

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 | 25/05/2023 15:48 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 24/05/2023 18:30 (SGT) |
| Exact Location of Accident | Penang Rd, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|-------------------------|
| Vehicle Registration Number | SLW6798D |
| INSURED/POLICYHOLDER | |
| Is company? | Yes |
| Name Of Registered Owner | VINS LEASING PTE LTD |
| Company Reg No | 2XXXXX117H |
| Email Address | jacelynfongmy@gmail.com |
| Mobile Phone No | (Phone) +65-81331270 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|------------------------------------------------------------------------------------|---------------------------|
| Manufacturer | Toyota |
| Model | C-hr |
| 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 | 1197 |

INSURANCE COMPANY

| | |
|-----------------------------------------|-----------------------------------------------|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number | DMHCSNA00004872300 |

DRIVER

| | |
|----------------------|-----------------------|
| Name of Driver | FONG MAY YEE, JACELYN |
| NRIC No | SXXXX036B |
| Date Of Birth | 10/10/1987 |
| Occupation | Outdoor |

| | |
|--------------------------------------------------------------------|-------------------------------|
| Date Of Driving Pass | 24/09/2012 |
| Driving experience | 10 YEARS AND 8 MONTHS |
| Gender | Female |
| Mobile Number | (Phone) +65-81331270 |
| Alt. Phone Number | - |
| Email Address | jacelynfongmy@gmail.com |
| Address | BLK 271C PUNGGOL WALK #03-543 |
| Address complement | - |
| Postcode | 823271 |
| 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) | 4 |
| 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 | GRAB PAX |
| Gender | Female |

PASSENGER 2

| | |
|--------------|----------|
| Name | GRAB PAX |
| Gender | Female |

PASSENGER 3

| | |
|--------------|----------|
| Name | GRAB PAX |
| Gender | Female |

DETAILS OF POLICE ACTION

| | |
|-------------------------------------------------|----------------------------------|
| Was the accident reported to the police? | Yes |
| Police Station Name | Traffic Police |
| Police Station Phone No | (Phone) +65-65470000 |
| Alt. Police Station Phone No | (Fax) +65-65474900 |
| Police Station Address | 10 Ubi Avenue 3 Singapore 408865 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230525/7043

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 SNH469Z
 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 FONG MAY YEE, JACELYN
 Gender Female
 Phone No (Phone) +65-81331270
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained NECK AND BACK PAIN
 Injured person in which vehicle? SLW6798D
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

IMPORTANT NOTICE

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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.



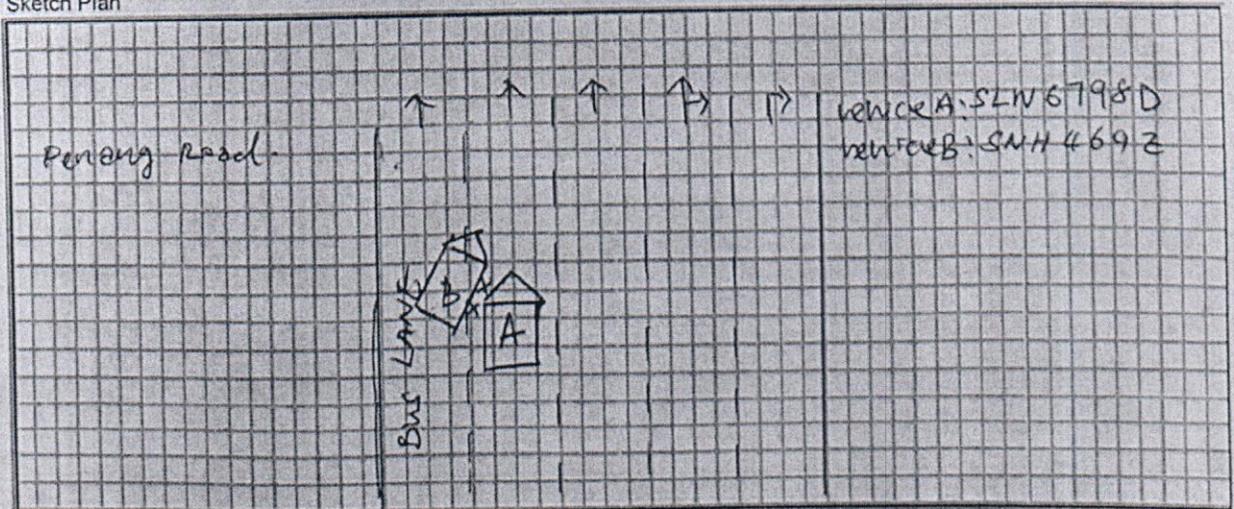
Policyholder's Signature / Date & Time

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

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

25/05/2023

Sketch Plan



Describe Circumstance of the Accident

Please refer to police report 7120230525/7043

Declaration

I/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 in NRIC/ID card)

25/05/2023



**SINGAPORE
POLICE FORCE**



T/20230525/7043

1 of 3

Report No. T/20230525/7043

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--------------------------------------------|------------------|--------------------|
| Date/Time Report Made: 25/05/2023 14:15 | Vide Report No.: | Station Diary No.: |
|--------------------------------------------|------------------|--------------------|

| Informant's Particulars | | | |
|---------------------------------------------|------------|--------------------------------------------------------|------------------------------|
| Name of Informant: FONG MAY YEE, JACELYN | | Address: 271C PUNGGOL WALK #03-543 SINGAPORE 823271 | |
| ID Type / ID No.: NRIC NO / S8733036B | | Contact No.: Home/Office: Mobile: 81331270 | |
| Nationality: SINGAPORE CITIZEN | | Email: JACELYNFONGMY@GMAIL.COM | |
| Sex: Female | Age: 35 | Date of Birth: 10/10/1987 | Type of Informant: Driver |
| Race: Chinese | | Language: English | |
| Occupation: Grab | | Driving Licence Information: Class: Date of Expiry: | |

| General Information of the Accident | | | | |
|--------------------------------------------------------------|------------------|------------------------------------|-----------------------------------------------|----------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 24/05/2023 18:30 | Type of Location: Straight Road |
| Location: PENANG ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Moderate |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: No |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------|------|-------|-------|----------------------|-------|
| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
| SLW6798D | Car | | | | Seriously Damaged | 0 |
| SNH469Z | Car | | | | Slightly Damaged | 0 |



**SINGAPORE
POLICE FORCE**



T/20230525/7043

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20230525/7043

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|-----------------------|-----------------------------------|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver: | | | |
| Name | FONG MAY YEE, JACELYN | ID No. | S8733036B |
| Related Vehicle | SLW6798D (Car) | Contact No. | 81331270 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | 25/05/2023 | Date | 25/05/2023 |
| No. of Days granted Medical Leave | 05 | Degree of | Slight |

Brief Details.

On 24/05/2023 at around 1830hrs I was travelling along Penang road, the road was congested. I was driving my vehicle SLW6798D going straight when suddenly I suddenly hear a loud bang and impact from the left side of my vehicle. Then I realised vehicle SNH469Z had made a lane change abruptly and collided onto the front left of my vehicle causing severe damages. After the accident we stop and took photos and exchange particulars. However a day after the accident I felt pain and discomfort and consulted a doctor and was given 5 days mc.



VINZ LEASING PTE LTD
20224117H
53 UBI AVE 1
#01-44 (S)408934

CAR RENTAL AGREEMENT

RENTAL NO: 0002

| | |
|----------------------------|-------------------------------------|
| HIRER'S NAME: | FONG MAY YEE JACELYN |
| HIRER'S NRIC: | S8733036B |
| HIRER'S ADDRESS: | 271C PUNGGOL WALK #03-543 (S)873271 |
| DATE OF BIRTH: | 10/10/1987 |
| DRIVING LICENCE PASS DATE: | 24/09/2012 |
| CONTACT NUMBER: | 81331270 |
| EMAIL: | jace@fongmayyee.com |
| PURPOSE OF RENTAL: | PHV |
| EMERGENCY CONTACT: | 92302438 - Ben (Husband) |

RENTAL VEHICLE DETAILS

| | | | |
|-------------------------------------------------------------------------|------------------------------------|------------------|--------------------------|
| CAR PLATE NO: | SLW6798D | MAKE & MODEL: | TOYOTA C-HVR HYBRID 1.8A |
| CHASSIS NO: | 7YX102087546 | ENGINE NO: | Z2R825132D |
| WEEKLY RENTAL: | \$518/- (DAILY @ \$74/-) CDW RATE: | | \$35/- (DAILY @ \$5) |
| TOTAL WEEKLY PAYMENT: \$553 | | | |
| DRIVING LICENCE TYPE: CLASS 3 / PDVL / TDVL / LESS THAN 2 YEARS LICENCE | | | |
| EXCESS: \$2500/\$2500, EXCESS \$4000/\$4000 LESS THAN 2 YEARS LICENCE | | | |
| CONTRACT TERM: | 6 MONTHS | | |
| START DATE & TIME: | 10/3/2023 | END DATE & TIME: | 11/9/2023 |
| START MILEAGE: | | END MILEAGE: | |

Hiree/Authorized Rider/Hiree's (Relative)

Hiree must produce a valid Singapore NRIC and Driving License or a valid International Driving License & valid Foreign

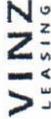
Driving License and Passport or EIN card. Hiree guarantees that he / she is not under any suspension order on his/her Driving License.

Terms of Payment / Security Deposit Amount: \$5000.00

Hire charges and Security Deposit for the hire period is payable by The Hiree at the time of taking over the vehicle. The Hiree is to pay a mandatory amount of security deposit. It will be refunded back to The Hiree by bank transfer, 14 days from the end of the hiring period. The Company will use the security deposit to offset any repairs, fines or summons incurred by The Hiree during the rental period. All rental charges paid in advance is non-refundable.



VINZ LEASING PTE LTD
20224117H
53 UBI AVE 1
#01-44 (S)408934



Cancellation & Other Conditions

A fee of S\$100.00 will be charged for cancellation with less than 24 hours notice, this is applicable before rental period commence. Should the Hiree decide to terminate the rental contract prematurely, the Hiree is liable to pay the remaining balance amount of the rental amount (number of months x monthly rental amount). The Company, at its discretion, may decide whether to reduce or waive off part of the monthly comprehensive maintenance component from the monthly rental amount.

The monthly comprehensive maintenance component rate is to be determined by The Company. The Company reserve the rights to terminate the rental without any liability should The Hiree failed to make the rental payment in designated date line.

The Company can forfeit the security deposit placed for each vehicle. Upon termination of the Rental Agreement, The Hiree shall return the vehicle to any of The Company's arrangement workshop. The returned vehicle should be repaired to its original condition before returning to The Company.

The Company reserve the rights to repair the vehicle to its original condition and offset the repair fees from the security deposit before refunding (if any), the balance amount to The Hiree.

The Hiree is NOT ALLOWED to sublet or lend the hired vehicle to a third party, during or within the rental period. If the vehicle is found to be ridden by anyone other than The Hiree named in the Rental Agreement, the vehicle will be seized by The Company without any refund. If the Hiree lend the vehicle to a third party without modification to The Company, and the vehicle is involved in an accident, The Hiree will bear the whole cost of the claim and repair costs of the vehicle rented and other third-party claims.

If the vehicle is involved in an accident, The Hiree has to inform The Company, the Police or other relevant authorities in writing of the accident and shall also notify The Company in respect of any claim arising thereafter from the accident.

No admission compromise offer payment or indemnity shall be made by The Hiree without The Company's consent in writing. The Hiree shall render such information and assistance in connection with the accident as The Company or its insurers may require.

No repair is to be done without The Company approval. If The Hiree is caught repairing the vehicle at any workshop unauthorized by The Company, compensation of S\$1,000.00 is payable to the company.

The Hiree is REQUIRED to return the vehicle key and key tag in the same condition when he / she rented from The Company. Lost or damage of the key or key tag will be chargeable at \$160.00.

Any damage to the vehicle will be charged to The Hiree accordingly to the repair costs to rectify the vehicle to the same condition as it was at the start of the rental.

If the vehicle was used for racing, existing Singapore without written consent, sublet / or lend without authorization by The Company, each causes will be payable as an "compensation" of S\$1,000.00 to The Company by The Hiree.

All charges and amounts due which are not paid when due shall bear an interest of 2% per month until it is paid.

This agreement shall be governed by and construed in accordance with the laws of the Republic of Singapore and the parties agree to submit to the jurisdiction of the Courts of the Republic of Singapore. [] We have read and agree to the above-mentioned terms and conditions.



VINZ LEASING PTE LTD
20224117H
NAME OF REP: JMW

NAME OF HIRER: FONG MAY YEE JACELYN
NRIC OF HIRER: S8733036B
CONTACT NUMBER: 81331270



SINGAPORE ACCIDENT STATEMENT

| | | |
|-------------------------------------------------------------------------------------------------------------------------|--|-------------------------|
| Accident Date: 24/05/2023 Time: 6 1830 (hh:mm) 24 hr format | | |
| Location Penang Road | | |
| Vehicle Number SLW 6798D | | |
| Insured Name VINS Leasing Pte Ltd | | |
| NRIC / FIN 2022411174 | | Contact Number |
| Make TOYOTA | | Model CHR |
| Are you claiming under your own insurance policy for repair to your vehicle? | | |
| () Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting | | |
| Insurance Company China Taiping | | |
| Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only | | |
| Policy Number DMHCSNA00004872300 | | |
| Name of Driver FONG MAY YEE, Jacelyn () Same as Insured | | |
| NRIC / FIN 53733036B | | Contact Number 81331270 |
| Date of Birth 10/10/1987 | | |
| Driving Pass Date 24/09/2012 | | |
| Occupation () Indoor (<input checked="" type="checkbox"/>) Outdoor | | |
| Gender () Male (<input checked="" type="checkbox"/>) Female | | |
| Email Address jacelyn.fong.my@gmail.com () NO EMAIL | | |
| Address of Driver 271 C Punggol Walk #03-543 211c SINGAPORE 823271 | | |
| Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No | | |
| If No, Relationship of the Driver with the Insured HIREE | | |
| () Owner () Spouse () Friend () Relative () Children () Sibling | | |
| Does the Driver Own Any Other Vehicle? () Yes (<input checked="" type="checkbox"/>) No | | |
| If Yes, Vehicle Registration Number of Driver's Own Vehicle | | |
| Insurance Company of Driver's Own Vehicle | | |
| Weather Conditions (<input checked="" type="checkbox"/>) Clear () Raining () Others | | |
| Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others | | |
| Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No | | |
| Was anybody injured in the accident? (<input checked="" type="checkbox"/>) Yes () No | | |
| If yes, injured detail Yes. Driver. Neck and back | | |
| Was there any video captured by Car Camera? () Yes (<input checked="" type="checkbox"/>) No | | |
| Was the Accident reported to the Police? (<input checked="" type="checkbox"/>) Yes () No If yes attach police report | | |
| DETAILS OF 3 rd party Name / Nric Contact | | |
| Veh B SNH 469 Z | | |
| Veh C | | |
| Veh D | | |
| Veh E | | |
| Veh F | | |

Passenger : 1) Grab Passenger (F)
 2) Grab Passenger (F)
 3) Grab Passenger (F)



Motor Hire Car

MZ406L/B

N SN

AN0695A

Cov. Type:C

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)

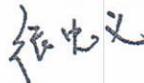
| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CERTIFICATE No. | DMHCSNA00004872300 | Engine No.: 2ZR8251320 Cha. No.:ZYX102087546 |
| 1. Index Mark and Registration Number of Vehicle | SLW6798D | AUTOSAFE ===== |
| 2. Name of Policy Holder | VINZ LEASING PTE. LTD. | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Regulations, (10:35:51) Ordinance or Enactment | 28/02/2023 | Excess Sect. I . \$S2,000.00 Excess Sect. I (Outside Singapore) \$S4,000.00 Excess Sect. II \$S1,500.00 Excess Sect.II (Outside Singapore). \$S3,000.00 EX ON WINDSCREEN . \$S100.00 |
| 4. Date of Expiry of Insurance | 27/02/2024 | |
| 5. Persons or Classes of Persons entitled to drive* | As per Named Driver(s) stated below. 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:* | (1) Use for the carriage of passengers or goods in connection with the Policyholder's business. (2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired. The Policy does not cover (1) Use for racing, pace-making, reliability trial or speed-testing. (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. | |
| HIRE PURCHASE CO. : TECK WEI CREDIT PTE LTD <i>* 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 headings.</i> | | |

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).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: Chai Huijin Lynn
Authorised Officer


Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

☎6389 6111

☎6222 1033

🌐www.sg.cntaiping.com