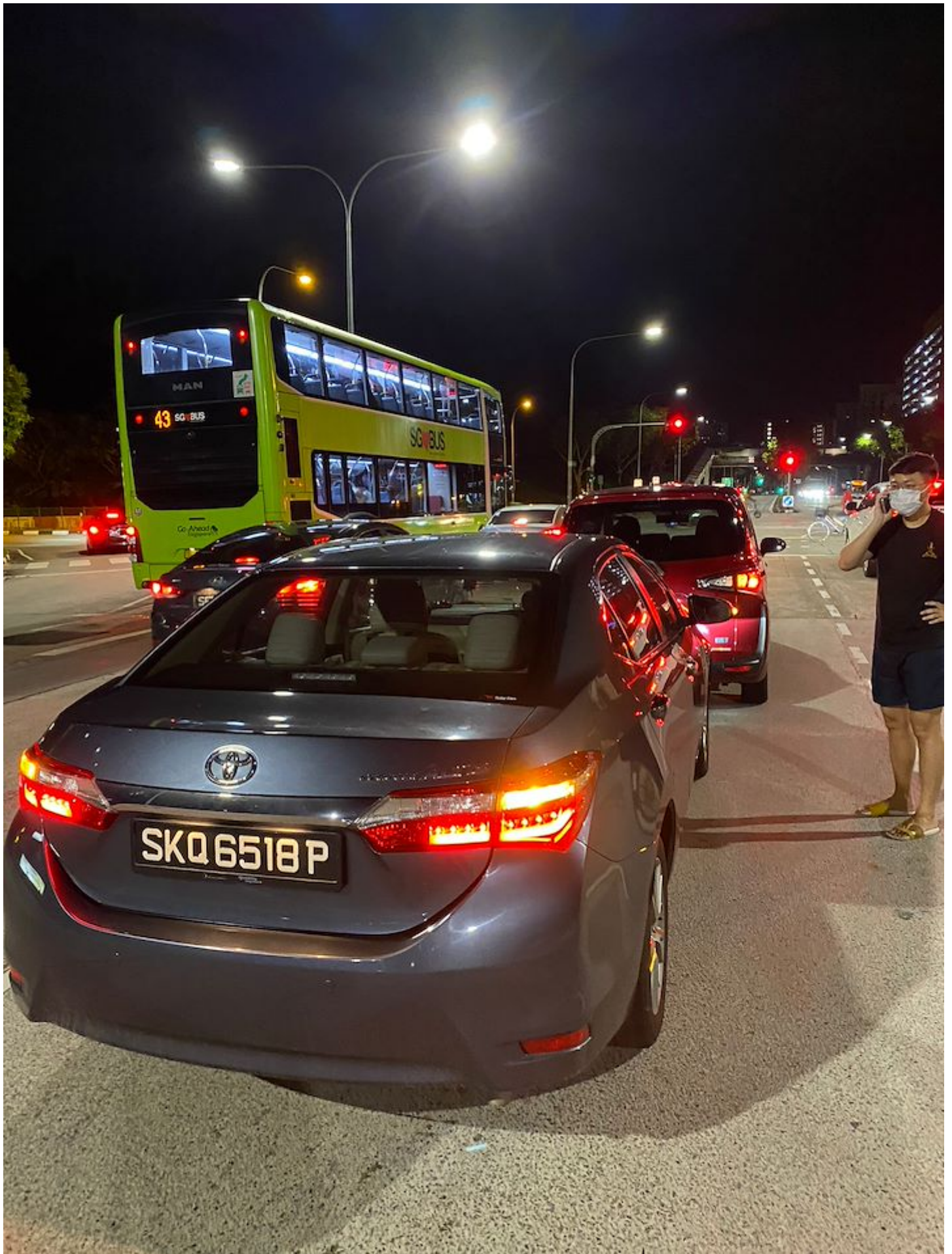




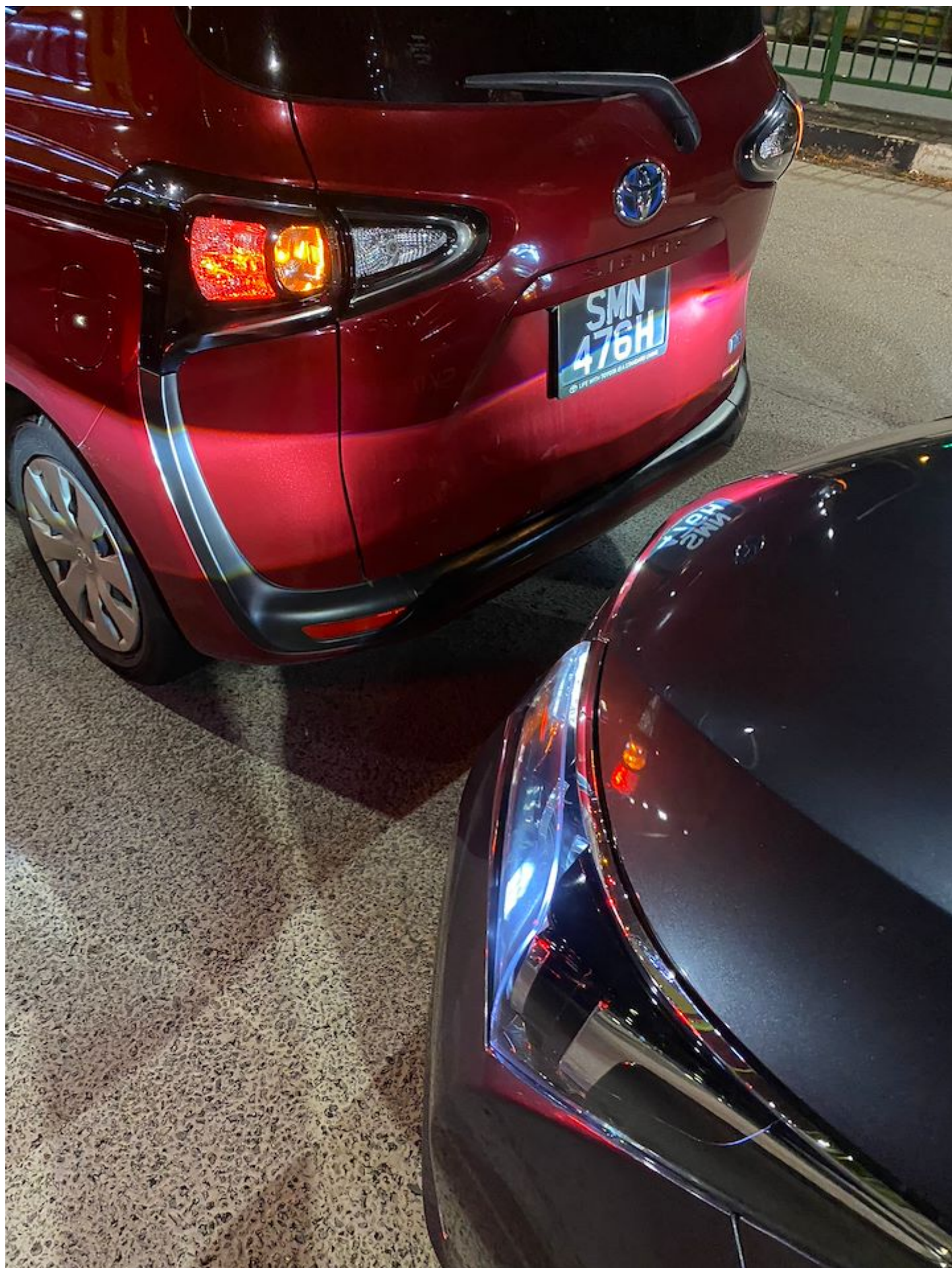








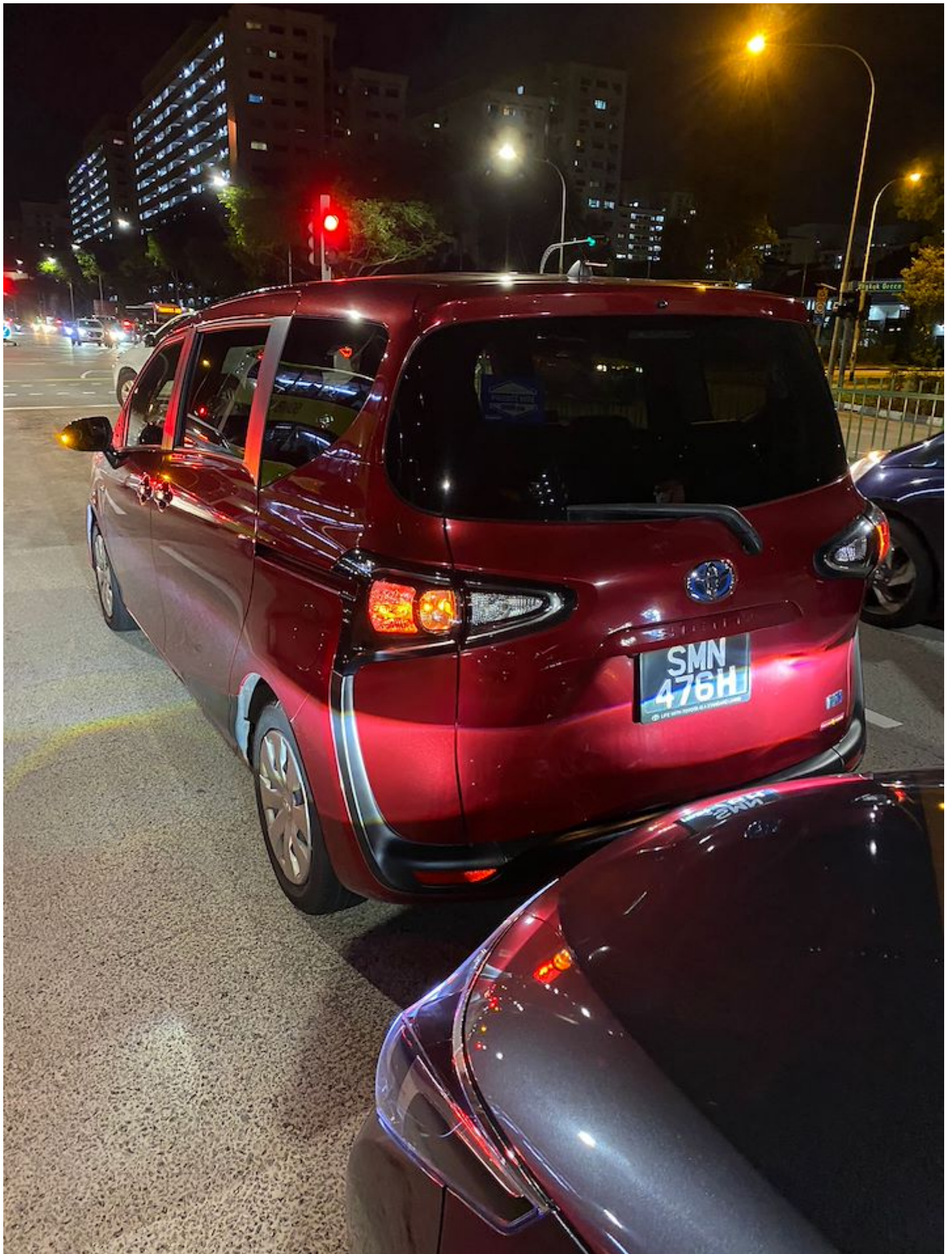






















LEASE AGREEMENT NO.: SMN476H  
DATE: 19/10/2021

CPW \$35

#### Schedule

This is a Rental Agreement made between us, **ONESTO CAR LEASING PTE LTD** (hereinafter referred to as "the Company" which shall include its successors-in-title and assigns), identified as the Lessor and having our registered address at 210 Turf Club Road Lot A8 The Grandstand Car Mall Singapore 287995 **AND YOU**, the person(s) identified as the Hirer below include (which shall include your successors-in-title and assigns):-

NAME OF HIRER(S) (IN FULL) : HO WAI CHEW  
NRIC/PASSPORT/RC/RB NO. : S1569076C  
ADDRESS : BLK 204D PUNGGOL FIELD #07-352 S824204  
TELEPHONE : 93807645  
PERSON IN CHARGE : RAY. H899@gmail.com

NAME OF DRIVER(S) (IN FULL) :  
NRIC/PASSPORT NO. :  
DATE OF BIRTH :  
DRIVING LICENCE NO :  
ISSUE / EXPIRY DATE :  
COUNTRY OF ISSUE :

#### 1. DESCRIPTION OF VEHICLE ("THE VEHICLE")

REGISTRATION NO. : SMN476H  
MAKE / MODEL : TOYOTA SIENNA HYBRID  
COLOUR : RED  
ENGINE NO. : AS PER LOG CARD  
CHASSIS NO. :  
TYPE : PASSENGER / COMMERCIAL\*

(\*delete where inapplicable)  
Date, Time and Mileage for Collection: 19/10/2021 (date) 2:45 PM (time) (mileage)  
Date, Time and Mileage for Return: (date) (time) (mileage)  
Petrol Out : Empty / ¼ tank / ½ tank / ¾ tank / Full\*  
(Vehicle must be returned with same level of petrol)

#### 2. PERIOD OF LEASE ("LEASE PERIOD")

Daily/Weekly/Monthly/Yearly\* Basis  
From 19/10/2021 ("Commencement Date") to 19/11/2021 ("End Date")

\* delete where not applicable

#### 3. LEASE CHARGES

Amount S\$ 480 per day/week/month/year\* exclusive of Goods and Services Tax ("GST")  
(collectively, "Lease Charges") payable in advance on the 1st day of each day/week/month/year\*  
("Payment Date").

In the event the Payment Date falls on a non-Business Day, the Hirer shall effect payment of the Lease Charges on the Business Day falling immediately prior to the Payment Date. GST is chargeable separately and the Hirer shall pay the prevailing GST together with the Lease Charges. Time of payment shall be of the essence.

\* delete where not applicable

4. **DEPOSIT**

Amount: S\$ 500 (exclusive of GST)

5. **INSURANCE, ROAD TAX AND MAINTENANCE**

The Company will be responsible for the road tax, maintenance and servicing of the Vehicle. You agree to pay the sum of S\$ \_\_\_\_\_ on Commencement Date for the Company to arrange the following insurance coverage for the Vehicle. The full details of the insurance policy will be provided to you and you undertake to strictly comply with the terms and conditions of the insurance policy.

Excess Amount : S\$ 800 (per accident per claim) in Singapore  
Insurance Coverage : Third Party Injury and Death Only /  
Third Party Injury, Death and Damage Only /  
Comprehensive Insurance Policy /  
Others \_\_\_\_\_ (specify)\*

Coverage Amount : S\$ 800 (specify)

\* delete where not applicable

6. **PURPOSE OF USE**

Personal social domestic use / others\*

If others, please specify : PHU

\* delete where not applicable

7. **EARLY TERMINATION**

You shall be liable to the Company for early termination as provided under the Terms and Conditions annexed hereto.

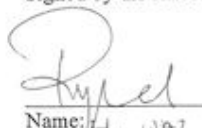
8. **PAYMENT**

For cheque payments, please issue the cheque to the Company and indicate the vehicle number on the back of the cheque. The cheques must be delivered to the Company's registered address as stated above and any payment sent to the Company by post will be at your own risk.


The Agreement herein comprises the Schedule above and the Terms and Conditions annexed hereto. The Hirer confirms that he has read, understood and agreed to the terms of this Agreement.

IN WITNESS whereof the Parties hereto have set their hands the day and the year first above written.

Signed by the Hirer

  
Name: H. W. Z. CHEW

Signed for and on behalf of  
**ONESTO CAR LEASING PTE LTD**

  
Name: Kelvin Lin  
Designation: Manager  
Company Stamp: