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 Authorised 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 ability.
- 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 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 lodgement of this report to the insurers, you hereby consaforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	03/01/2018 09:49
Date Of Accident	01/01/2018 09:30
Exact Location Of Accident	SENGKANG W WAY/FERNVALE ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJH9467S
Insured/Policyholder	
Name Of Registered Owner	ACE LIMO & RENTAL PTE LTD
Co Reg No	201508311Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81631001
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT-1.3 G (A)
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSN1705661700
Cover Note Number	
Driver	

Name of Driver LIM KIM HOCK NRIC No S1363893D Date Of Birth 05/03/1959 Occupation **OUTDOOR Date Of Driving Pass** 30/03/2015

Driving Experience 2 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91008783

Fax Number

Contact Number

EMail Address NOEMAIL Address BLK 162 YISHUN ST 11 #10-230 S(760162)

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident **COLLISION - CROSS JUNCTION**

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? YES

Was any injured conveyed to hospital by

ambulance?

YES

NO

3

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : UNKNOWN

GENDER: : MALE

Passenger 2 NAME: : UNKNOWN

> GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name CHONG PANG NEIGHBOURHOOD POLICE POST

YES

ROAD: BLK 141 YISHUN RING ROAD, POSTCODE: 760141, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 1800-7529999 - FAX NO: 67528913 Police Station Contact

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHD6359K

NO

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Page 2 of 17

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

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 Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 lodgment 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:
 - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) (ii) (iii) (i

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

Date & Time:

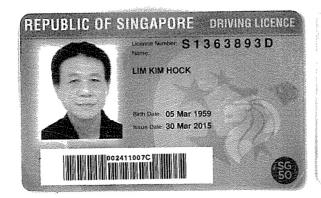
Reporting Centre Personnel's Signa Name:

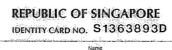
NRIC/FIN No.:

Sketch Plan #2 Pg. 1

CHETCH DIAM			
SKETCH PLAN		Management and the second special spec	
→		* State of the Sta	A: SJA9467S
2			B: 8406359K
	\searrow	(-	D. 21 0822 1 V
Ç-	V CA		
DESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT		
Refer to TP		12034	

DECLARATION I/We declar Other foregoing part	iculars are true in every respect.		
ACE STATE OF THE S) (Jake (# NUTONES
Policyholder Fignature Date & Time:	Driver's Signature (If driver is not the policyho Date & Time:	older)	Reporting Centre Personnel's Signature Sylvanian Name: NRIC/FIN No.:









LIM KIM HOCK

林金福 Baco CHINESE Data of Bath Sei 05-03-1959 M Country of Bath SINGAPORE



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg

4

NP 428A

INS CERT Pg. 1



中国太平保险(新加坡)有限公司 CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.

MZ406L/BN SN B ANOS90A 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)

\$1400.00

Engine No :L13A410284 CERTIFICATE No. DMRCSN1705661700 Chassis No: GE61092819 1 Index Mark and Registration SJH9467S Number of Vehicle 2. Name of Policy Holder M/S ACE LIMO & RENTAL PTE LTD 3. Effective date of the Commencement of Insurance for EXCESS SECT I .. 16 JANUARY 2017 the purposes of the Regulations, Ordinance or Enactment8\$1,500.00 EXCESS SECT.11 (OUTSIDE SINGAPORE).....\$\$3,000.00 Date of Expiry of Insurance 15 JANUARY 2018 EX ON WINDSCREENs\$100.00 5. Persons or Classes of Persons entitled to drive *

AS PER NAMED DRIVER(5) 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.

ANY EMPLOYEE OF THE COMPANY OR

ANY AUTHORISED HIRER/DRIVER ONLY

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.

德威信貨水人有限公司 IECK WEI CREDIT PTE LTD Co. Reg. No. 200512300K 210 Turf Club Road, The Grandstand Lot As Singapore 287965 Tel: 6465 0020 Fav. 6465 0047 Froall Jacobian and Johns Company Email tockwei ar @ rahoo.com.og

HIRE PURCHASE CO. : HONG HENG CO PTE LITO AS HP OWNER *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/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.

Countersigned By:

Authorised Officer

Authorised Signatory

POLICE REPORT





Police Station Of Origin: Chong Pang NPP 141 Yishun Ring Road SINGAPORE 760141 Tel No: 1800-7529999 1 of 3 Report No. T/20180101/2034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/01/2018 13:13		Vide Report No.: F/20180101/0148	Station Diary No.:		
Informa	nt's Partic	ulars			
Name of LIM KIM	f Informant: I HOCK		Address: APT BLK 162 YISHUN S 760162	TREET 11 #10-230 SINGAPORE	
ID Type / ID No.: NRIC NO / S1363893D			Contact No.: Home/Office:	Mobile: 91008783	
National SINGAF	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 58	Date of Birth: 05/03/1959	Type of Informant:		
Race: Chinese			Language:	Institution / School Name:	
Occupation: GRAB CAR		Driving Licence Information: Class: 3A Date of Expiry:			

Seneral Inform	mation of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/01/2018 09:30	Type of Location T-Junction	
Location: Along Road 1 SENGKANG By Fernyale F	WEST WAY				
Weather:		Road Surface:		Road Speed Limit:	
Drizzling		Wet			
		Traffic Control: Traffic Light - Wo		Traffic Volume: Moderate	
Type of Collis Between Mov	ion: ing Vehicles - Head To S	ide	a	Anyone conveyed by ambulance: No	

Details of V	ehicle Invo	lved				Sold Street, S
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHD6359K	Car	ТОУОТА	PRIUS TAXI (SMRT)	Maroon	Slightly Damaged	0
SJH9467S	Car	HONDA	FIT 1.3G A	Black	Seriously Damaged	2

POLICE REPORT





Police Station Of Origin: Chong Pang NPP 141 Yishun Ring Road SINGAPORE 760141 Tel No: 1800-7529999

CONTINUATION OF REPORT

2 of 3 Report No. T/20180101/2034

Brief Details.

On 01/01/2018 at about 0910hrs, I was driving along Sengkang West Way at the most right lane on a 2 lane road with the registration No. SJH9467S with two passengers (Male, Malay) in the vehicle. I stopped at the traffic light at the T-Junction. As the traffic light turned green I turned right towards Fernvale Road. As I was turning suddenly there's a vehicle with the registration No. SHD6359K came from my left side and hit onto my vehicle. As the accident happened I drove to the side of the road along Fernvale Road. I noticed that the passengers in my vehicle had some injuries. One had a cut on his forehead and another had headache cause by the accident. I called for ambulance for assistance. The two passengers was sent to Khoo Teck Phuat Hospital for treatment.

During the accident, Traffic Police was called to scene and informed the Taxi Driver to proceed down to the Traffic Police Department as they need to retrieve the vehicle camera footage. As I do not have any vehicle camera installed inside my vehicle. I was instructed to proceed to make a Traffic Accident Report.

I wish to state that the accident causes some damaged on my car such as front left door was bended in and windscreen was shattered and rear left door was dented. I noticed there's dent on the Taxi (SHD6359K) front right bumper. The accident causes injuries on the two passengers, there's the taxi driver and I did not suffer from any injuries.

F/20180101/0148 - IO Irman / 6547 6365

POLICE REPORT





Police Station Of Origin: Chong Pang NPP

141 Yishun Ring Road SINGAPORE 760141

Tel No: 1800-7529999

CONTINUATION OF REPORT

3 of 3 Report No. T/20180101/2034

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

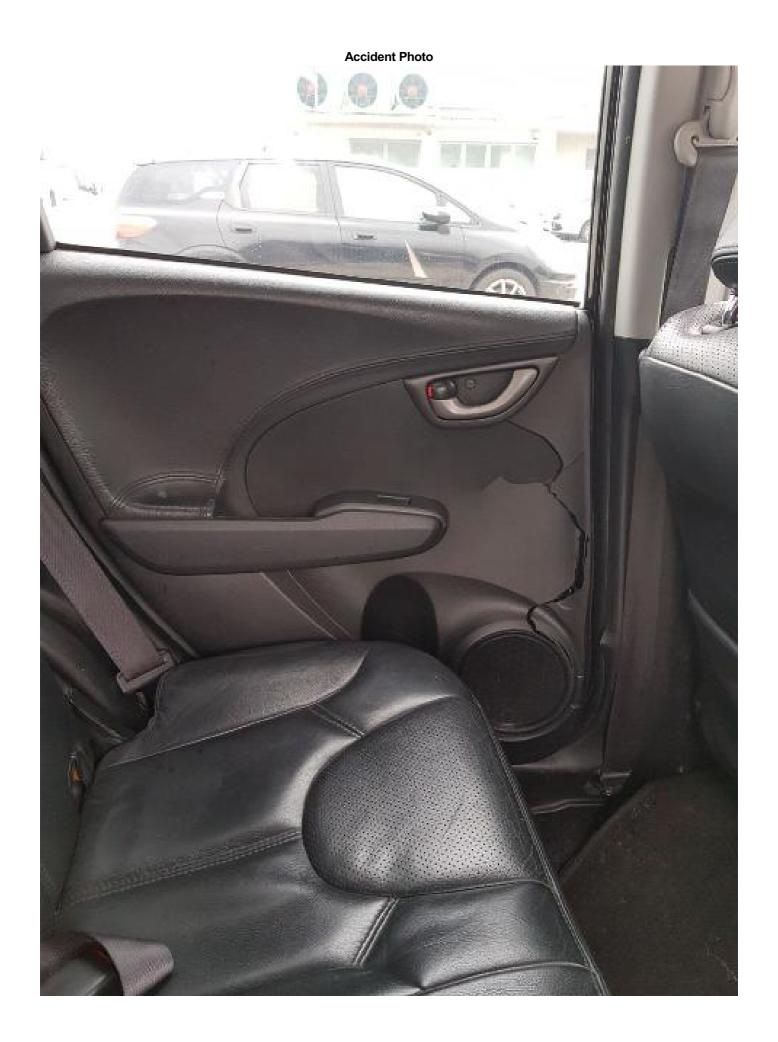
Signature Of Officer Recording The Report: F / Sgt 1 GAN WEI LEONG, ALASTAIR	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/01/2018 13:13
Officer In Charge Of Case: TP / GIT / Staff Sgt MA JUNXIANG Contact No.: 6547625	Classification Of Case:
Authentication Stamp NP168 Signature: Singapore Police	:



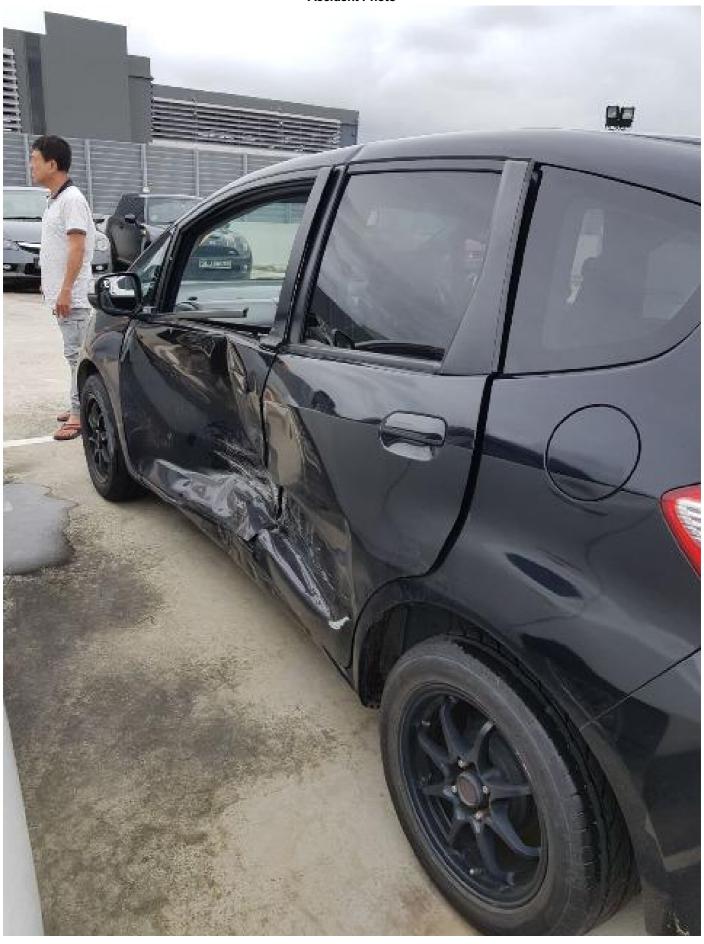
Accident Photo







Accident Photo



Accident Photo



