

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	30/01/2018 15:50
Date Of Accident	29/01/2018 11:20
Exact Location Of Accident	CTE TOWARDS CITY NEAR ANG MO KIO AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR8938E
Insured/Policyholder	
Name Of Registered Owner	POPULAR RENT A CAR PTE LTD
Co Reg No	199608195z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-67428888

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE HYBRID-1.5 (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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994983/100829908-00011
Cover Note Number	

Driver

Name of Driver	CHUA SENG HOCK
NRIC No	S1598448A
Date Of Birth	18/04/1963
Occupation	OUTDOOR
Date Of Driving Pass	22/03/2012
Driving Experience	5 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91196856
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	APT BLK 324 CLEMENTI AVE 5 #11-215 (S) 120324
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 - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

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?	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: : nick (grab passenger) Gender: : Male

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 427 CLEMENTI AVENUE 3 , POSTCODE: 120427 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7759999 - FAX NO: 67764246
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

refer with police report t/20180129/2182

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 Witness 1

Name	NICK
Phone Number	91078488
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJX7077M
Vehicle Make/Model/Colour	TOYOTA COROLLA ALTIS (GREY COLOUR)
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DARYN KANG WEI CHIN
NRIC/Passport Number	S7902763D
Contact Number	96498343
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CHUA SENG HOCK / S1598448A
Approximate Age
Injuries Sustain E.L.CHIN FAMILY CLINIC AND SURGERY PTE LTD - 3DAYS OF MC
Injured person in which vehicle? SLR8938E
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address APT BLK 324 CLEMENTI AVE 5 #11-215 (S) 120324
Postcode

Accident Sketch Plan

SKETCH PLAN

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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:

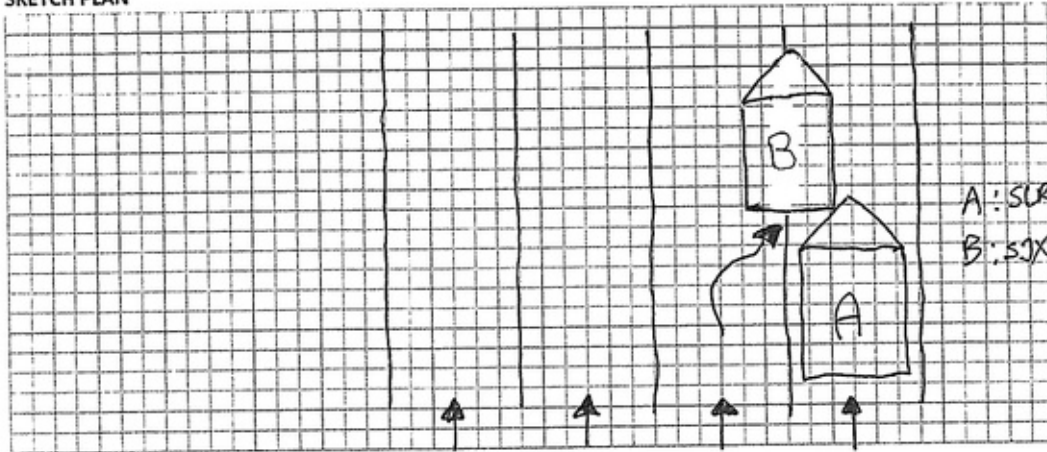
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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



GIA/AMC SketchPlanForm_V3

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE NO. 7/20180129/2182

Insurance Co. Ais Asia Insurance
 Vehicle No. SR 8938E Date of Accident 29/1/2018

☐ Reporting Only
☐ Own Damage Claim
☒ Third Party Claim
☐ Other Workshop



Policyholder's Signature
Date & Time:

GIARMC SketchPlan form_V3

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

Reporting Officer's Signature
Name:
NRIC/FIN No.: 2011/2018



AIG Asia Pacific Insurance Pte. Ltd.
AIG Building
78 Shenton Way
#07-16

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : CHUA SENG HOCK
VEHICLE NUMBER : SLR 8938 E
DATE/TIME OF ACCIDENT : 29 JAN 18 / 1120
PLACE OF ACCIDENT : CTE TOWARDS CITY NEAR ANG MO KIO AVE 3
THIRD PARTY VEHICLE (IF ANY) : SJX 7077M

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED
DESTINATION BEFORE THE ACCIDENT?

WOODLANDS CIRCLE TO BUGIS JUNCTION.

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF
THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-
ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?

NO

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES
TO ALL VEHICLES INVOLVED?

SJX 7077 M - REAR RH

SLR 8938 E - FRONT LH

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL?
WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

Name: CHUA SENG HOCK

I Affirmed The Above Information Is Given To My Best Knowledge.





**SINGAPORE
POLICE FORCE**



T/20180129/2182

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Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

Report No. T/20180129/2182

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/01/2018 22:04	Vide Report No.:	Station Diary No.: 79
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Informant's Particulars			
Name of Informant: CHUA SENG HOCK		Address: APT BLK 324 CLEMENTI AVENUE 5 #11-215 SINGAPORE 120324	
ID Type / ID No.: NRIC NO / S1598448A		Contact No.: Home/Office: Mobile: 91196856	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 54	Date of Birth: 18/04/1963	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: GRAB CAR DRIVER		Driving Licence Information: Class: 3A Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No.	Date/Time of Accident: 29/01/2018 11:20	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY Towards City near Ang Mo Kio Avenue 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJX7077M	Car	TOYOTA	COROLLA ALTIS	Grey	Slightly Damaged	0
SLR8938E	Car	HONDA	SHUTTLE	Blue	Slightly Damaged	1

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

police report



**SINGAPORE
POLICE FORCE**



T/20180129/2182

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

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Report No. T/20180129/2182

CONTINUATION OF REPORT

Driver			
Name	DARYN KANG WEI CHIN		ID No. S7902763D
Related Vehicle	SJX7077M (Car)		Contact No. 96498343
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	CHUA SENG HOCK		ID No. S1598448A
Related Vehicle	SLR8938E (Car)		Contact No. 91196856
Hospital/Clinic	E.L.CHIN FAMILY CLINIC AND SURGERY PTE LTD		Class of Driving Licence & Expiry Date Class: 3A Date of Expiry: NIL
Date Treatment	29/01/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	NICK		ID No. NIL
Related Vehicle	SLR8938E (Car)		Contact No. 91078488
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 29/01/2018 at about 1050hrs, I was driving my Grabcar rented vehicle which is one dark blue Honda Shuttle bearing registration plate no: SLR 8938E, along Woodlands Sector 1 and subsequently picked up one Grabcar passenger. On the same date at about 1120hrs, I was driving along CTE towards city and was at the extreme right lane. At that point of time, the traffic volume was moderate.

Suddenly, one grey silver Toyota Corolla Altis bearing registration plate no: SJX 7077M, travelling on my left(lane 2) swerved abruptly into my lane. As a result, I could not brake in time and thus my front left bumper collided against the rear right bumper of the alleged vehicle. Thereafter, we alighted from our respective vehicles to exchange particulars and took some pictures. At that moment, there was no injury reported and thus we left the accident site. On the other hand, my vehicle front left bumper was dented whereas the alleged vehicle rear right bumper was also dented.

police report



**SINGAPORE
POLICE FORCE**



T/20180129/2182

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Report No. T/20180129/2182

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Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

CONTINUATION OF REPORT

Later in the afternoon, I felt pain on my neck and back area and thus decided to consult a Doctor at E.L.CHIN Family clinic and surgery Pte Ltd. In gist, the Doctor instructed me to go for an X-ray tomorrow and I was given 3 days of medical leave. During the diagnosis, there was no serious injury observed. Likewise, neither the alleged driver nor my passenger contacted me on any injury concern.

I wish to state that there is a camcorder installed in my rented vehicle and the footage is available upon request by the Police. Similarly, my passenger is willing to be a witness for the accident.

police report



**SINGAPORE
POLICE FORCE**



T/20180129/2182

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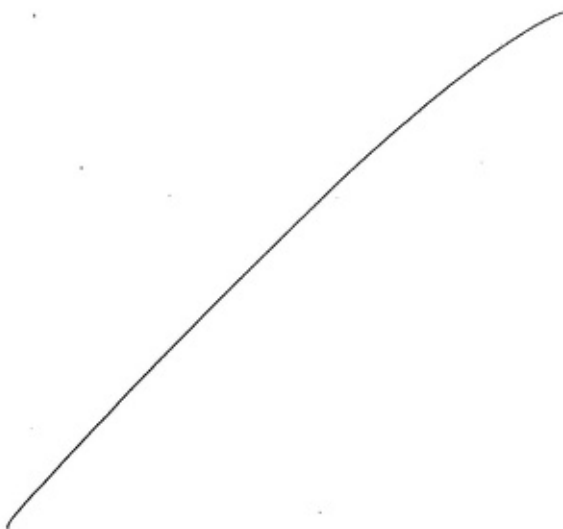
Report No. T/20180129/2182

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Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

CONTINUATION OF REPORT

Sketch Plan

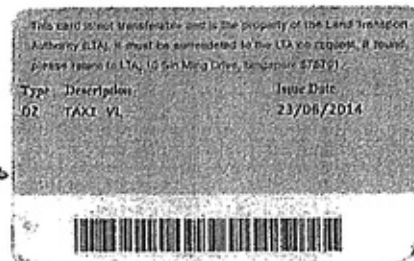
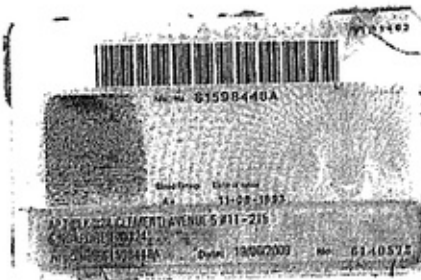
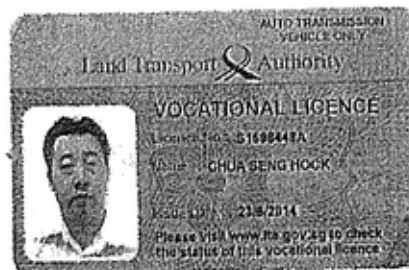
Informant is not able to provide sketch plan



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: D / Sr Staff Sgt CHIA LOK YU	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 29/01/2018 22:04
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476423	Classification Of Case: SN 40
Authentication Stamp NP168	 SIGNATURE

driver's nric & license



POPULAR RENT A CAR PTE LTD
501 Guillemard Road Singapore 399840
Tel: 6742 8888 | Fax: 6743 3003
Co Reg No: 190606195Z
GST Reg No: 19-0606195-Z



VEHICLE RENTAL AGREEMENT

No. R17090178

Date: 19 Sep 2017

HIRER'S PARTICULARS

Name (as in I/C) : CHUA SENG HOCK
NRIC/Passport No : S1598448A
Gender : Male
Address (Res) : BLK 324
#11-215
CLEMENTI AVE 5
Singapore 120324
Driving Lic. No : S1598448A
Passing Date : 22/03/2013
Date of Birth : 18/04/1963
Res / Office Tel : 91196856
Mobile : -
Hirer is driver : Yes

DRIVER'S PARTICULARS

Name (as in I/C) : -
NRIC/Passport No : -
Gender : -
Address (Res) : -
Driving Lic. No : -
Passing Date : -
Date of Birth : -
Res / Office Tel : -
Mobile : -

ADDITIONAL DRIVER'S PARTICULARS

Name (as in I/C) : -
NRIC/Passport No : -
Gender : -
Address (Res) : -
Driving Lic. No : -
Passing Date : -
Date of Birth : -
Res / Office Tel : -
Mobile : -

VEHICLE PARTICULARS

Vehicle No : SLR8938E
Make & Model : HONDA SHUTTLE HYBRID
1.5 AUTO
Date & Time Out : 19 Sep 2017 | 14:45
Hire Period Expiry : 19 Mar 2018 | 14:45
CDW (Collision Damage Waiver) : No
Malaysia Usage : Yes
Excess : 4280 | M'sia 8560

PAYMENT	AMOUNT
Daily: 181 days x 85.00	15,385.00
Weekly	0.00
Monthly	0.00
CDW	0.00
Delivery/Collection Service	0.00
Others	0.00
SUB TOTAL	15,385.00
GST	1,006.50
NETT AMOUNT	15,385.00
SECURITY DEPOSIT	0.00

Payment Mode : Cash
Bank : -
Expiry : -
I.D. : -
Rented out by : KK HO
Sales ID : S001

IMPORTANT

- Only persons above 23 & below 60 years of age with more than 2 years driving experience, authorised, licensed and signing this agreement may drive the vehicle.
- The hirer shall be liable for excess charges for any late return at the rate shown per hour or per day, inclusive of CDW and/or PAI where applicable.
- Vehicle is strictly for Singapore use only, and may not be driven out of Singapore without prior written consent of the company Popular Rent A Car Pte Ltd.
- In case of accident, the hirer shall report to rental office IMMEDIATELY. If there is any bodily injury, a police report must be made within 24 hours.

24-HOUR ROAD SIDE ASSISTANCE 67415828

Acknowledgement

I have read and agree to the terms and conditions of this agreement. If I have presented a charge/credit card for payment, I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have been made on the charge/credit card voucher. All information I have given Popular Rent A Car Pte Ltd in connection with this agreement is true.

Hirer's Signature

Main Driver's
Signature

Rented out by
Staff Name: KK HO

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

