

## 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	09/06/2023 14:01 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	02/06/2023 10:00 (SGT)
Exact Location of Accident	Haig Rd, Singapore
Additional Location Information	HAIG ROAD TOWARDS AMBER ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ2170Y
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ALPINE CAR RENTAL PTE LTD
Company Reg No	1XXXXX483E
Email Address	JAMES.CHUA@ALPINECARRENTAL.COM.SG
Mobile Phone No	(Phone) +65-88181638
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Opel
Model	Insignia
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1600

#### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5112296399-03

#### DRIVER

Name of Driver	CHEUNG SEE KONG JOHN
NRIC No	SXXXX991B
Date Of Birth	24/06/1960
Occupation	Indoor

Date Of Driving Pass .....	06/08/1981
Driving experience .....	41 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90069966
Alt. Phone Number .....	-
Email Address .....	JAMES.CHUA@ALPINECARRENTAL.COM.SG
Address .....	1 RIVERVALE LINK
Address complement .....	03-09
Postcode .....	545118
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 - Cross Junction
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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### 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

#### REFER TO SKETCH PLAN AND POLICE REPORT

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	FILE TOO BIG, WITH OWNER

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	EV688R
Vehicle Manufacturer .....	Mercedes
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 .....	CHEUNG SEE KONG JOHN
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	5 DAYS MC
Injured person in which vehicle? .....	SMJ2170Y
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLAN

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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.

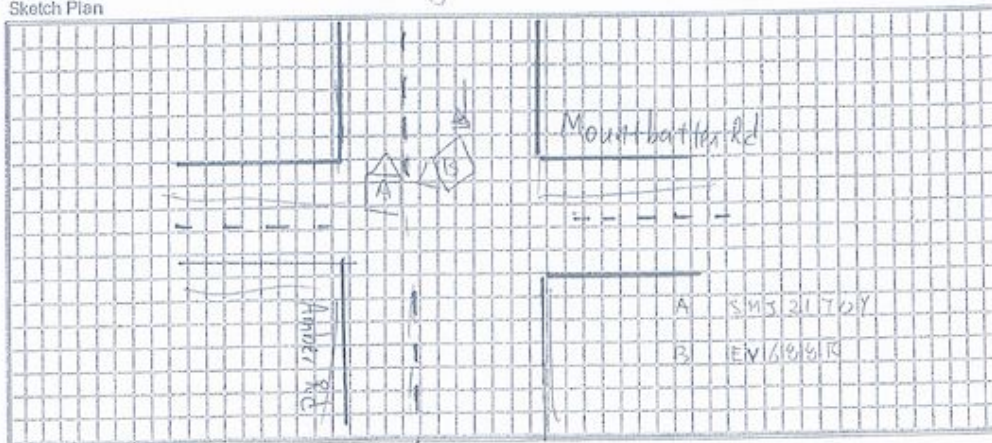


Policyholder's Signature / Date & Time

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

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

Sketch Plan



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

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

Witnessed by Reporting Centre Personnel  
(Name as in NRICAD card)

































**SINGAPORE  
POLICE FORCE**



T/20230604/2026

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

1 of 3  
Report No. T/20230604/2026

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/06/2023 12:06		Vide Report No.:		Station Diary No.: 25
<b>Informant's Particulars</b>				
Name of Informant: CHEUNG SEE KONG JOHN		Address: 1 RIVERVALE LINK #03-09 SINGAPORE 545118		
ID Type / ID No.: NRIC NO / S1429991B		Contact No.: Home/Office: Mobile: 90069966		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 62	Date of Birth: 24/06/1960	Type of Informant: Driver	
Race: Chinese		Language: English		
Occupation: COURIER DRIVER		Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/06/2023 10:00	Type of Location: X-Junction
Location:  AMBER ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
EV688R	Car	MERCEDES BENZ	E53 AMG ESTATE 4MATIC M- HYBRID AUTO	Blue	Slightly Damaged	0
SMJ2170Y	Car	OPEL	INSIGNIA GRAND SPORT	Black	Slightly Damaged	0





**SINGAPORE  
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T/20230604/2026

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

2 of 3  
Report No. T/20230604/2026

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	EUGENE NG YU LENG (EUGENE WU YOUNING)	ID No.	S7303314D
Related Vehicle	EV688R (Car)	Contact No.	91885006
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	CHEUNG SEE KONG JOHN	ID No.	S1429991B
Related Vehicle	SMJ2170Y (Car)	Contact No.	90069966
Hospital/Clinic	CHERN MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	04/06/2023	Date Discharge	04/06/2023
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On the above-mentioned date, time and location. I was driving my car (SMJ2170Y) from Haig Road towards Amber Road. When I was passing the X-junction of Mountbatten Road and Haig Road, the traffic light was green, and I proceeded to drive ahead with caution knowing there was an oncoming vehicle from the opposite side was standing by in the pocket wanting to turn in from Amber Road to Mountbatten Road. However, while I passed the junction the said vehicle failed to stop and give way to me. I felt an impact on the right front of my car. Both parties alighted from our vehicles in the middle of the traffic junction. I discovered a car (EV688R) had collided head on into the right front side of my vehicle.

The driver and I exchanged particulars and agreed to lodge a police report. I observed he was not injured. We took pictures of the accident and left the scene. The collision had caused scratches and dents on the right front side of my car. I am unsure of the cost of damaged. Later the day, I felt pain in my back, shoulders and neck area hence paid a visit to 'Chern medical Clinic' to seek medical assistance. I was given 05 days MC and medication, the medical bill amounted to SGD\$31.00.



**SINGAPORE  
POLICE FORCE**



T/20230604/2026

3 of 3

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

Report No. T/20230604/2026

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

G /

SGT 2 LENNY NATASHA BINTE  
ABDULLAH

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

04/06/2023 12:06

Officer In Charge Of Case:

TP / AEIT /

SI TAN JEOK LENG LESLIE

Contact No.: 65476151

Classification Of Case:

NP168



## 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: S112296399-03-000072

Cover : drive PREMIUM

1. Index mark and Registration Number of Vehicle : SM12170Y  
 Chassis Number : WDVZM6EF2K1035072
  2. Name of Policyholder : ALPINE CAR RENTAL PTE LTD
  3. Effective Date of Insurance : 01 Sep 2022
  4. Expiry Date of Insurance : 31 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\$1,400
EXCESS (SECTION 2)	: S\$1,400
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: YES
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 : ALPINE FINANCIAL PTE. LTD. (00000615424)  
 Date of Issue : 07 Sep 2022 20:33 hrs

For INCOME INSURANCE LIMITED

Chief Executive

**ALPINE CAR RENTAL PTE LTD**  
GST REGISTRATION NO. : M740994701

**ALPINE Car Rental**

MAIN : COMPANY REG NO : P000034  
SINGAPORE  
TEL: 65542122 FAX: 65531911

**HIRING AGREEMENT**  
DATE : 17/05/2022  
PLEASE QUOTE THIS NUMBER IN ALL PAYMENTS AND CORRESPONDENCE.

**VEHICLE**  
Vehicle No : SMJ2170V  
Model : Insignia GrandSport B16dth  
Change Over 1 : Date : Initial :  
Change Over 2 : Date : Initial :

**CORPORATE HIRER**  
Co Name : CHUONG SEE KONG JOHN  
Co Addr : B1K 22A #12-15 SERANGOON AVE 4 SINGAPORE 55025  
Singapore  
Co Person : Tel :

**NAMED DRIVER**

Name	Address	Office Tel	Residence Tel	Occupation	P.P. LC No	Nationality
CHUONG SEE KONG JOHN	B1K 22A #12-15 SERANGOON AVE 4 #12-15 S(550225)	90309966	MALE	S1429991B		
Date of Birth	Place of Birth	Dr. Licence No	Expiry Date	Country of Issue	Remark	
24/6/1960	SG	S1429991B		SG	pluchuangseem@gmail.com	

**CHECK OUT** DATE / TIME : 17/05/2022 10:00 09AM PETROL LEVEL OUT : Full tank OUT(KM) : 123,318.00  
**CHECK IN** DATE / TIME : PETROL LEVEL IN : Empty tank IN(KM) : 0.00  
**METHOD OF PAYMENT** : Visa **KM DRIVEN** : 123,318.00

**CHECKED OUT BY** : PETER YAP **CHECKED IN BY** : **CHECKED BY** : 17/05/2022

**COLLISION DAMAGE WAIVER**

ACCEPT CDW EXCESS	DECLINES CDW EXCESS	ACCEPTS PAI	DECLINES PAI
\$ per accident	\$ per accident	SIGNATURE	SIGNATURE

**CHARGES**

No.	Desc.	Bill From	Bill To	Qty.	Qty. Unit	Price	Price From	Price To	Amount (in \$)
1	RENTAL-MTHLY	17/05/2022	31/07/2023	1.00	MTH		MTH		

Remarks : CONTRACT PERIOD: 17/05/2022 TILL 31/07/2023

EXCESS \$2,000.00 PER ACCIDENT/DAMAGE (OWN DAMAGE)  
EXCESS \$2,000.00 PER ACCIDENT/DAMAGE (THIRD PARTY)  
ALL OTHER TERMS REFER TO CONTRACT

**PRE-PAYMENT**

SUBTOTAL : 0.00  
LESS DISCOUNT :  
TOTAL :  
GST @ 7.00% :  
TOTAL AMOUNT WITH GST is 7.00% :  
DOWNPAYMENT AND DEPOSIT : 0.00  
AMOUNT REFUNDED DUE :

Invoice No : Rec No :

**IMPORTANCE :** The vehicle will not be insured after the expiry of the hire period and in case of any accident the HIRER will be liable for all consequences of any accident. Please inform us at least 24 hours before the expiry of the hire period. Any extension of hire will have to be made within 24 hours. Late charges at 1.5 times full of the daily rate of rental for each hour exceeding the time limit of the vehicle will be charged. The HIRER is responsible for returning the vehicle. Any vehicle not returned within 24 hours will be reported as stolen and the HIRER is responsible for all parking & traffic violations and towing costs.

**HIRER'S DECLARATION :** I agree to the terms and conditions above and to the extent of my knowledge that all information given to the lessor is true and correct and that I agree to pay the hire charges, including any late charges, and to the extent of my knowledge that I agree to pay the hire charges, including any late charges, and to the extent of my knowledge that I agree to pay the hire charges, including any late charges.

Priority Contact : 1702 (CHUONG SEE KONG JOHN) ready to collect, use, discharge and possession of the car pursuant to agreement with the lessor, and to be responsible for the pick up and return of the car to the lessor.

**ALPINE CAR RENTAL PTE LTD**  
As Managers on Behalf of

**OWNER**

**HIRER**

**SIGNATURE FOR REFUND**

**COMPANY STAMP**