

# 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 Actual 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 .....	03/10/2022 17:54 (SGT)
Reported by .....	Driver
Date of Accident .....	02/10/2022 04:10 (SGT)
Exact Location of Accident .....	CTE, Singapore
Additional Location Information .....	SLE BEFORE ENTERING SLE (BKE)
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNG4915G
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	CAPITAL CAR LEASING PTE LTD
Company Reg No .....	20169008R
Email Address .....	CAPITALCARLEASING008@GMAIL.COM
Mobile Phone No .....	(Phone) +65-87420435
Alternative Phone No .....	-

### 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 .....	1500

### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5113617409-02-000032

### DRIVER

Name of Driver .....	HO WEN-CHIEH
NRIC No .....	S9390240H
Date Of Birth .....	14/08/1993
Occupation .....	Outdoor

Date Of Driving Pass .....	17/12/2015
Driving experience .....	6 YEARS AND 10 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-93634351
Alt. Phone Number .....	-
Email Address .....	CAPITALCARLEASING008@GMAIL.COM
Address .....	BLK 642 YISHUN STREET 61 #05-252
Address complement .....	-
Postcode .....	760642
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### PASSENGER 1

Name .....	UNKNOWN
Gender .....	Male

#### 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

AS PER ABOVE DATE AND TIME, I WAS DRIVING (SNG4915G) ALONG CTE SLE ON LANE 2. SOMEWHERE BEFORE ENTERING SLE BKE, VEHICLE B SNF2653E FROM LANE 3 FILTERED INTO LANE 2 WITHOUT CHECKING. AS A RESULT, VEHICLE B FRONT PORTION COLLIDED ONTO MY VEHICLE LEFT SIDE PORTION.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SNF2653E
Vehicle Manufacturer .....	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	LIM GHIM WEE
Contact Number .....	(Phone) +65-91775537
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	VEHICLE B
No. Of Passenger (Including Driver) .....	3

# 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/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



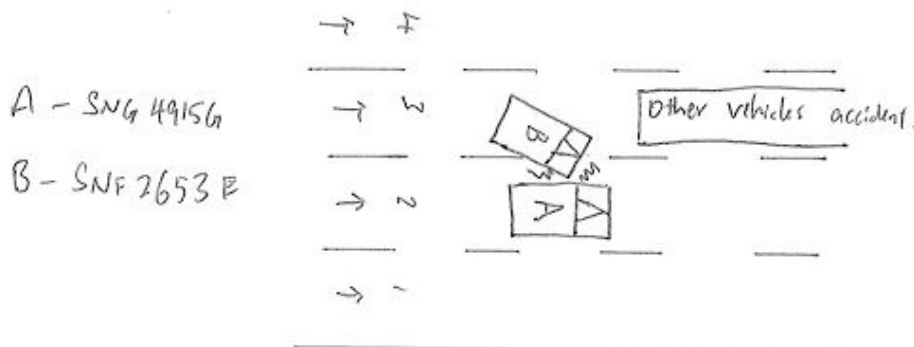
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan

TE(SLE) before SLE(BKE)




## Describe Circumstances of the Accident

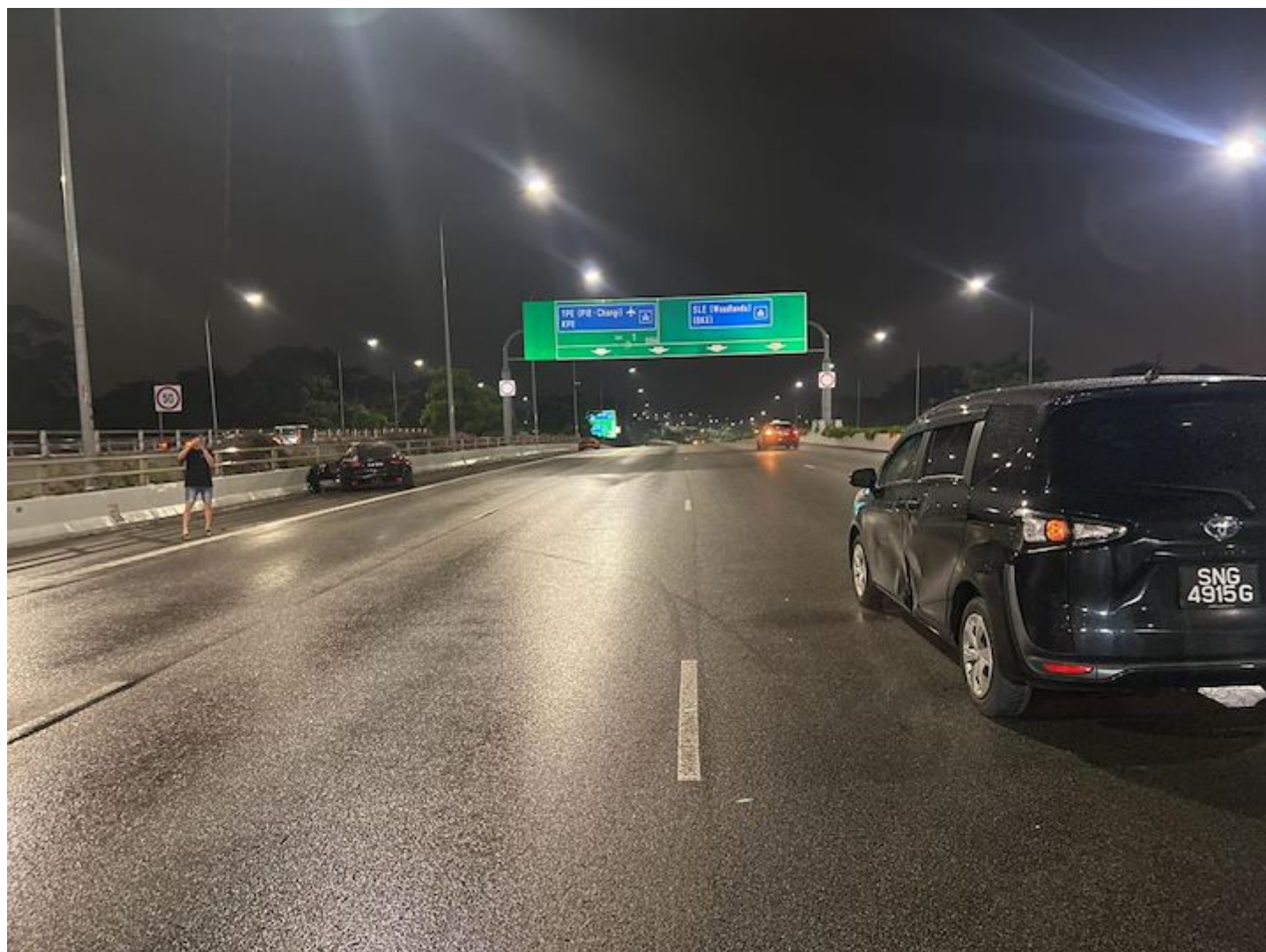
AS per above date and time, I was driving a SN649156 along CTE(SHE) on lane 2. Somewhere before entering CLE(BKE), Veh(B) SNF2653E from lane 3 filtered onto lane 2 without checking. As a result, Veh(B) front portion collided onto my vehicle left side portion.

## Declaration

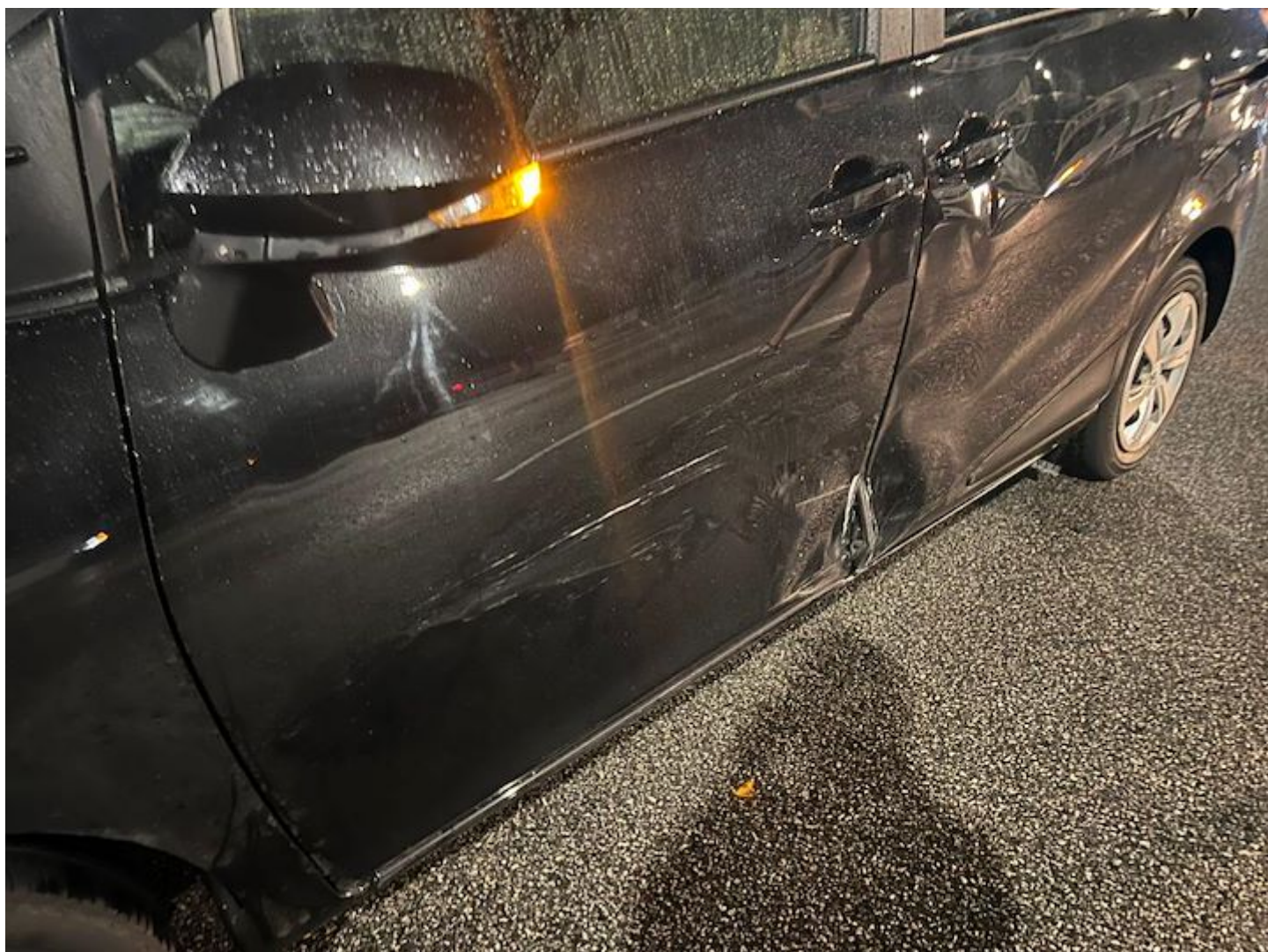
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time: [Signature]  
 Driver's Signature (if driver is not the policyholder) / Date & Time: [Signature]  
 Witnessed by Reporting Centre Personnel: \_\_\_\_\_







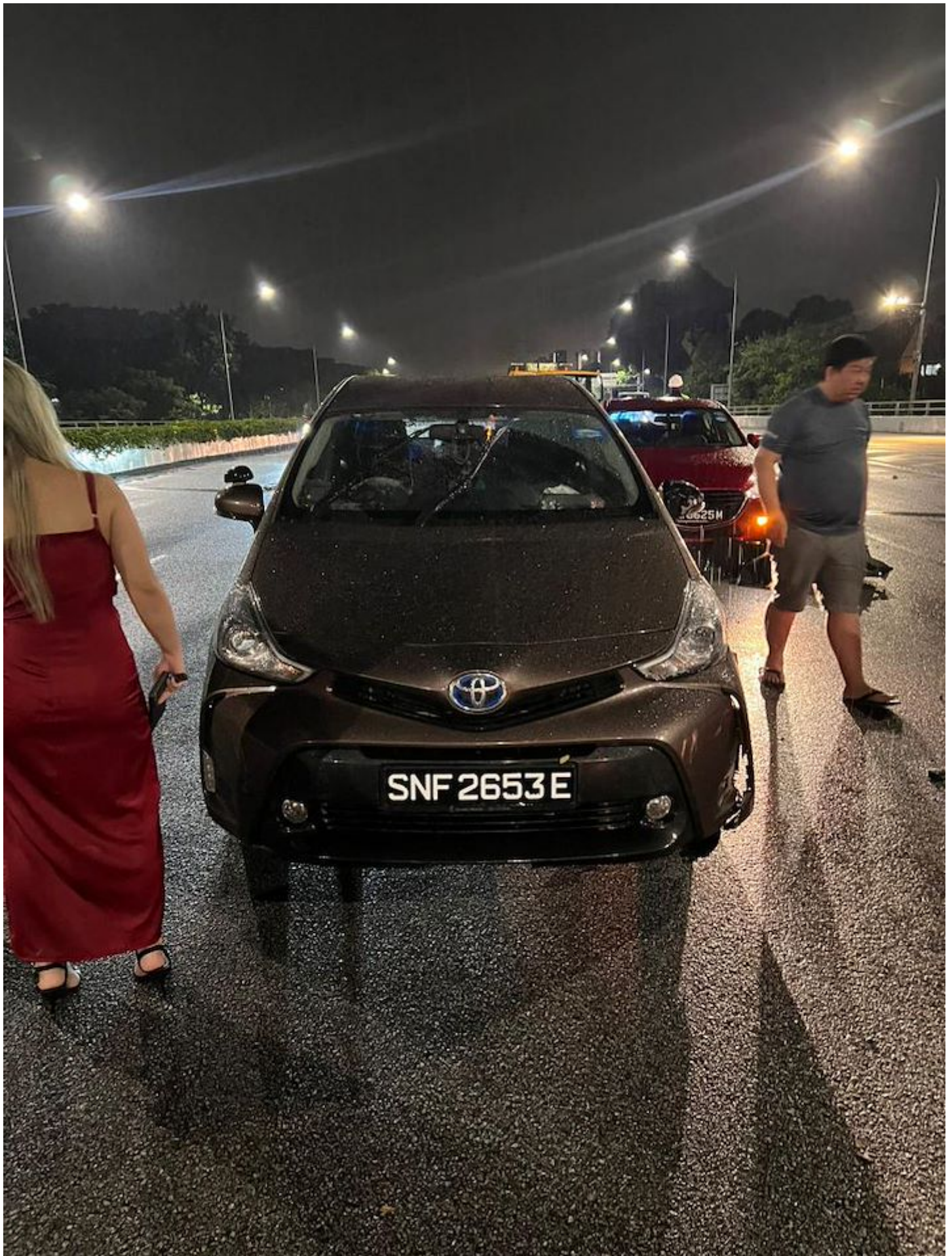






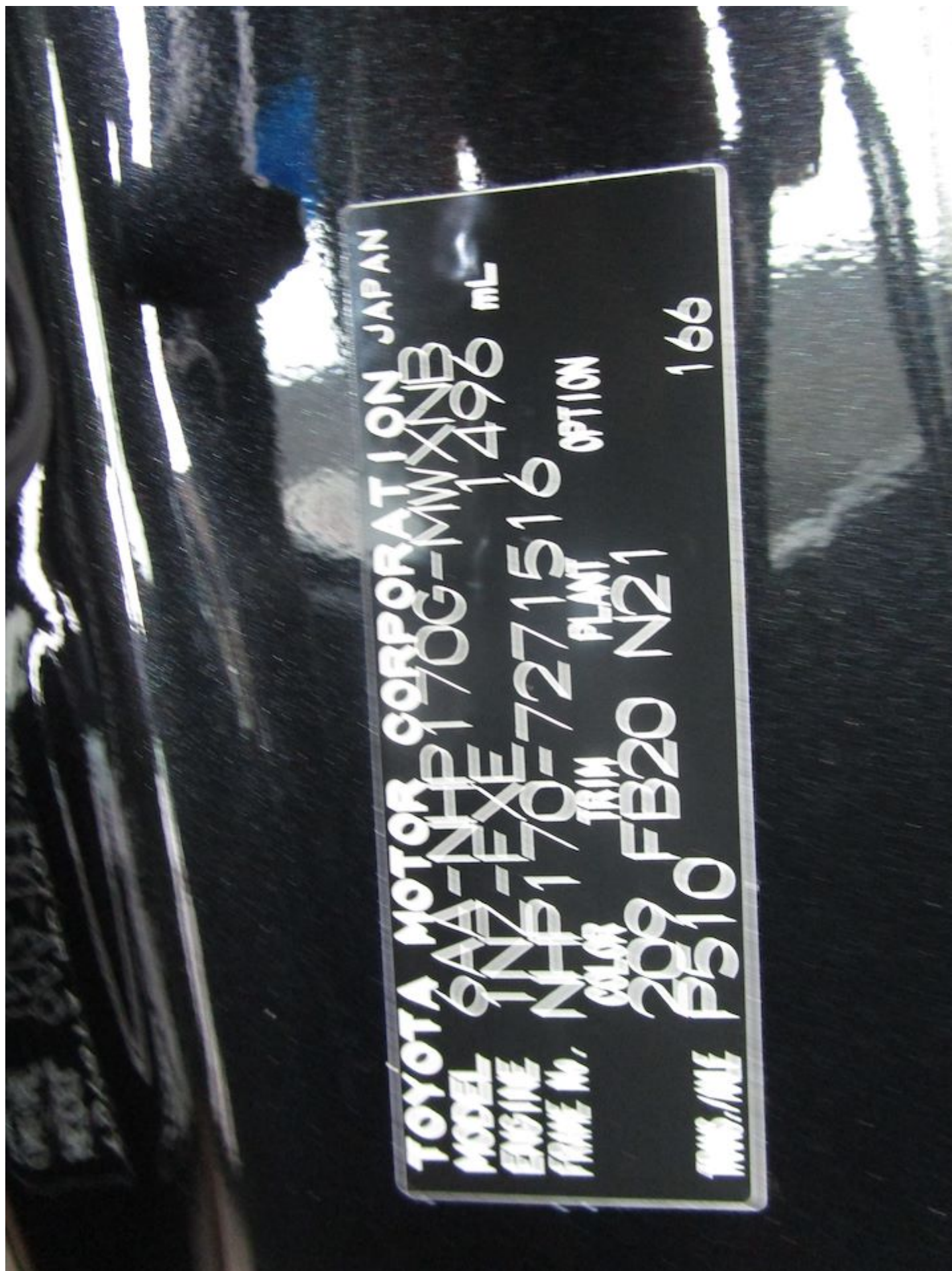




























### Certificate of Insurance

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:** 5113617409-02-000032

**Cover :** drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SNG4915G**  
 Chassis Number : NHP1707271516
2. Name of Policyholder : CAPITAL CAR LEASING PTE. LTD.
3. Effective Date of Insurance : 10 Aug 2022
4. Expiry Date of Insurance : 09 Aug 2023
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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
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	: DBS BANK 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 : SGP BUSINESS CONSULTANCY PTE. LTD. (00000573828)  
 Date of Issue : 26 Oct 2021 00:51 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive



**VEHICLE RENTAL AGREEMENT**

Rental Agreement No.: CCL/08/2022/0197

This Agreement is made on the 04<sup>th</sup> day of August 2022

Between **CAPITAL CAR LEASING PTE. LTD.**  
 having its registered office at:  
 171 Chin Swee Road, #04-08/09, CES Centre, Singapore 169877  
 hereinafter known as "the Owner" of the one part

And **DARYL ROY PEREIRA (NRIC NO. S8936235J)**  
 Located at Blk 363C Sembawang Crescent, #13-777 Singapore 753363  
 hereinafter also known as "the Hirers" of the other part

hereby agreed that the Owner will let to the Hirers the vehicle known as "the Vehicle" upon the terms and conditions hereinafter appearing.

**1. DESCRIPTION OF VEHICLE**

Make & Model	Registration No.	Colour
TOYOTA SIENTA HYBRID	SNG4915G	BLACK

2. a) RENTAL DURATION (Months) : TWENTY NINE (29) MONTHS
- b) RENTAL COMMENCEMENT DATE : 11/08/2022 TO 10/01/2025
3. a) CAPITAL CAR PREMIUM PLAN ACCEPT / DECLINE \* circle which is applicable  
 S\$4.30 per day or S\$30.00 per week \* strike off if Decline
4. Rental Fee Payable

Payment Mode	Rental Charges (S\$)	Capital Car Premium Plan (CCPP) (S\$)	TOTAL (S\$)
Daily	S\$73.00	S\$4.00	S\$77.00
Weekly	S\$509.00	S\$30.00	S\$539.00
Monthly			

- i) Rental Fee above includes the following items:
- a) Unlimited mileage;
  - b) Service and maintenance;
  - c) Road Tax and Radio License;
  - d) Motor Insurance Coverage (Excess applicable);
  - e) 24-hours breakdown and emergency service (in Singapore only);
  - f) 2 pcs of Private-Hire Decals pasted on the front and rear windcreens as requested by Land Transport Authority (LTA). Please take note that each damaged or lost decal will be charged SGD\$100 fee in addition to LTA fines/demerit points for replacement.
- ii) Rental fee is inclusive of Goods and Service Tax (GST) and is payable in advance before the commencement of the rental period.



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Hirers's Initial	Owner's Initial

Doc No.: VRA-03(wef 01/04/2022)CCL  
 171, Chin Swee Road, #04-08/09, CES Centre, Singapore 169877  
 Tel: 6844 5225 Fax: 6844 7877



## RELIEF/ADDITIONAL/NEW DRIVER REGISTRATION FORM

Annex 2

Rental Agreement No. : CCL/08/2022/0197

## Personal Details

Name : HO WEN-CHIEH  
 I/C or Passport No. : S93902404  
 Current Address : BLK 642 YISHUN ST. 61 H. 05-252

## License Details

Driving License No. : S93902404  
 Class : 3  
 Issuing Country : SINGAPORE  
 Expiry Date : NA  
 Driving Experience : 6 yrs.

## Contact Details

Telephone No. Office :  
 House :  
 Mobile : 93634351  
 Email Address :

## Accident History Details

Ever Involved in Accident: Yes No Charged in Court: Yes No

If Yes, provide brief details:

Relief Driver for Toyota Genta Hybrid SN649156 from 06/09/2022 to 10/01/2025.

## References (Compulsory)

1 Name :  
 Address :  
 Relationship :  
 Years known :  
 Telephone No. House :  
 Mobile :



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Hirer's Initial : J  
 Owner's Initial : J

No.53, Ubi Avenue 1, #03-47 Paya Ubi Industrial Park, Singapore 408934  
 Tel: 6844 5225 Fax: 6844 7877  
 Doc No.: VRA-13(wef 01/04/2022)