

# 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 ..... 13/08/2021 15:24 (SGT)  
Date of Accident ..... 12/08/2021 14:40 (SGT)  
Exact Location of Accident ..... KJE, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLG5532U

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... STARK HOLDINGS INN BIKE LEASING PTE LTD  
Company Reg No ..... 201419069W  
Email Address ..... starkholdingsinn@gmail.com  
Mobile Phone No ..... (Phone) +65-92201012  
Alternative Phone No ..... +65-92201012

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Prius  
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 ..... 1800

### INSURANCE COMPANY

Name of Insurance Company ..... Etiqa Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... M0016412  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... WO WEI HOONG  
NRIC No ..... S7619567F

Date Of Birth .....	30/06/1976
Occupation .....	Outdoor
Date Of Driving Pass .....	26/01/2006
Driving experience .....	15 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96982876
Alt. Phone Number .....	-
Email Address .....	starkholdingsinn@gmail.com
Address .....	BLK 156 WOODLANDS ST 13 #03-687
Address complement .....	-
Postcode .....	730156
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 .....	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) .....	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 .....	Woodlands Division Headquarters
Police Station Phone No .....	(Phone) +65-18004660000
Police Station Address .....	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: L/20210813/7010.

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	YN7140M
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-

Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	VEHICLE B
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	WO WEI HOONG
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLG5532U
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## 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.

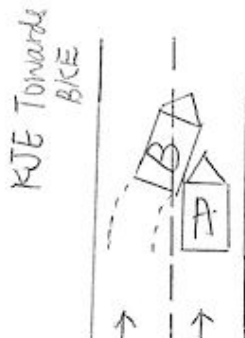


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan



Ⓐ: SLG5532U  
Ⓑ: YN7140M

## Describe Circumstances of the Accident

Please refer to the Police Report No : L/20210813 / 7010

## Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

7

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

Witnessed by Reporting Centre Personnel



## INTERVIEW FORM

Name (Driver) : WO WEI HONG, CHU WEI HONG

Policy No : M0016412

Vehicle No : SLB5532U

Place of Accident : PJE

Insured Driver's relationship with Insured : HIRER

Drink Driving of Insured and/or Insured Driver : No

No of passenger(s) in Insured vehicle : 0

Injury to Insured and/or Insured driver, please indicate which hospital:  
YES . INTEMEDICAL HOSPITAL

Third Party Vehicle No (if any) : YN 7140 M.

No of passenger(s) in Third Party Vehicle : N/A

Injury to Third Party driver and/or passenger(s), please indicate which hospital:  
-

Type of collision and the extensiveness of the damages to all vehicles involved:  
hit left portion

Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement):  
No.

Traffic Police report (enclosed) : Yes / No

Please obtain a copy of the driving licence of Insured driver and/or work permit (where foreign worker is involved)

X 7  
 Driver (Name & Signature),  
 I, affirmed the above information is given to  
 my best knowledge

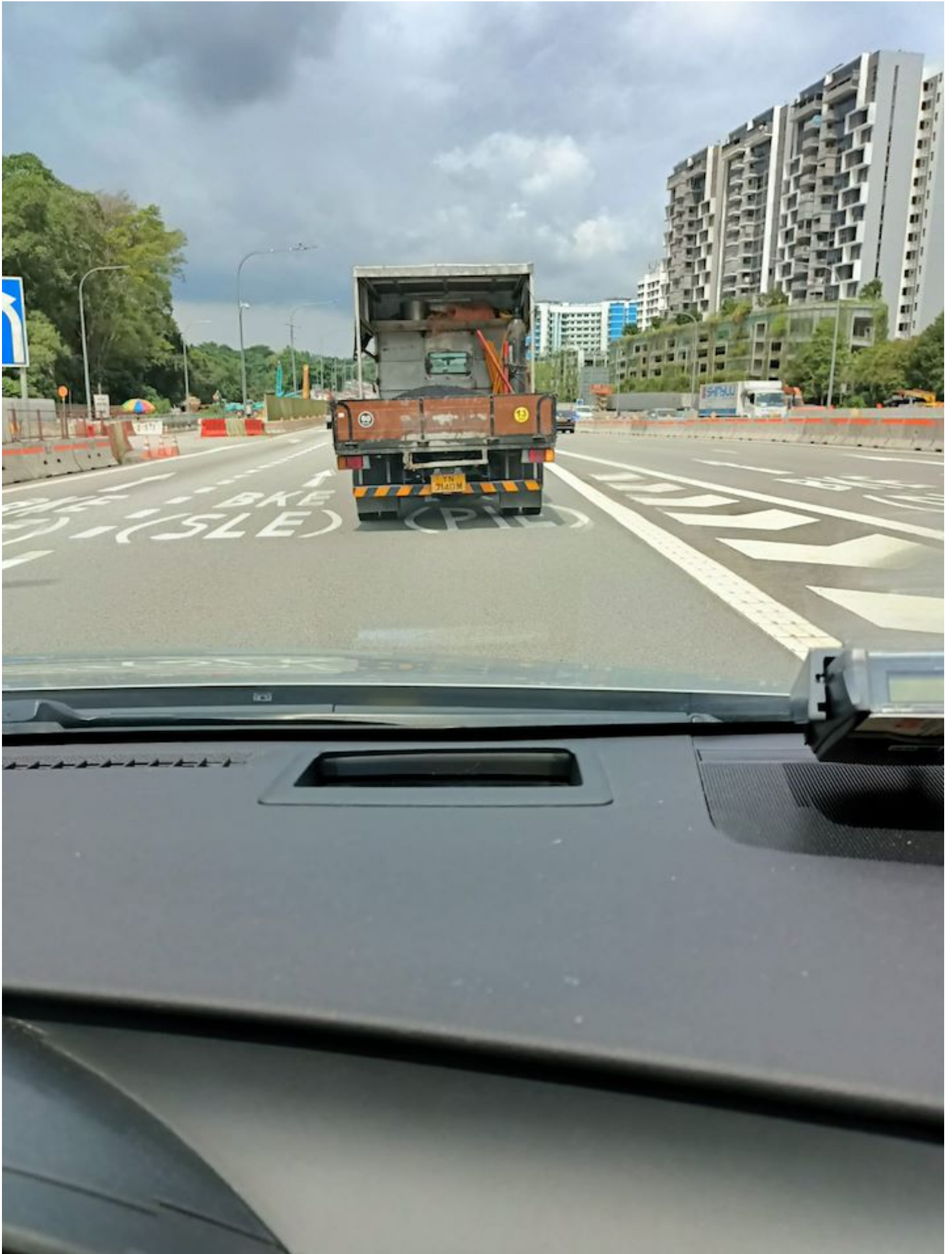
Attended by (Name & Signature)

Workshop Name: \_\_\_\_\_

Etiqa Insurance Berhad (Company Reg. No. T09FC0054K)  
 1 North Bridge Road, #08-01 High Street Centre, Singapore 179094  
 T: +65 6336 0477 F: +65 6339 2109

A Member of the **PRIMA** Group

























SINGAPORE  
POLICE FORCE



L/20210813/7010

1 of 2

## POLICE REPORT (NP299)

Report No. L/20210813/7010

Police Station Of Origin  
Woodlands Division HQ  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No:1800-4660000

Date/Time Report Made 13/08/2021 10:11	Vide Report No.			Station Diary No.
Name Of Informant WO WEI HOONG	Address 156 WOODLANDS STREET 13 #03-687 SINGAPORE 730156			
ID Type / ID No. NRIC NO / S7619567F	Contact No. Home/Office:                      Mobile: 96982876			
Nationality SINGAPORE CITIZEN	Email Address ww_hoong@hotmail.com			
Occupation MOM Inspector/ Parttime Grab Driver	Sex Male	Age 45	Date of Birth 30/06/1976	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 12/08/2021 14:40 - 12/08/2021 14:45	Location Of Incident 156 WOODLANDS STREET 13 #03-687 SINGAPORE 730156			

### Brief details.

I was travelling straight along KJE towards BKE. My vehicle car plate No. is SLG5532U. Suddenly a lorry YN7140M cut into my lane from the left and hit onto the left portion of my vehicle. The driver of YN7140M did not stop his lorry immediately and drive away. Whole accident was captured by my vehicle built-in video recorder.

### Subjects Involved

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: 13/08/2021 10:11
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE  
POLICE FORCE**



L/20210813/7010

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20210813/7010

<b>Suspect</b>			
Person Name	Hong Hock Global Pte Ltd		
Gender	Male	Home/Office No	64815414
<b>Victim</b>			
Person Name	WO WEI HOONG		
ID Type	NRIC NO	ID No	S7619567F
Gender	Male	Age	45
Race	Chinese	Language	English
Occupation	MOM Inspector/ Partime Grab Driver	Address	156 WOODLANDS STREET 13 #03-687 SINGAPORE 730156
Mobile No	96982876	Is Informant A Victim?	Yes
<b>Person Name</b> WO WEI HOONG (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: 13/08/2021 10:11
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



#2400  
31003841  
Cov. Type: Comprehensive

# **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) • MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

**CERTIFICATE No.** MA0016412

- |  |   |                    |                     |       |
|--|---|--------------------|---------------------|-------|
| 1. Index Mark and Registration Number of Vehicle                           | SLG5532U                                |                    |                     |       |
| 2. Name of Policyholder  | Stark Holdings Inn Bike Leasing Pte Ltd |                    |                     |       |
| 3. Effective Date of Commencement of Insurance for the purposes of the Act | 08/02/2021                              | Excess: Sect I     | S\$                 | 2,000 |
|  |   | Excess: Section II | S\$                 | 1,500 |
|  |   | Excess: Windscreen | S\$                 | 100   |
| 4. Date of Expiry of Insurance   | 07/02/2022                              |                    |                     |       |
| 5. Persons or Classes of Persons entitled to drive                         |   | Engine No          | : 2ZPR949893        |       |
|  |   | Chassis No         | : JTDYB3FU903534997 |       |

(A) THE POLICYHOLDER.  
(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS 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 permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle.

## **6. Limitations as to Use**

USE ONLY FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

THE POLICY DOES NOT COVER:

- (i) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.
- (ii) USE FOR THE CARRIAGE OF GOODS (OTHER THAN SAMPLES) IN CONNECTION WITH ANY TRADE OR BUSINESS.
- (iii) USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (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 bindings.

## **Policy Owner's Protection Scheme**

This policy is protected under the Policy Owner's Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the GIA / UA or SDIC websites ([www.gia.org.sg](http://www.gia.org.sg) or [www.iaa.org.sg](http://www.iaa.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).

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).

COPIED 08/02/2021 11:52:43



For and on behalf of Etiqa Insurance Pte. Ltd.

Approved Insurer

Authorised Signature



☐ STARK HOLDINGS INN BIKE LEASING PTE LTD  
Reg. No.: 201419069W

Gst No: 201419069W

149 Shun Li Industrial Park Kaki Bukit Ave 1  
Singapore 416009 HP: 92201069

No: STK-195677

DATE: 18/02/21

### VEHICLE RENTAL AGREEMENT

VEHICLE'S PARTICULARS	
Vehicle No.:	SG 55724 Model: TOYOTA PRUIS

HIRER'S / GUARANTOR PARTICULARS	
Name:	WU ICEI HOONG (HUA WEIHONG)
Address:	BLK 151 WOODLANDS ST 12 412-689 S(920156)
P.P.C.No.:	396195677
Contact Person:	Tel: 96985676

DRIVER'S PARTICULARS	
Name:	
Address:	
Tel No:	
P.P.C.No.:	
Date of Birth:	
Nationality:	
Purpose of use:	

A. ACCIDENTS C. CRACKED D. DENTS S. SCRATCHES	

IMPORTANT: (1) ONLY persons above 16 and below 65 years of age with min 1 year driving experience, authorized, licensed and signing the agreement may drive the vehicle. (2) THIS vehicle insurance is covered in Malaysia and Singapore (USE ONLY). (3) THIS vehicle will not be insured after the expiry of the hire period and in case of any accident, the hirer will liable for all consequences. FOR extension of rental please inform us at least 24 hrs before the expiry date and payment for the extended rental will have to be made within 24 hrs. Late charges at 1/2 (One-Half) of the daily rate of rental for each hour exceeding the time will be imposed. (4) HIRER is responsible for all loading and traffic violations and missing items. (5) HIRER is responsible for the FIRST \$5,000+ \$4,000+ excess under Section 1 & 2 in any accident plus loss of rental income while hired vehicle is under repair. (6) No refund will be given for vehicle returns, early and petrol diesel left in vehicle. (7) Hirer/guarantor declares that vehicle will not be used for any unlawful purposes which will result in forfeiture by the relevant authorities. In event of vehicle being seized, confiscated or forfeited, the hirer/guarantor shall indemnify Stark Holdings Inn Bike Leasing Pte. Ltd the full value of vehicle at time loss.

HIRER'S DECLARATION: I agree to terms and conditions above and as set out hereof and declare that all information given is true and accurate.

CHECK OUT / CHECK IN	
DATE OUT:	18/2/21 TIME OUT: 1200 HR
PETROL DIESEL LEVEL OUT:	E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F
DATE IN:	18/9/21 TIME IN: 1200 HR
PETROL DIESEL LEVEL IN:	E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F

Late charges @ \$30 per half hour	
Car must be washed and vacuum upon return if not \$20 will be imposed	

EXTENSION OF RENTAL	
Date:	11/11/2021 SUN CONTRACT 7012
Amount:	12 MONTHS AND BE PAYING THE
Expiry:	AMOUNT OF \$1350.00 WEEKLY
Initial:	EVERY THURSDAY

CHARGES	
Months 12 @ \$	5400 per month \$5400.00
Weeks @ \$	per week
Days @ \$	per day
Hours @ \$	Per hour
7% Gst	SUB-TOTAL(1)
Delivery - Collection @ \$	
Repairs - Damages	
Friday/Saturday Return @ 12pm	
TOTAL CHARGES \$64800.00	

PRE-PAYMENT	
SECURITY (DEPOSIT) 260	
ADVANCE RENTAL PAID	
By: CASH NETS	
AMOUNT DUE REFUND	
REFUND	BY
RECEIVED \$	RECEIVED:

EARLY RETURN NO REFUND

STARK HOLDINGS INN BIKE LEASING PTE LTD  
40 Fernvale Link, Fernvale Les.  
Singapore 791467  
Tel: 92201069

SIGNATURE

HIRER'S / GUARANTOR SIGNATURE

DRIVER'S SIGNATURE

THUMBPRINT