

輝 陽 汽 車 有 限 公 司
HUI YANG MOTOR PTE LTD

Address: SIN MING AUTOCARE Blk 176 Sin Ming Drive #04-02 Singapore 575721
Tel: 64515752 (2 Lines) Fax: 64514658
Reg No. 201629438M

Fax

To: AIG Asia Pacific Insurance Pte. Ltd.	From: Hui Yang Motor Pte Ltd
Phone: 64515752 Fax: 64514658	Pages: 10 Pages (Including this page)
Time: 04:00 PM	Date: January 31, 2018
Accident between SKH469J and SLQ2940S along Road 1 Ang Mo Kio Avenue 5 on	
Re: 29/01/2018.	

Hi,

- Please help to arrange the surveyor to come down and survey the vehicle SKH469J on **next Monday (05/02/2018) after 11 AM.**

Thank you

Sandra

輝陽汽車有限公司
HUI YANG MOTOR PTE. LTD.

Contact Add : SIN MING AUTOCARE Blk 176 Sin Ming Drive #04-02 Singapore 575721

Tel: 64515752 (2 Lines) . Fax: 64514658

Reg No. 201629438M

29/01/2018

Owner: ALLIANCE LEASING PTE LTD

ESTIMATE TO REPAIR MAZDA 6 2.0L - SKH469J

spray painting	\$ 600.00
labour charges	\$ 400.00
Total	<u>\$ 1,000.00</u>



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 15:06
Date Of Accident	29/01/2018 07:25
Exact Location Of Accident	ALONG ROAD 1 ANG MO KIO AVENUE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH469J
Insured/Policyholder	
Name Of Registered Owner	ALLIANCE LEASING PTE LTD
Co Reg No	201706503M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-85145667

Vehicle Particulars

Manufacturer	MAZDA
Model	6 2.0 L SDN V
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5088870343-01
Cover Note Number	

Driver

Name of Driver	WONG CHEE HOE (HUANG ZHIHAO)
NRIC No	S7340763Z
Date Of Birth	05/11/1973
Occupation	INDOOR
Date Of Driving Pass	10/01/1992
Driving Experience	26 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91877138
Fax Number	
Contact Number	
EMAIL Address	MKVI.SIMON@GMAIL.COM

Address	BLK 339 HOUGANG AVENUE 7 #06-413
Postcode	S530339
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	2
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: : LEE HWI CHOO GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO THE ATTACHED SKETCH PLAN.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ2940S
Vehicle Make/Model/Colour	TOYOTA SIENTA
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

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

DETAILS OF INJURED PERSON 1

Name WONG CHEE HOE
Approximate Age
Injuries Sustain
Injured person in which vehicle? SKH469J
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address BLK 339 HOUGANG AVENUE 7
#06-413
Postcode S530339

DETAILS OF INJURED PERSON 2

Name LEE HWI CHOO
Approximate Age
Injuries Sustain
Injured person in which vehicle? SKH469J
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address BLK 339 HOUGANG AVENUE 7
#06-413
Postcode S530339

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 **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. 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.

ALLIANCE LEASING PTE LTD
201706503M

Policyholder's Signature
Date & Time:

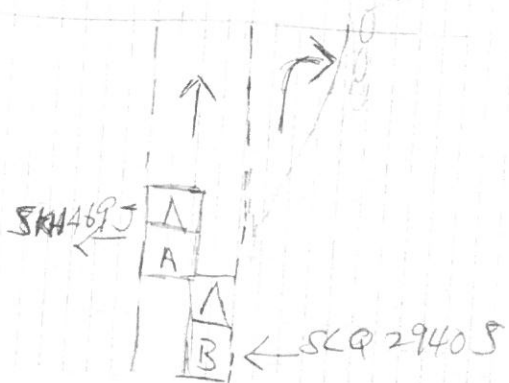
Driver's Signature
(If driver is not the policyholder)
Date & Time:

20/01/2018



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report T/20180130/2023

DECLARATION

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

ALLIANCE LEASING PTE LTD
201706503M

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 30/01/2018

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



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999



T/20180130/2023

1 of 3

Report No. T/20180130/2023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
30/01/2018 10:22

Vide Report No.:

Station Diary No.:
30

Informant's Particulars

Name of Informant:
WONG CHEE HOE

Address:
APT BLK 339 HOUGANG AVENUE 7 #06-413 SINGAPORE
530339

ID Type / ID No.:
NRIC NO / S7340763Z

Contact No.:
Home/Office:

Mobile: 91877138

Nationality:
SINGAPORE CITIZEN

Email:

Sex:

Age:

Date of Birth:
05/11/1973

Type of Informant:
Driver

Race:

Chinese

Language:

Institution / School Name:

Occupation:
Information technology project
manager

Driving Licence Information:
Class:

Date of Expiry:

General Information of the Accident

Type of
Accident:

Injury
Others

Drink
Drive:
No

Date/Time of
Accident:
29/01/2018 07:25

Type of Location:

Location:
Along Road 1
ANG MO KIO AVENUE 5

Weather:
Clear

Road Surface:
Dry

Road Speed Limit:

Traffic Flow:

Traffic Control:

Traffic Volume:

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
SKH469J	Car				Slightly Damaged	1
SLQ2940S	Car					0

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999



T/20180130/2023

2 of 3

Report No. T/20180130/2023

CONTINUATION OF REPORT

Driver				
Name	WONG CHEE HOE		ID No.	S7340763Z
Related Vehicle	SKH469J (Car)		Contact No.	91877138
Hospital/Clinic	T L KOH CLINIC & SURGERY		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	30/01/2018		Date Discharge	30/01/2018
No. of Days granted Medical Leave	03		Degree of Injury	Slight
Passenger				
Name	LEE HWI CHOO		ID No.	S1777408E
Related Vehicle	SKH469J (Car)		Contact No.	93263442
Hospital/Clinic	T L KOH CLINIC & SURGERY		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	30/01/2018		Date Discharge	30/01/2018
No. of Days granted Medical Leave	03		Degree of Injury	Slight

Brief Details.

On 29/01/2018 at about 0723 hrs, I was driving along Ang Mo Kio Ave 5 towards Ave 10 at the right hand most extreme lane. I was at stationery position as I am waiting for the traffic light to turn green. After awhile, I felt something hit from the back of my vehicle. I alighted from my vehicle and saw one vehicle, SLQ 2940S, Blue Toyota Sienta trying to squeeze in from my right side into a right turn lane towards ITE AMK HQ.

No one was injured at that point of time and we left after exchanged particulars.

On 30/01/2018, Both my wife and I felt pain on my back and neck area as such we went to see a GP and was given 3 days outpatient MC.

[Signature]



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999



T/20180130/2023

3 of 3

Report No. T/20180130/2023

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:
F /
Staff Sgt WU WENHAO, DENIS SN 085

Signature:
Signature Of Interpreter:
Not applicable
Singapore Police Force

Officer In Charge Of Case:
TP / AEIT /
Staff Sgt WONG SIEU LUI
Contact No.: 65476423

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
30/01/2018 10:22

Classification Of Case: