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# SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to
- 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.
- Any raise reporting may be referred to the Police for investigation.
   This report will be forwarded by the insurers of 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.

By the ladgement of this report to the insurers, you hereby presaid.	s of the GIA Records Management Centre established by the GIA Records Management Centre established parties, ill for a fee be made available upon application by interested parties, it consent to the archiving of this report at the centre and to copies of the report being made available consent to the archiving of this report at the centre and to copies of the report being made available.	OJP
	ACCIDENT STATEMENT	
Of Depart	04/01/2018 10:35	
Date Of Report Date Of Accident	01/01/2018 13:35	
Exact Location Of Accident	PIE TOWARDS CHANGI BEFORE LORNIE EXIT	
Country/State of Loss	SINGAPORE	7.Is
Country/State of Loss	DETAILS OF OWN VEHICLE	
n alekation Number	SJV9999A	
Vehicle Registration Number		
Insured/Policyholder	MOTORWAY CAR RENTALS PTE LTD	
Name Of Registered Owner	199902927C	
Co Reg No	BARBERSEANYS@GMAIL.COM	
Email Address	(LOCAL) +65-91158278	
Mobile Phone No	OFFICE-64682200	
Alternative Phone No		
Vehicle Particulars	SSANGYONG	
Manufacturer	STAVIC-2.0 D (A)	
Model		
Exact Purpose for which vehicle was being time of accident		
Are you claiming under your own insurance for repair to your vehicle?	policy YES	
If No. Please state action to be taken	COMMERCIAL VEHICLE	
Vehicle Category	COMMERCIAL	
Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD	
Name of Insurance Company	COMPREHENSIVE	
Type Of Coverage		
Fleet Policy	NO 5093336938	
Policy Number	2020333344	
Cover Note Number		
Driver	CHENCISIAN SEAN	
Name of Driver	ONG YU SIAN ,SEAN	
NRIC No	S8811008J	
Date Of Birth	06/04/1988	
Occupation	OUTDOOR	
Date Of Driving Pass	31/12/2009 8 YEARS AND 0 MONTHS	
Driving Experience		
Gender	MALE (LOCAL) +65-91158278	
Mobile Number	(LOCAL) 703-31100210	
e Number		

Fax Number OFFICE-64682200

Contact Number BARBERSEANYS@GMAIL.COM EMail Address

Address

BLK 443C FAJAR ROAD

#D5-76

Postcode

673443

Was driver an employee of the Insured's Company NO OTHER - HIRER

If No, Relationship of the Driver with the Insured Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: UNKNOWN

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN (COLLISION TYPE IS SKIDDED AND LOST CONTROL)

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GX4369D

Vehicle Make/Model/Colour

DAIHATSU VAN

Details Of Properties

Vehicle Category Name of Driver

COMMERCIAL VEHICLE

WEE LAY MENG

NRIC/Passport Number Contact Number

S1529770J

94776997

BLK 289G #08-92

Address

BUKIT BATOK STREET 25

Postcode

656289

Insurance Company Name

Nature Of Damage

Page 2 of 16

### SKETCH PLAN

## IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- Information provided must be as truthful and accurate as possible. Any withit misrapresentation or withholding of material facts may.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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.

port being made available and	44
ketch Plan	PIF Towards Changi
11111111	Exit
	· · · · · · · · · · · · · · · · · · ·
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61 100	Skided and Vehicle H- Garage 3691
	- Lost Control to hicle 15 - 612 701)
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	and Somewhere before the exit of Loringe, the road Surface	_
is not and	I was travel on 70 to 80 km/h. Dut of sudden, my reh	1-1
stided and	lost control from lane I to lane 9. After that, vehicle I	2
	the reny (lune 5) collided onto the reny portion of my	8
whide.	Vehicle B- 6x 4369D	

#### Declaration

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

Policyholder's Signature / Date &

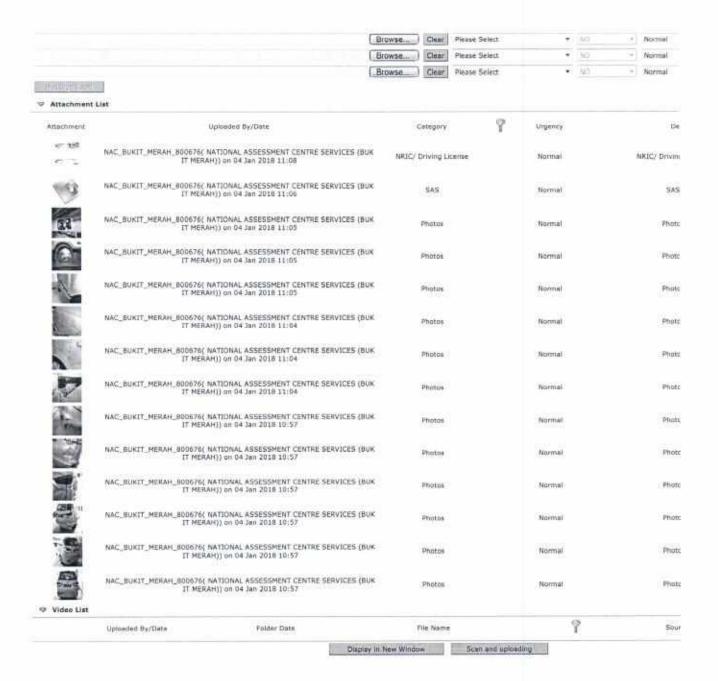
Driver's Signature (if driver is not the policyholder) / Date & Time

104/2014

Witnessed by Reporting Centre

Personnel

premium on this policy has n dent MT/0976173	with earth of the control of the	200000000	51V9999A	GST Registration No.
	5093336938	Vehicle No.	MAX SALES	Policyhulder NRSC
cy No.	MOTORWAY CAR RENTALS PTE LTD		drive FREMIUM	Loading
cyholder Name	FLETT INSURANCE	Cover Type	Block Lore Harry	Cuntact No. (Home)
duct Code	54	Contact No.(Office)		eCode
ntact No. (Motriw)	370	Special Remark	Ministrative Manager	eCode Riseson
ail Address	iii No ? Yes	TCA	ip No. Yes	Proyate Hirs Not ave
K.		NCD Entitlement(%)	00	
D Protection	Nn			Accident Type Collisio
y Accident Details	03/01/2018 13:54	Accident Report Within 24 hrs	Yes	Country of Accident Singap
eport Date		Time of Accident his mm	13:30	ICM No.
ate of Accident	01/01/2018	Orange Force		West to the
eporting Centre	2000			
coident Location	PIE TOWARDS LORNIE ROAD			
· Senefits				Windscreen Excess
TO Excess		Additional Extens	0.00	Windscreen Coops
Own damage Excess	1,000,00	Outside Singapore OD Excess	1,000.00	
Unnamed Driver Excess	25.00	Outside Singapore TP Excess	0.00	
Third Party Excess	0.00	- Marine However, and the		01/08/1999
GST Registered Infor			GST Registration Data	Yes
GST Registered	THE		GST Status Verified	0.000
GST Registration No.	199902927C			
Modification History				
				Address 3
@ Policyholder Mailing	Address	Address 2	MOTORWAY BUILDING	Post Code
Address 1	1094 LOWER DELTA ROAD	Address Type	Singapore address	Post Code
Address 4		Related Policy Number	5093337471	
Unit No.				
OJ Driver Info		Driver Type		Driver DOS
Driver Name		Driver NRIC		Oriving Experience
Unnamed driver Name		Driver Age		Contact No.(Home)
Register Date of Driver Us	unse	Contact No.(Office)		Address 3
Contact No. (Mobile)		Address 2		Post Code
Address \$		Address Type	Foreign address	Edit gross
Address 4				A CONTRACTOR
Unit No.		Oriver Vehicle No.		Driver Insurer Company
Opes the own a Singapon Registered car?	Ves S No			
Modification History	New			
Claim 002 OD-MD			MOTORWAY CAR RENTALS PTE	Insured NRIC
Chaire French	OD-MD	Insured Name	MIS.	Contact No.(Office)
Claim Type *		Contact No.(Home)	51V9999A	TP Vehicle Number
Contact No.(Mobile) Email Address	rent@motorwaycarrentals.com	Of Vehicle Number	21432440	Name of Preferred Workshop
	53V9999A / GX4369D ON 1 Jan 20	18		
		Insured Liebility *	Fully at Fault	w\ ■ GIA report
Claim Description	INTEGRAL DATE		s Preferred Workshop (refer beig	174
	-	Preferenced Repair Option	Properties appropriate whites	Care Received
Claim Description Preferred Workshop Co	Yes	Preference Repair Option Claim Clase Date		Class Received
Claim Description Preferred Workshop Co No.	04/01/2018 11:07		,	Date Received Tutal Loss but Repaired
Claim Description Preferred Workshop Co No. Sequire Finalisation	Yes	Claim Close Date		Class Received
Claim Description Preferred Workshop Co No. Require Finalisation Date Registered	04/01/2018 11:07	Claim Close Date	Save Submit	Class Received
Claim Description Preferred Workshop Co No. Sequire Finalisation Date Registered Report Taken By  12 Print AK letter	04/01/2018 11:07	Claim Close Date		Class Received
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Claim Description Preferred Workshop Co No. Sequire Finalization Date Registered Report Taken By Print AK letter  Assachment	04/01/2018 11:07 RDSLI WAHAB	Daim Close Date  Workshop Repairer  Claim No.	Save Submit 002 04/01/2018	Tutel Loss but Repaired  Titel Loss but Repaired





MotorWay Car Care Centre Pte Ltd

(CO. REG NO.: 20000-0606-)

1094, Lower Delta Road, Motorway Building, Singapore 169205 Tel: (65) 6468 2200 Fax: (65) 6273 5535

el: (65) 6468 2200 Fax: (65) 6273 5535 Website: www.motorway.com.sg

#### ACCIDENT STATEMENT FORM

Please attach this form together with Driver IC, driving license and Insurance Certificate.

Date of Accident: 01/01/2018 Time of Accident: 1:35 am (pm) noon
Exact Location of Accident: The Towneds Change Before Locale Exit
Detail of Own vehicle ~ Policyholder
Name of registered Owner: Motorway Car Rentals Pte Ltd
NRIC / FIN / Passport number : 199902927C
Address: 1094 Lower Delta Road, Motorway Building (S) 169205
H/P: 64682200
Fax: 62735535
Vehicle Particulars
Vehicle Registration Number; 53V 1999A
Vehicle Make and Model: Sangyong Stayic
Purpose was being used at time of accident : Rrivate use / Commercial use / Hire & reward
Action to be taken for repair your vehicle : Third party claims (Own damage claims) Reporting only
Insurance Company
Name of Insurance Company: Liberty Insurance / Tokio Marine Insurance
Type of coverage: Comprehensive / Third Party Fire & Theft / Third party only
Policy number :: 3815356758
Details of Own Vehicle ~ Driver
Name of Driver: Ong Ty Sinh Sean
NRIC / FIN / Passport number : S88 1 008 )
Date of Birth : 06 / 04 / 1988
Occupation: Indoor
Date of driving pass: 31 / 12 / 2009  Address: 1516 4436 Falor Rand #05-76 Singapore 678443
H/P: 91158278
Email: barberscanys @gmil.com
Relationships of the Driver with the Insured: Hire & reward
Information Of The Accident (Please circle)
Injuries even if slight: Yes / No
Any Material or property damaged: Yes/ No
Weather conditions : Clear (Raining / Drizzling
Road surface; Web / Dry
Was the accident reporting to the police : Yes / No
Was notice of intended prosecution given : Yes (No If Yes, against to

- 2 Person Including Priver UNKHOWN MANN - No Injury - No Video Footine



MotorWay Car Care Centre Pte Ltd

(CO. REG NO.: 20000-0606-)

1094, Lower Delta Road, Motorway Building, Singapore 169205 Tel: (65) 6468 2200 Fax: (65) 6273 5535 Website: www.motorway.com.sq

Details of Other Vehicle / Property 1	Website, www.motorway.co
Vehicle Registration Number: 5x 43610	
Vehicle Make and Model : Paihutsy Van	-
Name of Driver : Wee Lay Mins	
NRIC / FIN / Passport number: \$1529 770	T
Address: Blk 2896 Bukit Batal Sty	11+ 75# NS-92 SI HSL799
Address: Blk 2895 Bukit Batoli Sty	TEL TIME SE TIMAGEN UTOLOT
Insurance Company Name :	
Details of Other Vehicle / Property 2	
Vehicle Registration Number :	
Vehicle Make and Model :	•
Name of Driver :	
NRIC / FIN / Passport number :	
Address:	
H/P:	
Insurance Company Name :	
Details of Witness (If any)	
Name	
Address :	
H/P:	
Email:	Ω.
/	
Details of Injuried Person 1 (If any)	
Name	
Address:	-
Injuries sustained :	
Injured person in which vehicle	
Was injured conveyed to hospital by ambalance	Yes / NO
Details of Injuried Person 2 (If any)	
Name	
Address:	
Injuries sustained :	
njured person in which vehicle :	
Was injured conveyed to hospital by ambalance	Yes / NO
/ We declare the foregoing particulars are true in	every respect
Policyholder's signature :	Date and time : 02,01, 2018@ 2:50 PM
Oriver's signature :	Date and time : 02 /01 / 208 @ 230 fm
V	











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 Number: 5093336938	Cover : drivo PREMIUM		
1. Index mark and Registration Number of Vehicle	: SIV9999A		
Chassis Number	: KPTV081T5HP122598		
Name of Policyholder	MOTORWAY CAR RENTALS PTE LTD		
3. Effective Date of Insurance	: 16 Nov 2017		
4. Expiry Date of Insurance	: 15 Nov 2018		
5. Persons or Classes of Persons entitled to drive#	UP. STOTO STREET		
<ul><li>(a) The Policyholder.</li><li>(b) Any other person who is driving on the Policyh.</li></ul>	pider's pedar to with his flor promission		
Provided that the person driving is permitted in the Motor Vehicle or has been so permitted an enactment or regulation in that behalf from dri	a accordance with the licensing or other laws or regulations to drive d is not disqualified by order of a Court of Law or by reason of any		
6. Limitations as to Use#			
	and in connection with the Policyholder's or Hirer's business.		
This Policy does not cover	CONCRETE ACCRETOR :		
<ul> <li>(a) Use for racing, pace-making, reliability trial or s;</li> <li>(b) Use for the carriage of goods (other than sample)</li> </ul>			
(c) Use for any purpose in connection with the Mot	tor Trade.		
# Limitations rendered inoperative by Section 8 of	f the Motor Vehicle (Third Party Risks and Compensation)		
headings.	ransport Act, 1987 (Malaysia), are not to be included under these		
EXCESS (SECTION 1)	± \$\$1,000		
EXCESS (SECTION 2)	: N/A		
WINDSCREEN EXCESS	: \$\$100		
ADDITIONAL EXCESS	: N/A		
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF		
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 Certific Vehicles (Third Party Risks and Compensation) Act (Cha Agency : MOTOR-WAY CREDIT PTE LTD (00 Date of Issue : 10 Aug 2017 11:44 hrs	cate relates is issued in accordance with the provisions of the Motor opter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)		
Zonali	FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED		
Countersine ad Buy			
Countersigned By:			
Authorised Office	er Chief Executive		

Register New Vehicle (Acknowledgement)

Vehicle Particulars

Vehicle No.:

53V9999A

Vehicle Type:

R11 - Private Hire (Self-Drive)

Station Wagon/Jeep/Land Rover

Vehicle Scheme:

Normal

Vehicle Attachment 2: -

Vehicle Attachment 1: No Attachment

Vehicle Attachment 3:

Vehicle Make:

SSANGYONG

Vehicle Model:

STAVIC 2.0D AUTO 2WD 9 SEATER

Chassis No.:

KPTV0B1TSHP122598

Engine No.:

67196022688010

Motor No.:

Trailer Chassis No.:

Propellant:

Diesel

Passenger Capacity:

R

Engine Capacity:

1998 €€

Power Rating:

Maximum Power

Output

114.0 kW (152 bhp)

Maximum Laden

Unladen Weight:

2080 kg

Weight

2750 kg

Primary Colour:

Silver

Secondary Colour:

Original Registration

First Registration Date: 16 Nov 2017

Date:

16 Nov 2017

Manufacturing Year:

2017

Open Market Value:

\$25,008.00

PARF Eligibility:

Yes

Minimum PARF Benefit: \$13,506.00

No. of Transfers:

Additional Registration First \$20,000,00 (100%), next

Actual ARF Paid:

\$5,008.00 (140%)

Owner Particulars

Owner Name:

MOTORWAY CAR RENTALS PTE

LTD

Owner ID Type:

Company

\$27,012.00

Owner ID:

199902927C

Registered Address

Private Residential (Condo Apt or

House) / Shopping / Office

Type:

Complexes

Registered Block/House 1094

Registered Street Name: LOWER DELTA ROAD

Registered Unit No.:

Registered Building

MOTORWAY BUILDING

Name

Registered Postal Code: 169205

COE No. / Explry Date:

2017100107000858R / 15 Nov

2027

COE Bid Category:

E - Open - all except motorcycle

QP Paid:

Transaction Details

\$49,012.00

Business Transaction

20171116103549686209

Ref. No.:

**Business Transaction** 

16 Nov 2017

10:35:49

Date

**Business Transaction** 

Time: Message

The above vehicle has been successfully registered.

Please note that \$3,374,00 will be deducted from your GIRO account.

The Vehicle No. Retention Fee of \$1,200.00 will be refunded to the vehicle owner.