





## 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 withholding 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 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 Report	27/01/2018 14:33
Date Of Accident	27/01/2018 11:35
Exact Location Of Accident	MCE TOWARDS KPE BEFORE FORD ROAD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF9046Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CARZONRENT PTE LTD
Co Reg No	201605659R
Email Address	JASONYAPCAR@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90600447
Alternative Phone No	OFFICE-90600447

### Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095289021
Cover Note Number	

### Driver

Name of Driver	MOHAMED BIN AMAN
NRIC No	S1246272G
Date Of Birth	02/07/1957
Occupation	OUTDOOR
Date Of Driving Pass	19/06/1978
Driving Experience	39 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90600447
Fax Number	
Contact Number	OTHERS-90600447
Email Address	JASONYAPCAR@GMAIL.COM

Address	BLK 880 TAMPINES AVENUE 8 #06-288
Postcode	520880
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
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)	1

#### 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

#### 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	GU9997X
Vehicle Make/Model/Colour	VAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHEW YEW SOON
NRIC/Passport Number	S1155336B
Contact Number	96378644
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## SKETCH PLAN

### IMPORTANT NOTICE

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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:
  - (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.
- (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) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN

MCE TOWARDS KPE B/F FORD ROAD EXIT.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 27/01/2018 AT ABOUT 11:35HRS I WAS INSIDE MCE TUNNAGE PARK BECAUSE MY CAR SKY 9046 Y WAS BREAK DOWN. I ON MY HAZARD LIGHT. ~~THE~~ SUDDENLY FROM FAR I SAW A VAN WHICH WAS DRIVING FAST & COME NEAR TO MY CAR, I RAN TO THE SIDE ROAD. THE VAN GLI 9997X BANG ON THE REAR OF MY CAR & CAUSE A HUGE DAMAGE & THE DASH BOARD ALSO DAMAGE WE EXCHANGE PARTICULAR AT THE SIDE ROAD THAT ALL.

DECLARATION

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

Policyholder's Signature  
Date & Time:



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

*[Signature]* 27/1/2018

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

*[Signature]* 30/01/2018

10 Sin Ming Drive Singapore 575701  
Tel: 1800-CALL LTA (1800-2255 582) Fax: (65) 6553 5329

Our ref: 0901180501N001946872

09 Jan 2018

CARSONRENT  
61 UBI AVENUE 2  
#02-03  
AUTOMOBILE MEGAMART  
SINGAPORE 408898



Dear Sir/Madam

**NOTIFICATION ON TRANSFER OF OWNERSHIP FOR VEHICLE NO. SJB6010C**

We are pleased to inform you that your application to transfer ownership of the above-mentioned vehicle has been approved. You are no longer the registered owner of the vehicle with effect from 09 Jan 2018. The details are as follows:

Vehicle No.	: SJB6010C
Application Date	: 09 Jan 2018
Effective Transfer of Ownership Date	: 09 Jan 2018
Vehicle Make	: HONDA
Vehicle Model	: CIVIC 1.8L A
Chassis No./Trailer Chassis No.	: JHMFD16308S211413 / -
Engine No./Motor No.	: R18A13018733 / -

2. Please contact our customer service officers at tel: 1800-CALL LTA (1800-2255 582) should you require further assistance.

3. Thank you.

Yours sincerely

NG LAY CHOO (MS)  
DEPUTY DIRECTOR, VRL SERVICE OPERATIONS  
VEHICLE SERVICES GROUP  
LAND TRANSPORT AUTHORITY

(This is a computer-generated notice that requires no signature.)

From 15 February 2017, you do not need to display road tax disc on the windscreen of your vehicle. LTA has stopped issuing physical road tax discs as part of our efforts to streamline our processes. Please ensure that your original motor insurance certificate is readily available in your vehicle at all times. If you are driving into Malaysia, you are advised to carry printed proof of the validity of your road tax in your vehicle.



## Claim Handling

Accident MT/0980171

Policy No.	5095209021	Vehicle No.	SKF9046Y	GST Registration No.	
Policyholder Name	CARZONRENT PTE LTD			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	Drive CLASSIC	Loading	
Contact No.(Mobile)	90600447	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
<b>Accident Details</b>					
Report Date	30/01/2018 15:39	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	27/01/2018	Time of Accident hh:mm	11:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	MCE TOWARDS KPE BEFORE FORD ROAD EXIT				
<b>Benefits</b>					
<b>Excess</b>					
Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,300.00	Outside Singapore TP Excess	1,500.00		
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	No		
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	61 UBE AVENUE 2	Address 2	#04-10 AUTOMOBILE MEGAMART	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	04-10	Related Policy Number	5097605269		
<b>DI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MOHAMED BIN AMAN	Driver NRIC	S1245272G	Driver DOB	
Register Date of Driver License	19/06/1978	Driver Age	60	Driving Experience	
Contact No.(Mobile)	90600447	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 880 #06-288	Address 2	TAMPINES AVENUE 8	Address 3	
Address 4	SINGAPORE 520888	Address Type	Foreign address	Post Code	
Unit No.	06-288				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SKF9046Y	Driver Insurer Company	
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	CARZONRENT PTE LTD	Insured NRIC	
Contact No.(Mobile)	91557911	Contact No.(Home)		Contact No.(Office)	
Email Address		QI Vehicle Number	SKF9046Y	TP Vehicle Number	
Claim Description	SKF9046Y / GU9997X ON 27 Jan 2018				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	30/01/2018 16:40	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					






















Save Submit

## Attachment

Accident No.	MT/0980171	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	30/01/2018 16:41
Path *	Category *		
	Browse...	Clear	Please Select
			Confidential Urgency
			Normal

Browse...	Clear	Please Select	▼	100	=	Normal
Browse...	Clear	Please Select	▼	100	=	Normal
Browse...	Clear	Please Select	▼	100	=	Normal
Browse...	Clear	Please Select	▼	100	=	Normal
Browse...	Clear	Please Select	▼	100	=	Normal

Attachment

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 30 Jan 2018 16:41	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 30 Jan 2018 16:41	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 30 Jan 2018 16:39	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 30 Jan 2018 16:37	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 30 Jan 2018 16:37	NRIC/ Driving License	Normal	NRIC/ Driving

Uploaded By/Date

Folder Date

File Name

**Sour**

Display in New Window

### Scan and uploading



SKINCH. RAM

# ACCIDENT STATEMENT

ACCIDENT DATE: 27/01/2018 (DD/MM/YYYY), TIME: 11:35AM (HH:MM)

LOCATION: KPE TOWARDS TPE B/E FORO EXIT  
MCE

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SCF 9046Y  
b) INSURANCE COMPANY: N74C  
c) POLICY NUMBER: 5045289071  
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
e) MAKE & MODEL: HONDA SI 1.8i  
f) TYPE: SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE  
h) PURPOSE OF USING AT ACCIDENT TIME: DRIVING CRAB  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY

## 2. INSURED / POLICY HOLDER

- a) NAME: CARZON KUN PTE LTD (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 201605654R CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

# No of passenger  
(including driver)  
(1)

- DRIVER  
a) NAME: MOTAMMED BIN AMON (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 90600467  
c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 02/07/1951 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 19/06/1978

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) HIRER  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS  
b) ROAD SURFACE: DRY / WET / OTHERS

6. WAS ANYBODY INJURED (YES / NO)

7. c) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

# No of passenger  
(including driver)  
( )

- a) VEHICLE NUMBER: GU 9997X MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: CARON YUN BOON  
c) NRIC/FIN/PASSPORT: S155336B CONTACT: 96378644

## 9. THIRD PARTY VEHICLE

# No of passenger  
(including driver)  
( )

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_

Email = NO EMAIL

Fax = JASON YAP CAR @ GMAIL.COM

VIDEO

**REPUBLIC OF SINGAPORE**  
 IDENTITY CARD NO. **S1246272G**



Name  
**MOHAMED BIN AMAN**

Race  
**MALAY**

Date of Birth  
**02-07-1957**

Country of Birth  
**SINGAPORE**

Sex  
**M**



**REPUBLIC OF SINGAPORE** DRIVING LICENCE

Identity Number **S1246272G**

Name  
**MOHAMED BIN AMAN**

Birth Date **02 Jul 1957**

Issue Date **29 Apr 2003**




1519881



Identity No. **S1246272G**



Blood Group **O+** Date of Issue **26-01-1994**

**APT BLK 880 TAMPINES AVENUE 8 #06-288**  
**SINGAPORE 520880**

**S1246272G** **29/08/2013 (R)**

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES**

		PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	19 Jun 1973
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	06 Jun 1983
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	19 Aug 1983

NP 425A

License No: **S1246272G**





## 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:** 5095289021

**Cover :** drivo CLASSIC

- |  |                      |
|--|----------------------|
| 1. Index mark and Registration Number of Vehicle | : SKF9046Y           |
| Chassis Number                                   | : JHMRN68408S203342  |
| 2. Name of Policyholder                          | : CARZONRENT PTE LTD |
| 3. Effective Date of Insurance                   | : 23 Oct 2017        |
| 4. Expiry Date of Insurance                      | : 22 Jul 2018        |

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.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
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	: LIAN HONG PRIVATE LIMITED
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)

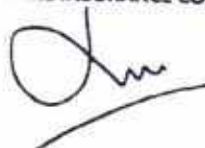
Agency : GI-SHOP (00000572282)  
Date of Issue : 24 Oct 2017 10:21 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive