

# 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 .....	20/02/2023 17:50 (SGT)
Reported by .....	Driver
Date of Accident .....	19/02/2023 15:42 (SGT)
Exact Location of Accident .....	Malaysia
Additional Location Information .....	KSL CARPARK L4 JOHOR BAHRU
Country/State of Loss .....	Malaysia

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SML8755K
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	WHEELS EXPRESS RENTAL & LEASING PTE LTD
Company Reg No .....	201810594C
Email Address .....	yeechye@yahoo.com.sg
Mobile Phone No .....	(Phone) +65-87773233
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Shuttle
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Private use
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.
Policy Number / Cover Note Number .....	DMHCSNA00008142202

### DRIVER

Name of Driver .....	LEE LENG POH
NRIC No .....	S1676336E
Date Of Birth .....	22/11/1964
Occupation .....	Outdoor

Date Of Driving Pass .....	06/09/1983
Driving experience .....	39 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81614671
Alt. Phone Number .....	-
Email Address .....	yeechye@yahoo.com.sg
Address .....	APT BLK 760 PASIR RIS STREET 71
Address complement .....	# 04-194
Postcode .....	510760
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 .....	Side Swipe
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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### PASSENGER 1

Name .....	UNKNOWN
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 THE ATTACHED STATEMENT

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SCZ4689P
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	YEE SENG LIAN
Contact Number .....	(Phone) +65-91999353
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	2

PASSENGER 1

Name .....	UNKNOWN
Gender .....	Female

**SKETCH PLAN**

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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 their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

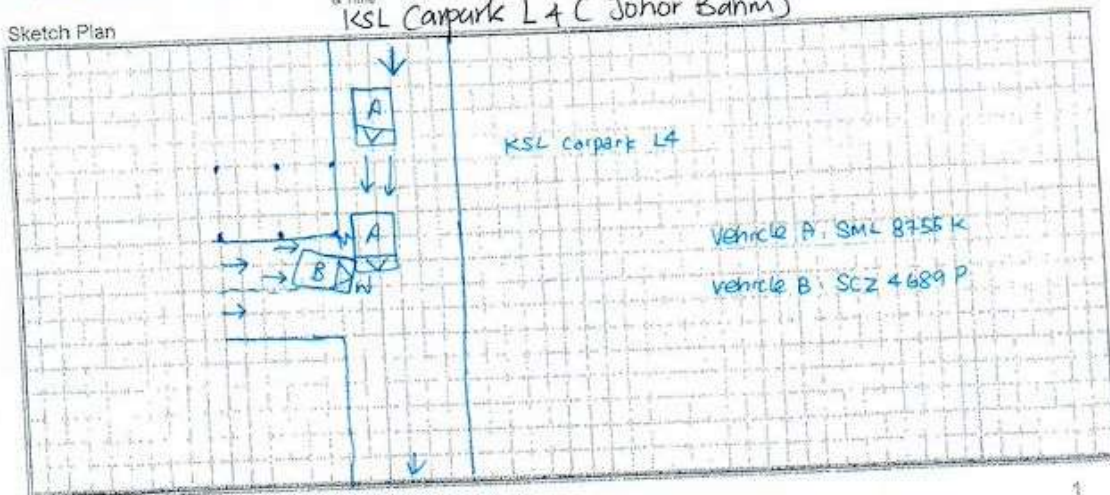
*[Signature]*

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

*James 20/02/2023*

Sketch Plan



## Describe Circumstance of the Accident

As of above date and time, I was driving my vehicle (SMK 8755K) along LA KSL Carpark. I was driving straight to the T junction. Out of a sudden, while crossing the T junction, vehicle B (SCZ 4689P) collided into the right front portion of my vehicle.

## 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  
(Name as on NRIC/ID card)

*gmuul* 20/02/2023































**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SN09232K000L Vehicle Registration No: SML 8755K  
 Name (as shown in NRIC): Lee Leng Poh NRIC/FIN/Passport No: S1676336E  
 (\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate  
 Address: APT Blk 760 pasir Ris Street 71 #04-194 Singapore (S10760)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 8161 4671  
 Email Address: yeechye@yeheo.com.sg  
 Date of Accident: 19/02/2023 Time of Accident: 15:42  
 Place of Accident: KSL Cempaka Lt Johor Bahru  
 Insurance Company: Chinh Tuiping

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Amend exact location of accident - Malaysia

Policyholder / Actual Driver's Signature  
Date:

gnual 21/2/2023  
Reporting Centre Personnel's Signature  
Name (as in NRIC/ID card):  
Date:



## Wheels Express Rental &amp; Leasing Pte Ltd

ROC : 201810594C

OCBC CURRENT : 588-140228-001

PAY NOW UEN : 201810594C

61 Ubi Ave 2, Automobile Megamart, #05-04 Singapore 408698

CHEW 9060 3343 / TEO 91076963

## VEHICLE RENTAL &amp; LEASING AGREEMENT

Hirer's Name: <u>LEE LENG POH</u> <u>DOCSLTZ @ Gm-1 rm</u>	
NRIC No: <u>16763367E</u>	Hirer's Contact No: <u>81614671</u>
License Pass Date: <u>06-9-1983</u>	Next of Kin Name & Contact No (In Case of Emergency):
Address: <u>BLK 760 PULIR RIS ST 71 #04-194</u> (Singapore <u>510760</u> )	
Occupation / Office Address:	(Singapore)
Vehicle Reg No: <u>SML 8755K</u>	Make & Model: <u>Honda SHUTTLE Hybrid</u>
Commencing Start Date: <u>3-11-2021</u>	Commencing End Date: <u>3 months</u>
Handover Time: <u>16:50pm</u>	Handover Time:
Rental Per Day/Week/Month: <u>weekly - \$430</u>	Deposit: <u>\$300 transfer acc from SML83000</u>
Add Driver:	NRIC No: <u>vezei</u>
License Pass Date:	Contact No:
Remarks: <u>payment every Thursday</u>	

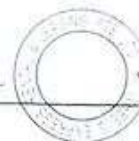
1. In the event Hirer decides to terminate the contract before the contract end date, deposit will NOT BE REFUNDED, ADDITIONAL PENALTY will be enforced upon 50% of the remaining outstanding rental.
2. In the event Hirer decided to cancel a reservation whereby a booking deposit is already been placed, there shall be NO REFUND on the deposit collected. Strictly no refund after deposit.
3. Failing to inform us of any existing scratches, dents & faults (if any) within 30 minutes after the collection of the vehicle, repair charges will incur when the vehicle is returned.
4. In the event that rental payment is not paid on expected date, at company discrepancy, we will tow the vehicle without notice. Belongings will be kept for maximum 2 weeks. If not collected, we will dispose of it.
5. Late payment of \$20 will be imposed per day due to any reasons if rental not received on rental due date.
6. Upon signing the contract, Hirer will be obliged to maintain the vehicle with due diligence at our respective workshop, failing to maintain the vehicle thereafter resulting in major faults, repair cost will be borne by the Hirer.
7. Hirer will bear all cost for debts collector commission and admin charges.

## Hirer Bank Account Details:

1st Party Excess: \$3000	3rd Party Excess: \$3000	CDW: Y / N (additional \$5.00/day)
		CDW if yes, excess @ \$1,000

Signature of Hirer:

Signature of Authorized Person



LOCAL TOW SERVICE (24HRS) : 91828211  
 MALAYSIA TOW SERVICE (24HRS) : YONG - 016-704 7552 / 012-220 8076  
 TYRE & BATTERY SERVICE (24HRS) : AH KEE 98751699

BENEFIT AUTOCARE: ERIC 9489-4845 | 11 Kaki Bukit Road 1 #01-02 Eunps Technolink (\$415939)

AIRCON : PATRICK 94357824 | 81k 3022A Ubi Road 1 #01-49 S/408716