

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 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. 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	02/02/2018 14:06
Date Of Accident	01/02/2018 17:45
Exact Location Of Accident	MCE -KPE FORT RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV8563G
Insured/Policyholder	
Name Of Registered Owner	ALLSWELL MOTOR TRADERS
Co Reg No	53192889J
Email Address	ACCOUNT8@ALLSWELLMOTOR.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62615545

Vehicle Particulars

Manufacturer	TOYOTA
Model	VORY HYBRID

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	YES
Policy Number	SLV8563G
Cover Note Number	18/01/2018 TO 18/12/2018

Driver

Name of Driver	JASON POH CHYE MENG
NRIC No	S7603475C
Date Of Birth	16/01/1976
Occupation	OUTDOOR
Date Of Driving Pass	10/05/2011
Driving Experience	6 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97650084
Fax Number	
Contact Number	
Email Address	ACCOUNT8@ALLSWELLMOTOR.COM.SG

Address BLK 320C ANCHORVALE DRIVE #09-122 S543320

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 - 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) 1

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name SENGKANG NPC

Police Station Address ROAD: 2 SENGKANG SQUARE #01-02, POSTCODE: 545025, COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHED 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? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJD2204B - not found

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver YUSOF

NRIC/Passport Number

Contact Number 92789154

Address NA

Postcode NA

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	JASON POH CHYE MENG
Approximate Age	
Injuries Sustain	UNKNOWN
Injured person in which vehicle?	SLV8563G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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.

Please Chop Sign & Return

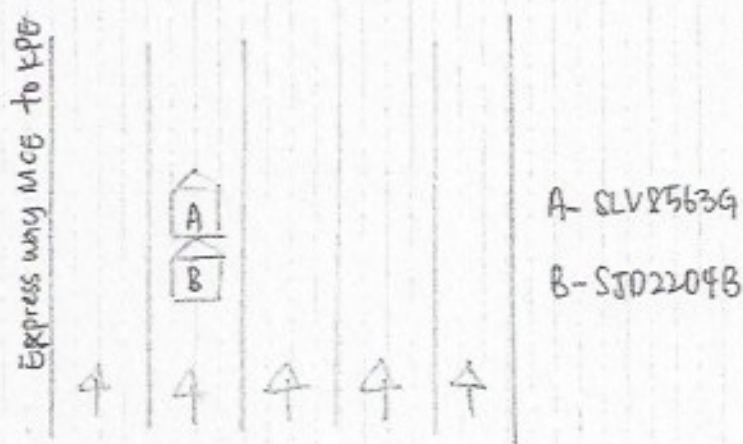
Policyholder's Signature
Date & Time:

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

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to attached police report

DECLARATION

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

Please Chop Sign & Return

Policyholder's Signature
Date & Time:

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

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





**SINGAPORE
POLICE FORCE**



T/20180202/2053

1 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20180202/2053

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/02/2018 12:27		Vide Report No.:		Station Diary No.: 68	
Informant's Particulars					
Name of Informant: JANSON POH CHYE MENG		Address: APT BLK 320C ANCHORVALE DRIVE #09-122 SINGAPORE 543320			
ID Type / ID No.: NRIC NO / S7603475C		Contact No.: Home/Office:		Mobile: 97650084	
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 42	Date of Birth: 16/01/1976	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: UBER DRIVER		Driving Licence Information: Class: 3		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/02/2018 17:45	Type of Location: Straight Road
Location: Along Road 1 FORT ROAD				
ALONG MARINA COASTAL EXPRESSWAY TOWARDS KALLANG PAYAR LEBAR EXPRESSWAY(BEFORE FORT ROAD EXIT)				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SJD2204B	Car					0
SLV8563G	Car				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180202/2053

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

2 of 3

Report No. T/20180202/205

CONTINUATION OF REPORT

Driver			
Name	YUSOF		ID No. NIL
Related Vehicle	SJD2204B (Car)		Contact No. 92789154
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	JANSON POH CHYE MENG		ID No. S7603475C
Related Vehicle	SLV8563G (Car)		Contact No. 97650084
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	02/02/2018	Date Discharge	02/02/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the 01/02/2018 at about 1745hrs, while was driving my vehicle bearing plate number SLV8563G along MCE towards KPE when one vehicle from my rear bearing plate number SJD2204B hit me from my rear. was driving along lane 4 of the said road and the accident occurred before Fort Road exit. The impact caused my left knee to hit against the side portion of the vehicle (near to the gearbox area). At that point I already felt pain on my left knee. My vehicle suffers dents on the rear bumper and boot area. Both of us exchange particulars and left the scene.

On the 02/02/2018, when I woke up in the morning I have difficulties trying to walk and felt pain on my lower back area as such I went to Mount Alvernia Hospital to seek medical treatment.



**SINGAPORE
POLICE FORCE**



T/20180202/2053

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 3

Report No. T/20180202/2053

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 MUHAMMAD YASSER BIN OSMAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 02/02/2018 12:27
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
Authentication Stamp NP158	

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7603475C



Name
JANSON POH CHYE MENG
(FU ZAIMING)
傅再明

Race
CHINESE

Date of birth
16-01-1976

Sex
M

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Identity Number S7603475C

Name
JANSON POH CHYE MENG
(FU ZAIMING)

Birth Date 16 Jan 1976

Issue Date 10 May 2011



4160862



NRIC No: S7603475C



Date of birth: 12-12-2007


Address:
APT BLK 3200 ANCHORVALE DRIVE
#09-122
SINGAPORE 543320

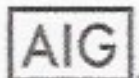
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
Class 2 Motor Cars < 2000kg with < 4 passengers, exclusive of the driver; and other motor vehicles < 2500kg	18 May 2011

RP 428A

License No: S7603475C





HOTLINE TEL: (65) 6416-3359
FAX: (65) 6416-3723

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 188)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1988

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1987 (MALAYSIA)

M 2-400

(The below excess is subject to GST)	
COMPREHENSIVE COMMERCIAL MOTOR	POLICY EXCESS S\$1500.00 (I & II)
CERTIFICATE NO. SLV8553G	WINDSCREEN EXCESS S\$100.00
1) VEHICLE REGISTRATION NO.	SUM INSURED Market Value
2) NAME OF INSURED	INSURING WITH COE/PAF Yes
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT	SLV8553G
4) DATE OF EXPIRY OF INSURANCE	Allswell Motor Traders
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*	18 January 2018
	18 December 2018
<p>Any person who is driving on the insured's order or with their permission. Driver must be 22 years old and above with at least 2 years driving experience.</p> <p>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 to that effect from driving the Motor Vehicle.</p>	
6) LIMITATION AS TO USE*	
<p>Use for the carriage of passengers or goods in connection with the insured's business. Use for social, domestic, pleasure purposes and business purposes of any person when the vehicle is hired. The Policy does not cover:</p> <p>1) Use for racing, pace making, reliability trial or speed-testing. 2) Use whilst towing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p>	
LOSS OF USE	Not included
HIRE PURCHASE COMPANY	Lake View Credit Pte Ltd
<p>*Limitations imposed inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 188) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.</p>	

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 188) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued in Singapore 22 Jan 2018

AIG Asia Pacific Insurance Pte. Ltd.

651991-000
Moh Kok Heng
75 Shenton Way
#07-16
SINGAPORE 079120

AUTHORISED REPRESENTATIVE

SSPTNY

ORIGINAL



ALLSWELL MOTOR TRADERS

100 Jalan Sultan #02-41 Sultan Plaza Singapore 199001
Tel: +65 6261 5545 | Fax: +65 6266 5545
Co. Reg. No. / GST No. Reg. No: 53192889J
Website: <http://www.car2rent.com.sg> | Email: sales@allswellmotor.com.sg

RENTAL AGREEMENT

No. R18010053

Date: 18 Jan 2018

SCHEDULE

This is a lease agreement made between us, **Allswell Motor Traders** (hereinafter referred to as "THE COMPANY" which shall include its successors-in-title and assigns), identified as the Lessor and having our registered address 210 Turf Club Lot A18 The Grandstand Singapore 287995 **AND YOU**, the person(s) identified as the Hirer below include (which shall include your successors-in-title and assigns):-

NAME OF HIRER(S) (IN FULL)	: JANSON POH CHYE MENG (S7603475C)
ADDRESS	: BLK 320C ANCHORVALE DRIVE #09-122 SINGAPORE 543320
TELEPHONE	: TEL: (R): 97650084 (HP): +6597650084 (F):
NAME OF DRIVER(S) (IN FULL)	: JANSON POH CHYE MENG
NRIC/PASSPORT NO.	: S7603475C
DATE OF BIRTH	: 16/01/1976
DRIVING LICENSE NO.	: S7603475C
PASSING DATE	: 10/05/2011
EXPIRY DATE	:
NATIONALITY	: SINGAPOREAN

1. DESCRIPTION OF VEHICLE ("THE VEHICLE")

REGISTRATION NO	: SLV8563G (18/01/2018)
MAKE/MODEL	: TOYOTA VOXY HYBRID 1.8X CVT ABS D/AIRBAG 2WD
COLOUR	: BLACK
ENGINE NO	: 2ZR0A21533
CHASSIS NO	: ZWR800285918
TYPE	: TOYOTA VOXY HYBRID 1.8X CVT

2. PERIOD OF LEASE

For 52 weeks from 19/01/2018 10:00 ("Commencement Date") to 18/01/2019 10:00 ("Lease Period").

3. LEASE CHARGES

Amount S\$616.00 per week plus Goods and Services Tax ("GST") (if applicable) ("Weekly Lease Charges"). This Lease Agreement is only in respect of the lease of the Vehicle, and does not include the hire or engagement of the drivers.

4. DEPOSIT

Amount S\$2,000.00 (exclusive of GST)

5. INSURANCE

The Company will arrange for comprehensive insurance coverage against third part liability, and fire and theft damage to the Vehicle during the Lease Period up to the limits as stated below. Please refer to the insurance policy for the coverage terms and conditions. You shall be liable for the Excess Amount as stated below. Additional charges will apply for additional insurance coverage.

a. Excess Amount for Damage	: S\$2,500.00 (per accident per claim)
b. Excess Amount for Fire & Theft	: S\$3,500.00 (per accident per claim)
c. Additional Insurance Coverage	: S\$_____
Others _____	(specify)
d. Coverage Limit	
Third Party injury and death claims	: Unlimited
Third Party Property Damage	: S\$10,000.00
Personal Accident for the driver	: S\$35,000.00 (in the event of death)
Personal Accident for passengers	: S\$25,000.00
(in the event of death)	(to be shared among the passengers up to a maximum of 4 passengers)
Medical Reimbursements for the driver	: S\$2,000.00

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

