

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:** India International Insurance Pte Ltd

**From:** Hui Yang Motor Pte Ltd

**Phone:** 64515752 **Fax:** 64514658

**Pages:** 10 Pages (Including this page)

**Time:** 05:45 PM

**Date:** February 5, 2018

Accident between SLP5346T and SHB6163T along Ayer Rajah Expressway towards

**Re:** City on 03/02/2018.

Hi,

- Please help to arrange the surveyor to come down and survey the vehicle SLP5346T on **Wednesday (07/02/2018) 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

03/02/2018

Owner: MKM CAR LEASING PTE LTD

**ESTIMATE TO REPAIR TOYOTA PRIUS ALPHA 1.8S A - SLP5346T**

1pc	rear bumper	\$ 891.45
1pc	rear bumper LH side retainer	\$ 141.45
1pc	rear bumper LH side reflector	\$ 181.25
1pc	rear bumper LH inner side garnish	\$ 258.85
		<hr/>
	less 25%	\$ 1,473.00
		<hr/>
		\$ 368.25
		<hr/>
		\$ 1,104.75
		<hr/>
	spray painting	\$ 500.00
	labour charges	\$ 500.00
	Total	<hr/>
		\$ 2,104.75
		<hr/>



## 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	05/02/2018 11:55
Date Of Accident	03/02/2018 10:35
Exact Location Of Accident	ALONG AYER RAJAH EXPRESSWAY TOWARDS CITY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP5346T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MKM CAR LEASING PTE LTD
Co Reg No	201224734R
Email Address	RINA@MKMCARLEASING.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-67476880

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS ALPHA HYBRID 1.8S CVT
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	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5087629360-01
Cover Note Number	

### Driver

Name of Driver	HAM KOW YEN (FAN GAOYAN)
NRIC No	S7837393H
Date Of Birth	07/12/1978
Occupation	OUTDOOR
Date Of Driving Pass	16/04/2009
Driving Experience	8 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88285046
Fax Number	
Contact Number	
EMAIL Address	DARRENHAMKY@GMAIL.COM

Address	BLK 613D PUNGGOL DRIVE #10-813
Postcode	S824613
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	
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

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TANAH MERAH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 51 NEW UPPER CHANGI ROAD #01-1514 , POSTCODE: 461051 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4499999 - FAX NO: 62447251
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO THE ATTACHED POLICE REPORT AND 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 Witness 1

Name	ANTHONY VAI YEO JIA LONG
Phone Number	98589432
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB6163T
Vehicle Make/Model/Colour	BLUE TOYOTA PRIUS HYBRID 1.8 CVT
Details Of Properties	
Vehicle Category	TAXI
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	ANTHONY VAI YEO JIA LONG
Approximate Age	36
Injuries Sustain	
Injured person in which vehicle?	SLP5346T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**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.

Policyholder's Signature  
Date & Time:

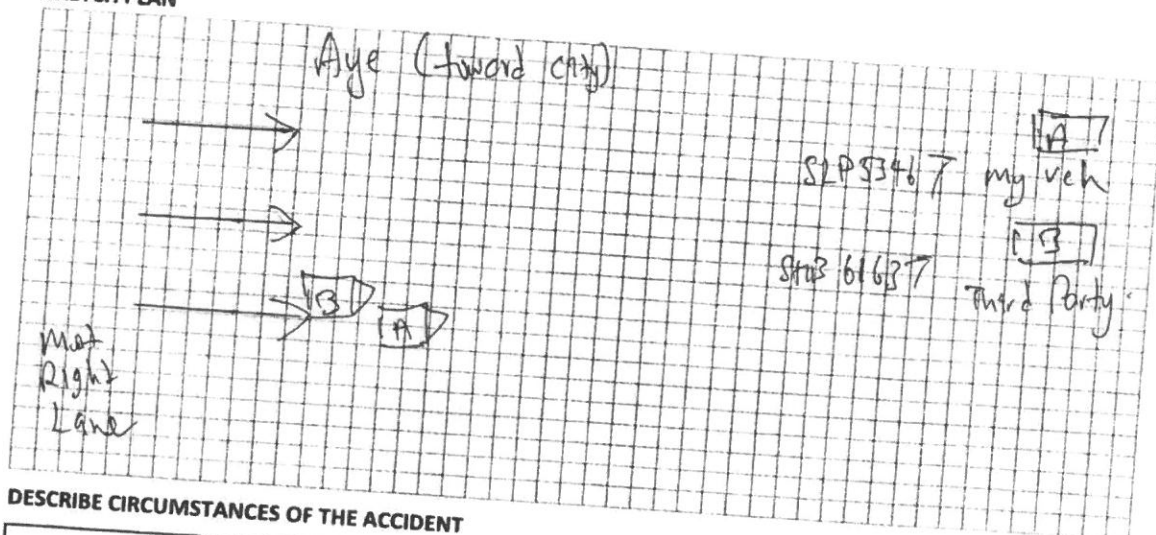


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



**SKETCH PLAN**



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Please refer to Police Report T/20180204/2004.

**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:



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



**SINGAPORE  
POLICE FORCE**



T/20180204/2064

Police Station Of Origin:  
Tanah Merah NPP  
51 New Upper Changi Road #01-1514  
SINGAPORE 461051  
Tel No: 1800-4499999

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Report No. T/20180204/2064

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/02/2018 13:16		Vide Report No.:		Station Diary No.: 15	
<b>Informant's Particulars</b>					
Name of Informant: HAM KOW YEN			Address: APT BLK 613D PUNGGOL DRIVE #10-813 SINGAPORE 824613		
ID Type / ID No.: NRIC NO / S7837393H			Contact No.: Home/Office: Mobile: 88285046		
Nationality: SINGAPORE CITIZEN			Email: darvenhawky@gmail.com		
Sex: Male	Age: 39	Date of Birth: 07/12/1978	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Grab Driver			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 03/02/2018 10:35	Type of Location: Expressway
Location: AYER RAJAH EXPRESSWAY AYE towards City				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB6163T	Car	TOYOTA	PRIUS HYBRID 1.8 CVT	Blue	Slightly Damaged	1
SLP5346T	Car	TOYOTA	PRIUS ALPHA HYBRID 1.8S CVT	Black	Slightly Damaged	1





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Tanah Merah NPP  
51 New Upper Changi Road #01-1514  
SINGAPORE 461051  
Tel No: 1800-4499999



T/20180204/2064

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Report No. T/20180204/2064

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	HAM KOW YEN	ID No.	S7837393H
Related Vehicle	SLP5346T (Car)	Contact No.	88285046
Hospital/Clinic	BEDOK DAY & NIGHT CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/02/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Passenger</b>			
Name	Anthony Vai Yeo Jia Long	ID No.	S8233883G
Related Vehicle	SLP5346T (Car)	Contact No.	98589432
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 03/02/2018 at about 1035hrs, I was traveling on AYE on the most right lane with a passenger in my car. I am working as a Grab Driver. As the traffic was congested, all of the nearby vehicle were moving either slowly / stationary. All of a sudden, I felt an impact from the rear causing my car to move forward for a bit. I check on my passenger and he is fine. I proceed to alight and check on the other party (the taxi that hit the rear of my car). We exchange contact details and take photos of the damages. The damage on my car will be the left rear bumper and left rear body of my car are damaged. We proceed on with the journey. I proceed to take down my passenger's contact details.

At about 2136hrs, I was informed by my passenger that he went for medical treatment however did not state which clinic he went to or how many days of MC.

On 04/03/2018, I felt pain on the back of my neck and went to Bedok Day and Night Clinic to seek for medical treatment and receive a 3 days MC.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Tanah Merah NPP  
51 New Upper Changi Road #01-1514  
SINGAPORE 461051  
Tel No: 1800-4499999



T/20180204/2064

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Report No. T/20180204/2064

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:

G /

Sgt 2 SAM YEO WEN MING

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /

Staff Sgt TANG SIEW PING  
Contact 65474885

Authentication Stamp  
NP168

SIGNATURE

Signature Of Informant:

Date/Time:  
04/02/2018 13:16

Classification Of Case: