# **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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 First Submission 30/10/2024 11:46 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 29/10/2024 10:34 (SGT) Exact Location of Accident Prinsep St, Singapore Additional Location Information Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Mazda

3

Vehicle Registration Number **SNQ3986E** 

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner HAND TECH RENTAL Company Reg No 53393823J Email Address HANDTECHAUTO@GMAIL.COM Mobile Phone No (Phone) +65-90274499 Alternative Phone No

### VEHICLE PARTICULARS

Manufacturer

Model

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 No - Claiming third party your vehicle? Vehicle Category Private hire Transmission Auto CC 1500 Vehicle Fuel First Regisration Date

## INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2009346013

DRIVER

Chassis no

Effective Date/Time of Ownership

Name of Driver HAN YONG KWONG NRIC No S6836034Z Date Of Birth 15/09/1968 Occupation Outdoor Driving Pass Date 29/12/1993 Driving License Pass Class Driving License Validity Valid Driving experience 30 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-97880055 Alt. Phone Number Email Address YONGKWONG@GMAIL.COM Address 229 BISHAN ST 23 #05-55 Address complement Postcode 570229 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? 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 - Head on collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Nο Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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 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 REFER POLICE REPORT - T/20241029/7135 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera?

Yes

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	SLL3147K
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)	-

Describe Circumstance of the Acci-	tent		
	Refer to Police 10	e Oort	
		the Committee of the Co	
			7 %
claration			
declare the foregoing particulars are	true in every respect.		
UEN Z			
H. You			
yholder's Signature / Date & Time & &	river's Signature (if driver is not the policyholder) / ( Time	Date Witnessed by Reporting Centre Perso (Name as in NRIC/ID card)	nnel
	1	Carolin Carolin	2

#### SKETCH PLAN

## IMPORTANT NOTICE

- 1 Please report correctly the details of the accident to speed up the claims process
- 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. The 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.
- 8 Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 permtted 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 &A to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore for one or more of the above Purposes.

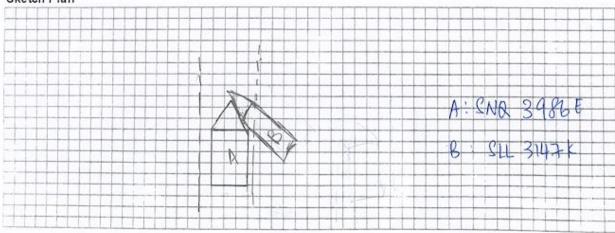
Policyholder's Signature / Date

Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan























Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20241029/7135

## REPORT OF A TRAFFIC ACCIDENT

Date/Tim 29/10/20	e Report Ma 24 22:19	ade:	Vide Report No.: A/20241029/0042	Station Diary No.:
Informan	t's Particular	8		THE RESIDENCE PROPERTY.
Name of han yong	Informant: kwong		Address: 229 BISHAN STREET 23 #05-5	55 SINGAPORE 570229
ID Type / NRIC NC	ID No.: / S6836034	1Z	Contact No.: Home/Office:	Mobile: 97880055
Nationali SINGAP	ty: ORE CITIZE	N	Email: yongkwong@yahoo.com	
Sex: Male	Age: 56	Date of Birth: 15/09/1968	Type of Informant: Driver	
Race: Chinese			Language: English	
Occupati Other car		ods vehicle drivers	Driving Licence Information: Class: 3	Date of Expiry:

Type of Accident:	Non-Injury Hit and Run		Drink Drive: No	Date/Time of Accident 29/10/2024 10:34	Type of Location Straight Road
Location: PRINSEP STREE		Road Su	ırface:		
Weather: Clear		Dry	aridoo.		
Weather: Clear Traffic Flow; One Way		1000	Control:	7.3	affic Volume: o Traffic

Details of Ve	hicle Involved				VELTON AS	
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLL3147K	Motor car					0
SNQ3986E	Motor car	MAZDA	3	Grey	Slightly Damaged	0

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



T/20241029/7135

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20241029/7135

#### CONTINUATION OF REPORT

Driver				e la la		
Name	HAN YONG KWONG			ID No	).	S6836034Z
Related Vehicle	SNQ3986E (Motor car)			Conta	act No.	97880055
Hospital/Clinic	NIL			Class Drivin Licen Expir	ig	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disch	narge	NIL	
No. of Days grant	ed Medical Leave (MC)	NIL	Degree of	Injury	NIL	

## Brief Details.

On 29/10/2024 at about 1034hrs, I was in my vehicle (SNQ3986E) alighting a passenger along Princep St Enrtrance, Sim Lim Square. As I was moving off, one vehicle (SLL3147K) made a sharp turn into my lane. I did not feel any impact hence I continued with my journey.

At about 1914hrs, IO Ben from Traffic Police sent me a WhatsApp message to inform that someone had lodged a hit and run report against my vehicle and I was advised to lodge a report. I made a check and realized that there were scratches on the front right bumper of my vehicle. The incident number and other party's car plate number was provided by the IO. I retrieved my in-car camera footage and sent it to the IO. I am lodging this report as advised by the IO.



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



3 of 3 Report No. T/20241029/7135

CONTINUATION OF REPORT

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: 29/10/2024 22:19
Officer In Charge Of Case: TP / HRT / NEO ZHI YUAN Contact No.: 65476079	Classification Of Case:
This report is lodged at Bishan NPC Kiosk 1	





## Allianz Insurance Singapore Pte. Ltd.

#### CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP.189 OF THE REVISED EDITION) (REPUBLIC OF SINGAPORE)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 (REPUBLIC OF SINGAPORE) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960

OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number

SP2009346013

Date of Issue

: 22 April 2024

Coverage

: COMPREHENSIVE - PREFERRED WORKSHOP

Policyholder

: HAND TECH RENTAL

Finance Company

TAI THONG LEE TRADING PTE LTD

Period of Insurance

: 16 April 2024 To 03 January 2025 (both dates inclusive)

Registration Number

: SNQ3986E

Chassis Number of Vehicle

: JM6BP2SAAR1202572

### 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 or to whom the
- \* Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act (Cap 276) (Republic of Singapore) and such registration has not been cancelled at the time of accident loss or damage.

#### Limitation as to Use^:

- (a) Use for carriage of passengers or goods in connection with the Policyholder's business.
- (b) Use for social, domestic and pleasure purposes and business purposes of any person to whom the vehicle is
- (c) Use for the carriage of passengers for hire or reward under Private Hire Vehicle (PHV) by any person to whom the vehicle is hired and for use within Singapore only.
- Limitation rendered inoperative by Section 8 of 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.

### Policy does not cover:

- (a) Use for racing, pace-making, reliability trials or speed-testing.
- (b) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

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).

22 April 2024

Issue Date

Hicham Raissi Chief Executive Officer Allianz Insurance Singapore Pte. Ltd.

: Section 1: Own Damage Excess Section 1: Windscreen

S\$ 55 1,000.00 100.00

Section 2: Liabilities to Third Parties

S\$

2,500.00

Allianz Insurance Singapore Pte. Ltd. | UEN 201903913C

79 Robinson Road #09-01 | Singapore 068897 | Tel: +65 6714 3369 | Website: www.allianz.sg

# VEHICLE RENTAL AGREEMENT

ar arto	TECH RENTAL("Owner	r), UEN: <u>53381125B</u> ,	and	пап	rong Kwong		
'Hirer")	, NRIC,S6836034	4Z	, Date of b	irth,	15 Sept 196	8 wi	th an address of
		#05-55 S(570229)					
and	9788 0055	(HP number), C	wner and H	lirer ma	y also be referre	ed to as "Party	" in the singular
and "P	arties" in the plural, This	Agreement is subject	to the follo	wing ter	ms and conditio	ns:	
Rental	Vehicle						
Owner	hereby agrees to rent to	Hirer the following ve	hicle ("Veh	icle"):			
Make:	Mazda		Model:	Mazd	a 3 Mild Hybrid	d	
Car Pla	ite: SNQ3986E		Colour:	Gr	ey		
Mileag	9:		Petrol leve	el:			
Rental	Period						
wner a	grees to rent Vehicle to	Hirer for the following	period:				
Start D	ate: 5 June 2024	End Dat	. 25	5 Jan 2	126		
	y continue on an Open v			**********		irer is require	d to give 7 days
	return the vehicle.			**********		irer is require	d to give 7 days'
otice to Rental	return the vehicle.	vehicle rental agreeme	nt after the	End Da	ate. However, Hi	irer is require	d to give 7 days'
otice to Rental	return the vehicle.	vehicle rental agreeme	nt after the	End Da	ate. However, Hi	irer is require	d to give 7 days'
Rental ne Hire	return the vehicle.  Fees  r hereby agrees to pay  Fees: \$ 76 per d	vehicle rental agreement the Owner for use of the ay / week.	nt after the	End Da	ite. However, Hi		
Rental ne Hire wner n	return the vehicle.  Fees  r hereby agrees to pay  Fees: \$_76per d  Deposit: \$_800,  nay proceed to collect th	vehicle rental agreement the Owner for use of the ay / week. e Vehicle back in any	nt after the	End Da	ite. However, Hi		
Rental ne Hire wner n narges ermina (a)	Fees  r hereby agrees to pay the rest of the period of the	wehicle rental agreement the Owner for use of the ay / week. e Vehicle back in any	nt after the	e End Da as follow	es payment by ti	he Hirer and	ermination
Rental ne Hire wner n narges ermina (a)	Fees  r hereby agrees to pay the rest of the per deposit of the per de	wehicle rental agreement the Owner for use of the ay / week. e Vehicle back in any	nt after the	e End Da as follow	es payment by ti	he Hirer and	ermination
Rental ne Hire wner n narges ermina (a) (b)	Fees  r hereby agrees to pay the rest of the period of the	wehicle rental agreement the Owner for use of the ay / week.  e Vehicle back in any w:	nt after the	e End Da as follow	es payment by ti	he Hirer and	ermination
ermina (a) (b) ne Ren (a)	Fees  return the vehicle.  Fees  76 per d  Deposit: \$ 800 .  nay proceed to collect the will be applied to Hirer.  tion charges are as follo  Forfeiture of deposit  Full rental charges for tal Fees includes with return the collection of the colle	wehicle rental agreement the Owner for use of the ay / week.  e Vehicle back in any w:	nt after the	e End Da as follow	es payment by ti	he Hirer and	ermination
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wner narges ermina (a) (b) ne Ren (a) (b) (c)	Fees  return the vehicle.  Fees  76 per d  Deposit: \$ 800 .  nay proceed to collect the will be applied to Hirer.  tion charges are as follo  Forfeiture of deposit  Full rental charges for tal Fees includes with return the collection of the colle	wehicle rental agreement when the Owner for use of the ay / week.  The Vehicle back in any we with the remainder of the perspect to the Vehicle:  The urance coverage taken	nt after the	as follow fault Fee	es payment by the	he Hirer and I	ermination
wner narges ermina (a) (b) ne Ren (a) (b) (c)	Fees  return the vehicle.  Fees  return the vehicle.  Fees  return the vehicle.  Fees  return the vehicle.  Fees: \$ _76 _ per d	wehicle rental agreement when the Owner for use of the ay / week.  The Vehicle back in any we with the remainder of the perspect to the Vehicle:  The urance coverage taken	nt after the	as follow fault Fee	es payment by the	he Hirer and I	ermination
wner narges ermina (a) (b) ne Ren (a) (c) (d)	Fees  return the vehicle.  Fees  return the vehicle.  Fees  return the vehicle.  Fees  return the vehicle.  Fees: \$ _76 _ per d	wehicle rental agreement when the Owner for use of the ay / week.  The Vehicle back in any we with the remainder of the perspect to the Vehicle:  The urance coverage taken	nt after the	as follow fault Fee	es payment by the	he Hirer and I	ermination