

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 First Submission	18/11/2024 17:43 (SGT)
Reported by	Actual Driver
Date of Accident	16/11/2024 20:04 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TAXI STAND OF GARDENS BY THE BAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNN2660S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GOH LEASING
Company Reg No	53392514B
Email Address	francis4436@gmail.com
Mobile Phone No	(Phone) +65-83825855
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	ALPHARD HYBRID 7-SEATER 2.5 SRC CVT
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 hire
Transmission	Auto
CC	2493
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2031835967

DRIVER

Name of Driver	POH HAN KEE
NRIC No	S7034934E
Date Of Birth	07/10/1970
Occupation	Outdoor
Driving Pass Date	30/05/1990
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	34 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96818890
Alt. Phone Number	-
Email Address	francis4436@gmail.com
Address	APT BLK 327A SUMANG WALK #19-912
Address complement	-
Postcode	821327
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)	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	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 TO SKETCH PLAN

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	SHD2079U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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	POH HAN KEE
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNN2660S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

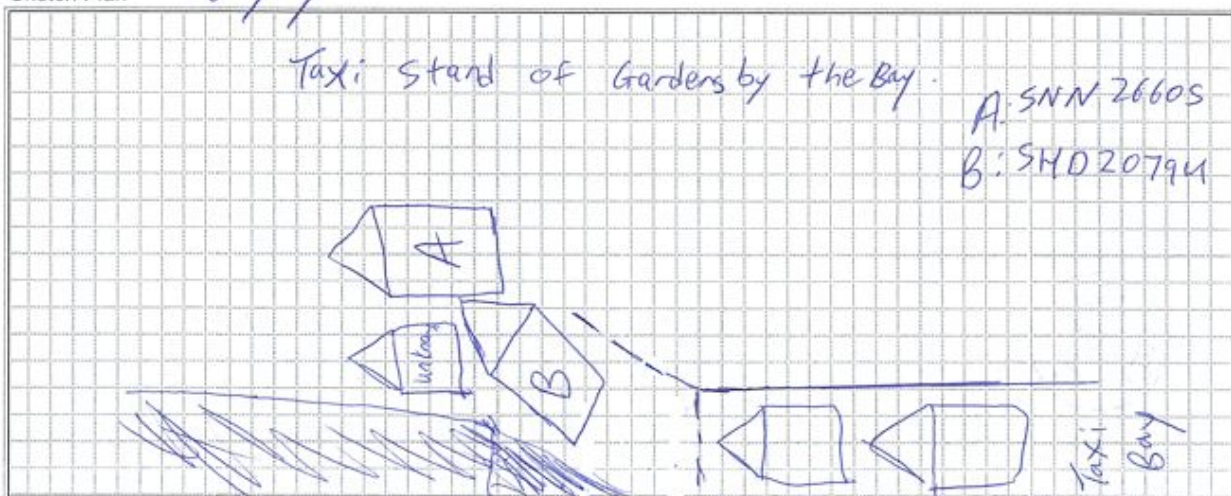
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 and Date & Time:  Date & Time:  Date & Time:  Date & Time: 

Actual 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

I was travelling along Taxi stand of Gardens by the bay. After I drove past the Taxi stand, I felt a strong impact from my rear. When I got down to inspect I realised vehicle B came out from taxi Bay and hit onto my rear.

3rd party at Leong Auto.

Declaration

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


Policyholder's Signature / Date & Time


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


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









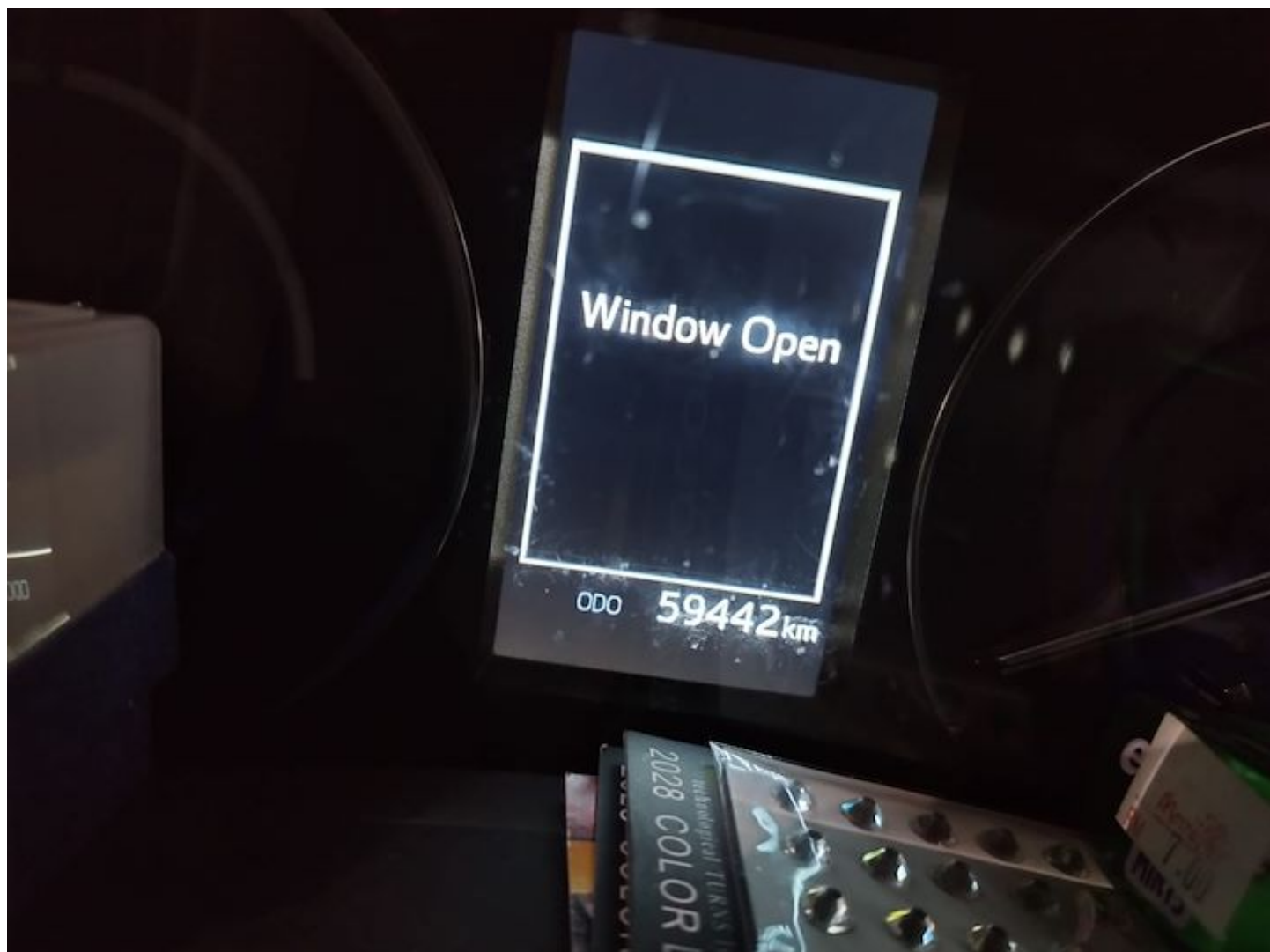














**SINGAPORE
POLICE FORCE**



T/20241118/7046

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

1 of 3

Report No. T/20241118/7046

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/11/2024 11:49	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: POH HAN KEE		Address: 327A SUMANG WALK #19-912 SINGAPORE 821327	
ID Type / ID No.: NRIC NO / S7034934E		Contact No.: Home/Office: Mobile: 96818890	
Nationality: SINGAPORE CITIZEN		Email: EDWIN_PHK@YAHOO.COM	
Sex: Male	Age: 54	Date of Birth: 07/10/1970	Type of Informant: Driver
Race: Chinese		Language: English	
Occupation: Private-hire car driver		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/11/2024 20:05	Type of Location: Straight Road
Location: MARINA GARDENS DRIVE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Policeman Controlled		Traffic Volume: Heavy
Type of Collision: Change Lane				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD2079U	Taxi	TOYOTA	Noah			0
SNN2660S	Motor car	TOYOTA	Alphard	Black		1

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



**SINGAPORE
POLICE FORCE**



T/20241118/7046

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

2 of 3

Report No. T/20241118/7046

CONTINUATION OF REPORT

Driver			
Name	POH HAN KEE		ID No. S7034934E
Related Vehicle	SNN2660S (Motor car)		Contact No. 96818890
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	16/11/2024	Date Discharge	16/11/2024
No. of Days granted Medical Leave (MC)	05	Degree of Injury	Slight

Brief Details.

I was travelling along the taxi stand of Gardens by The Bay. After I drove past the taxi stand, I felt a strong impact from my rear. When I got down to inspect, I realised that Vehicle SHD2079U came out from the taxi bay & hit onto my vehicle.

I felt discomfort after the accident & went to seek medical attention.



**SINGAPORE
POLICE FORCE**

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



T/20241118/7046

3 of 3

Report No. T/20241118/7046

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
LEE GUANG HUI
Contact No.: 65476414

NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
18/11/2024 11:49

Classification Of Case:





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 : SP2031835967
 Date of Issue : 22 July 2024
 Coverage : COMPREHENSIVE - EXCLUSIVE AUTHORISED WORKSHOP
 Policyholder : GOH LEASING
 Finance Company : BENEFIT AUTO ENTERPRISE PTE LTD
 Period of Insurance : 24 July 2024 To 23 July 2025 (both dates inclusive)
 Registration Number : SNN2660S
 Chassis Number of Vehicle : AYH300155469

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 vehicle is hired.
- * 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 hired.
- (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 July 2024
 Issue Date


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

Intermediary Code	: 0000155 GENRIVER FINANCIAL PTE LTD		
Excess	: Section 1: Own Damage	S\$	5,000.00
	Section 1: Windscreen	S\$	100.00
	Section 2: Liabilities to Third Parties	S\$	4,000.00
	Comprehensive - Exclusive Workshop Per Policy Schedule		

Allianz Insurance Singapore Pte. Ltd. | UEN 201903913C
 79 Robinson Road #07-01 | Singapore 068897 | Tel: +65 6714 3369 | Website: www.allianz.sg

This agreement is invalid if without our company stamp. Any deposit / payment must be transfer to our bank account stated below.
Goh leasing will not take any responsibility for any payment not made to our account.

Goh Leasing

200 Jalan Sultan Textile Centre #03-10 Singapore 199018

Tel: 63339441 Fax: 68832418 Hp: 97671329

Registration No. 533925148



SWWerkz Pte Ltd

BMW | BAW | Audi | Volkswagen
Specialist Independent Workshop



陈进财
ERIC TAN

+65 84842626
eg202p@yahoo.com.sg
25 kaki Bukit road 4,
#08-46 singapore 417800

25 Kaki Bukit Road 4 #03-65 Synergy@ Kaki Bukit S (417800)
63844844 / +65 82023070 (WhatsApp)

Car Rental / Leasing Agreement



Hirer Particulars

Name (as per NRIC): Poh Han Kee (Edwin) License Pass Date: (MIN 2 YEAR) 30 May 1990

NRIC: 97034934E Date of Birth: 7-10-1970 (DD/MM/YYYY)

Address: Blk 327A Gurnang Walk #19-912 Singapore 81327

Contact Number: 9681 8890 2nd Contact Number: 8699 8439 wife

Vehicle Description

Make/Model: Brand New GRC Alphard (Black) Vehicle Car Plate No. : SNH 2660S

Date of Collection: 29-11-2023 Date of Return : 28-11-2025

Time of Collection : 11:30 am Time of Return : _____

Contract Period : 2 years Insurance Excess 1 : 1500

Fuel Level : _____ Insurance Excess 2 : 1500

Payment

Rental Amount : 1225 paid weekly Payment on every: Tues before 2359 hours

Deposits: 3000 paid (Pay now / Bank Transfer / Cash @ _____)

Return of Deposit to Hirer: _____ (Hirer Signature & Date)

*VEHICLE INSURANCE/ACCIDENT CLAIM SPECIALIST → FRANCIS @ 83825855

Penalty of SGD 20 exclude car rental fee will be imposed of everyday of late payment. Exclude towing fee of SGD 100 to SGD 1,000

Payment can be made either by

- Bank transfer to DBS: 072-468548-3 (88 MOTOR TRADING)
- PAYNOW to UEN 53143516D888 (88 MOTOR TRADING)
- CASH/NETS payment at 200 Jalan Sultan Textile Centre #03-10 Singapore 199018.
- No receipt will be provided. Unless is Cash Payment at our office.



Hirer Signature & Date

Authorized staff Signature & Date