

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	22/03/2023 13:15 (SGT)
Reported by	Driver
Date of Accident	21/03/2023 16:45 (SGT)
Exact Location of Accident	Bukit Timah, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNG2985S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	UNITED MOTORING PTE. LTD.
Company Reg No	2XXXXX759H
Email Address	richardng5558@gmail.com
Mobile Phone No	(Phone) +65-64403100
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1797

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D22MFL0006541

DRIVER

Name of Driver	MELVIN POON WHY E KHEONG
NRIC No	SXXXX631H
Date Of Birth	03/01/1981
Occupation	Outdoor

Date Of Driving Pass	18/02/2021
Driving experience	2 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-82889184
Alt. Phone Number	-
Email Address	melvin_w_k@yahoo.com.sg
Address	BLK 336D ANCHORVALE CRESCENT #06-64
Address complement	-
Postcode	544336
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
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

PASSENGER 2

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Changi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005872999
Alt. Police Station Phone No	(Fax) +65-65872900
Police Station Address	9 Simei Street 2 Singapore 529914
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230322/2027

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	SMN5578P
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	MELVIN POON WHYE KHEONG
Gender	Male
Phone No	(Phone) +65-82889184
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SNG2985S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.

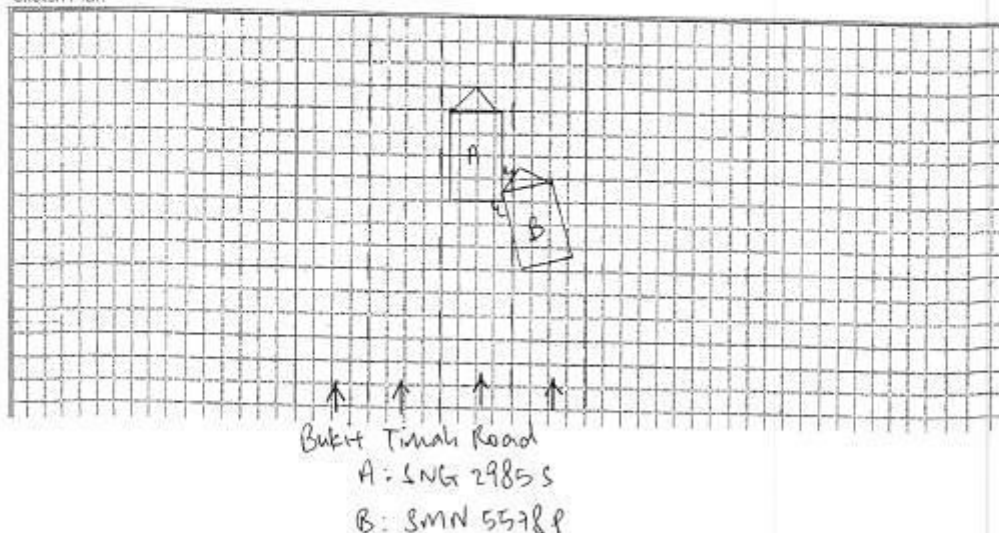
UNITED MOTORING PTE LTD
201634759H

Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstance of the Accident

Refer to police report T/20230322/2027

Declaration

(We declare the foregoing particulars are true in every respect.)

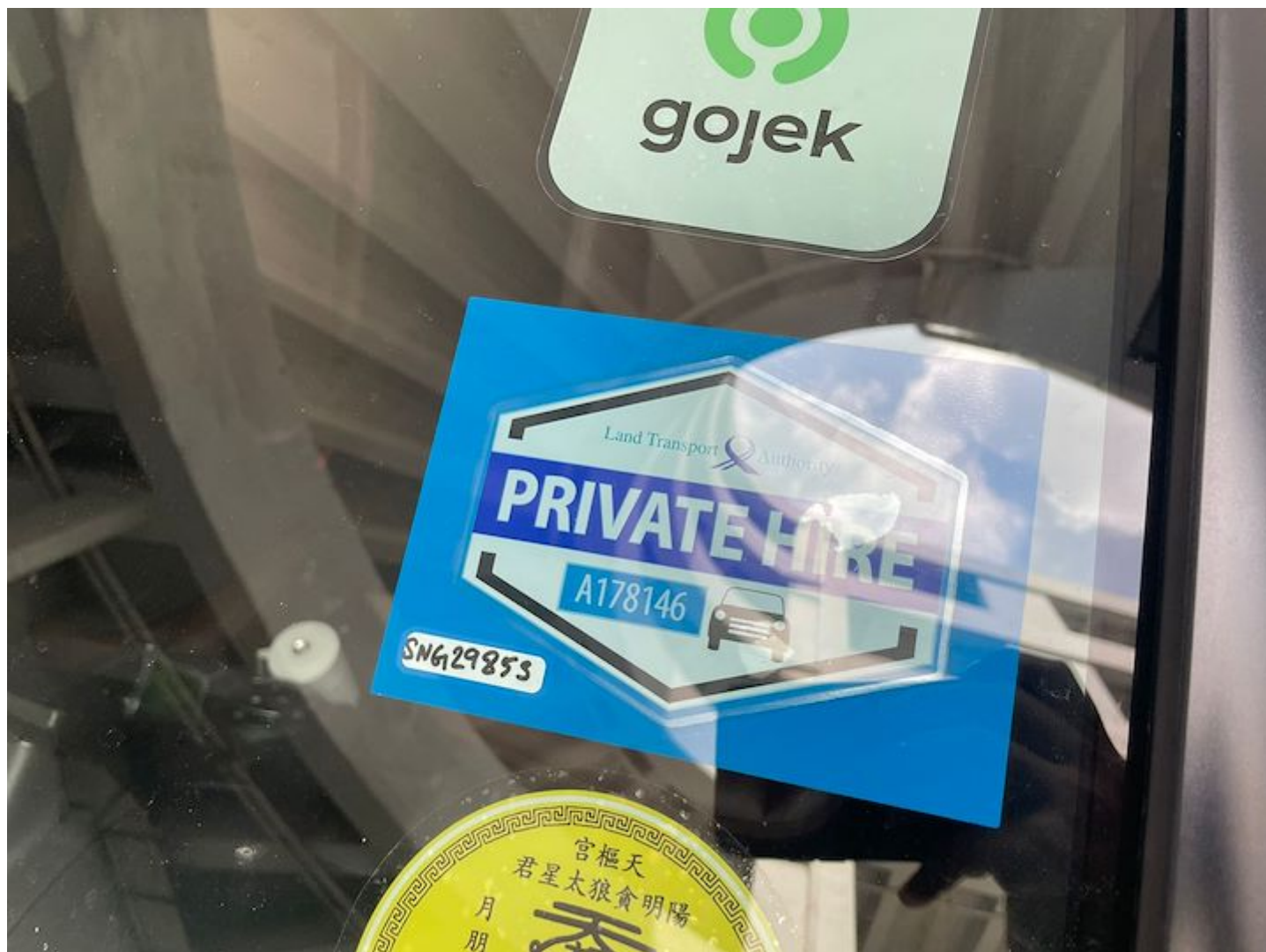
UNITED MOTORING PTE LTD
201634759H

Policyholder's Signature / Date & Time

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

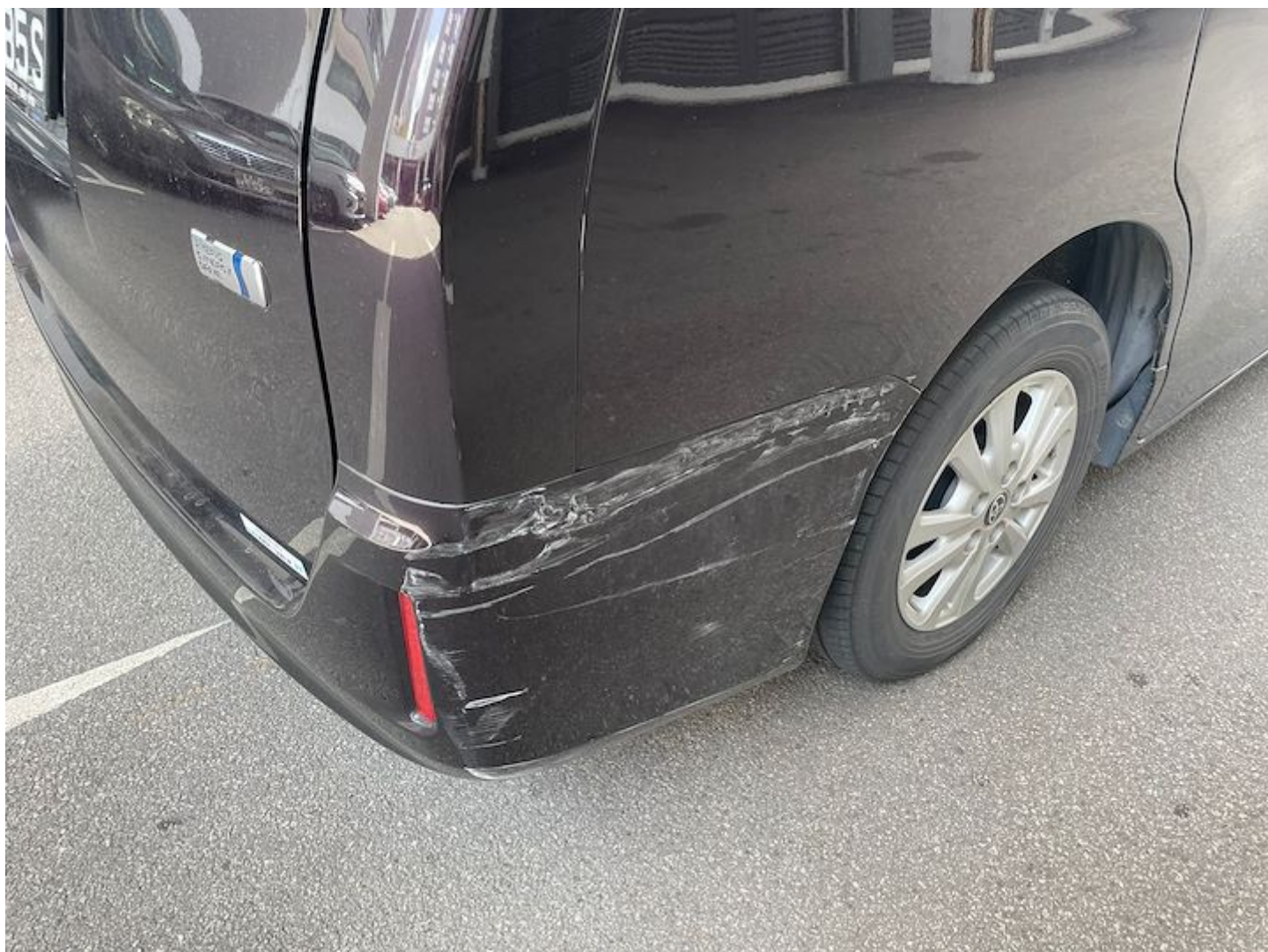
Witnessed by Reporting Centre Personnel
























**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999



T/20230322/2027

1 of 3

Report No. T/20230322/2027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/03/2023 10:48		Vide Report No.:		Station Diary No.: 13
Informant's Particulars				
Name of Informant: MELVIN POON WHYE KHEONG		Address: APT BLK 336D ANCHORVALE CRESCENT #06-64 SINGAPORE 544336		
ID Type / ID No.: NRIC NO / S8100631H		Contact No.: Home/Office: Mobile: 82889184		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 42	Date of Birth: 03/01/1981	Type of Informant: Driver	
Race: Chinese		Language:		
Occupation: Private-hire car driver		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 21/03/2023 16:45	Type of Location: Straight Road
Location: BUKIT TIMAH ROAD				
Weather: Sunny		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SMN5578P	Car		Hyundai Elentra		Slightly Damaged	0
SNG2985S	Car		Toyota Noah		Seriously Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20230322/2027

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

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Report No. T/20230322/2027

CONTINUATION OF REPORT

Driver			
Name	MELVIN POON WHYE KHEONG	ID No.	S8100631H
Related Vehicle	NIL	Contact No.	82889184
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 21/03/23 at about 1645hrs, you were at Bukit Timah road driving towards 6th avenue outside the Esso fuel station, you were driving at lane two, when suddenly a car from lane 1 (SMN5578P) signaled left but did not check his blind spot resulting in coming into my lane and hitting my right-side rear bumper resulting in serious damage. After the accident we moved our car to the roadside and exchange particulars, and at that point he claims that he did not sustain any injuries. No one was conveyed by ambulance and no government property is damaged. I wish to state that after the accident I went to see the doctor and was given 5days Medical leave.

I wish to state that this report is my recording purpose as well as for my insurance claim.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872998



T/20230322/2027

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Report No. T/20230322/2027

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

G /

SGT 2 CHEN LIQI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

SR STAFF SGT FAHKRUL RAZI BIN SUHAIME

Contact No.: 65470000

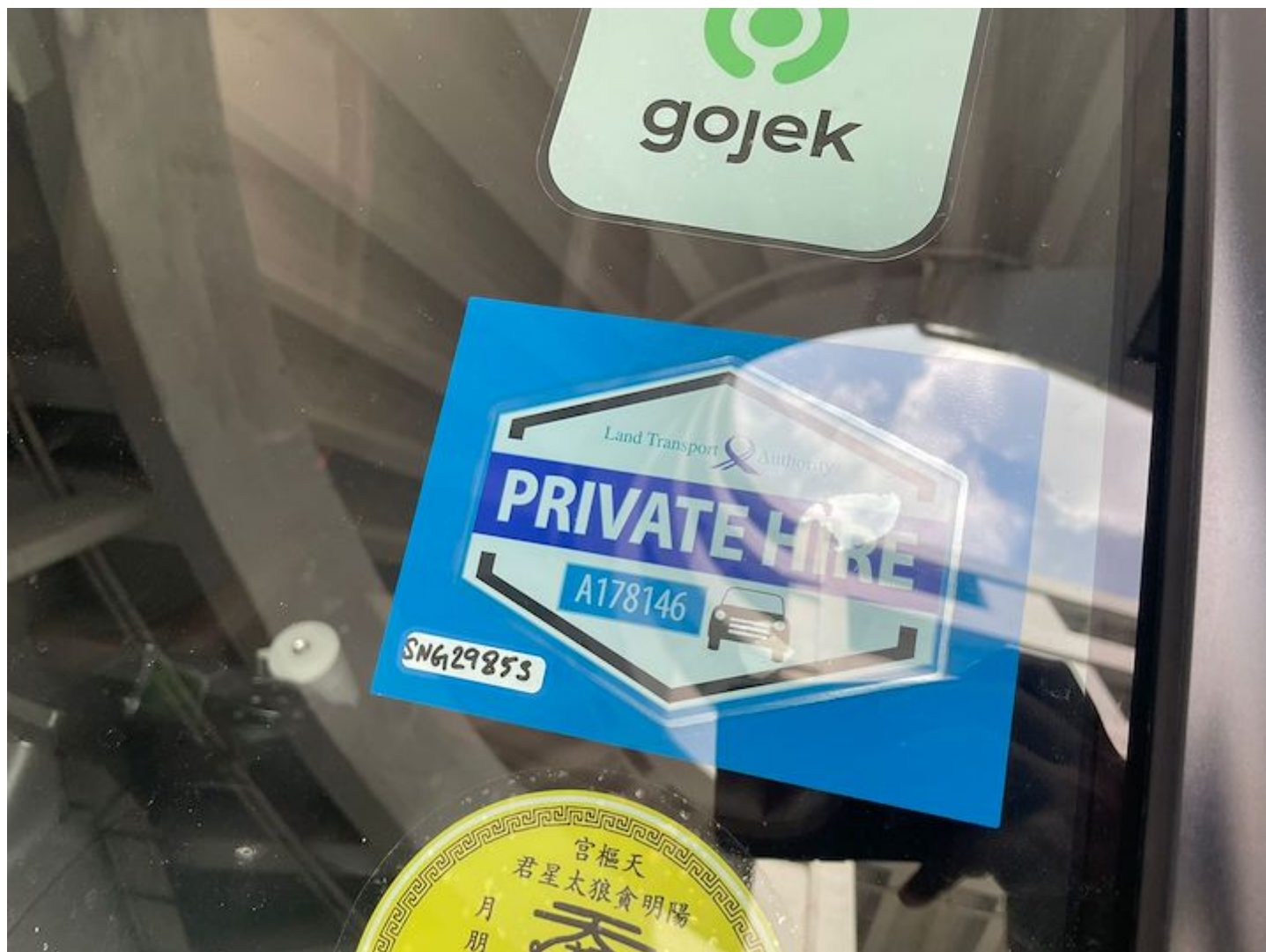
Signature Of Informant:

Date/Time:

22/03/2023 10:48

Classification Of Case:

NP168



UNITED MOTORING PTE LTD

Company Reg. No.: 201634759H
 WCEGA PLAZA
 1 BUKIT BATOK CRES #03-52/53
 SINGAPORE 658064

Tel: 6440 3100 Fax: 6440 2100
 Email: sjmotor@singnet.com.sg

RENTAL AGREEMENT SNG2985S

This RENTAL AGREEMENT (hereinafter referred as "The Agreement") is made on the
 (Date) **28/07/2022**

Between:

UNITED MOTORING PTE LTD

Company Reg. No.: 201634759H
 WCEGA PLAZA
 1 BUKIT BATOK CRES #03-52/53
 SINGAPORE 658064



Tel: 6440 3100 Fax: 6440 2100
 Email: sjmotor@singnet.com.sg

Hereinafter referred to as "The Owner"

And:

Name : MELVIN POON WHYE KHEONG
 NRIC : S8100631H
 Residential address at : APT BLK 336D ANCHORVALE CRESCENT #06-
 64 SINGAPORE 544336
 Tel: HP: 82889184
 Email: melvin_w_k@yahoo.com.sg

Hereinafter also known as "The Hirer"

Owner	Hirer
	

Hereby agrees that The Owner will lease to The Hirer the vehicle with the below details, hereinafter referred to as "The Vehicle" with the Terms & Conditions set out in The Agreement contained herein:

1. DESCRIPTION OF VEHICLE

- a. Make & Model : TOYOTA / NOAH HYBRID 1.8X
- b. Registration No : SNG2985S
- c. Chassis Number : ZWR800506980
- d. Engine Number : 2ZR2M87330

2. LEASE PERIOD

- a. Period: 12 MTHS+ 5 day MC
- b. Effective from: 28/07/2022 to 01/08/2023

3. VEHICLE USAGE FEE

- a. The Fee is hereby agreed between both parties at SS 840.00 Weekly. The Owner will invoice to The Hirer for the fee on a weekly basis, from Monday to Sunday (hereinafter referred to as "Billing Cycle") and the fee shall include: -

- i. Unlimited mileage;
- ii. Road Tax;
- iii. Motor Insurance Coverage (Excess Applicable);

- b. Fee should be paid by The Hirer to The Owner every following Friday, following the Billing Cycle. Any earnings should be paid by The Owner to The Hirer every following Friday/Saturday, following the Billing Cycle.

- c. Without prejudice to The Owner's other rights, The Hirer will be liable to pay an administrative fee of SS50.00 and a late payment interest computable at a rate of 5% per month, if the Fee and/or other payment(s) remain(s) unpaid for more than seven (7) calendar days from due date on the invoice(s). Thereafter, The Owner at its sole discretion will reserve all rights to repossess The Vehicle by way of lodging a lost vehicle report with the police and/or activation of a vehicle re-possession team to retrieve the vehicle. Consequentially, the Hirer will be deemed to have breached The Agreement rendering it null & void, including the forfeiture of security deposit that has been withheld by The Owner, and will also be liable to reimburse to The Owner the cost of re-possessing The Vehicle, all outstanding amount in arrears and all other obligations to The Owner under The Agreement.

Owner	Hirer
