### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	sont to the dronwing of this report at the confide and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	05/03/2018 17:34
Date Of Accident	03/03/2018 19:15
Exact Location Of Accident	PIE TOWARDS TUAS AVE 1 BEFORE EXIT KALLANG BAHRU
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJL8336Y
Insured/Policyholder	
Name Of Registered Owner	LONG LIMO
Co Reg No	53358282B
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-87146838
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSN1740231700
Cover Note Number	
Driver	
Name of Driver	NUR IZZAD BIN NOORGHANI
NRIC No	S8421474D

NRIC No S8421474D
Date Of Birth 16/07/1984
Occupation OUTDOOR
Date Of Driving Pass 17/07/2014

Driving Experience 3 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-87146838

Fax Number

Contact Number

EMail Address K0NST3R84@GMAIL.COM

Address BLOCK 516 JELAPANG ROAD #09-245

Postcode 670516

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 CHAIN COLLISION

Weather Conditions CLEAR
Road Surface DRY

**Other Information** 

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 3

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)

Passenger 1

NAME: : DRIVER'S CUSTOMER

GENDER: : MALE

Passenger 2 NAME: : DRIVER'S CUSTOMER

GENDER: : FEMALE

Passenger 3 NAME: : DRIVER'S CUSTOMER

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name GEYLANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 132 PAYA LEBAR ROAD, POSTCODE: 409014, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-8486999 - **FAX NO**: 68486799

Was notice of intended Prosecution given? NO

If Yes, against whom?

### **Circumstances of Accident**

ON 3/3/2018 AT ABOUT 1915HRS, I WAS TRAVELLING IN MY VEHICLE(SJL8336Y,HONDA STREAM,GREY) ON THE FIRST LANE OF PIE TOWARDS TUAS. I WAS TRAVELLING AT THE SPEED OF 80-90KM/H. THE TRAFFIC STARTED TO BUILD UP BEFORE KALLANG BAHRU EXIT AND THE VEHICLE INFRONT OF ME(SLN2059C, KIA FORTE, GREY) SLOWED DOWN AND CAME TO A STOP ABRUPTLY. I THEN STEPPED ON MY BRAKE AND MANAGED TO STOP MY VEHICLE WITHOUT COLLIDING ONTO THE FRONT VEHICLE. HOWEVER A VEHICLE BEHIOND ME(SGR6087H, TOYOTA PICNIC, BLUE) COULD NOT MANAGED TO BRAKE IN TIME AND COLLIDED ONTO THE REAR OF MY VEHICLE WHICH CAUSED MY VEHICLE TO SURGE FORWARD AND RESULT IN A THREE CAR CHAIN COLLISION. I GOT DOWN OF MY VEHICLE AND EXCHANGE PARTICULARS WITH THE OTHER TWO DRIVERS. NO POLICE OR AMBULANCE CAME TO SCENE. NO GOVERNMENT PROPERTY WAS DAMAGED. I THEN WENT TO CHANGI GENERAL HOSPITAL FOR FOLLOW UP AFTER THE ACCIDENT AND WAS GIVEN 4 DAYS OF MC.

### 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 SGR6087H

Vehicle Make/Model/Colour TOYOTA PICNIC

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver TAN SI HUI, MELISSA

NRIC/Passport Number S8810397A

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SLN2059C

Vehicle Make/Model/Colour KIA FORTE

**Details Of Properties** 

Vehicle Category PRIVATE CAR
Name of Driver LIM HAN WEI
NRIC/Passport Number S8508509C

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1** 

Name NUR IZZAD BIN NOORGHANI

Approximate Age Injuries Sustain

Injured person in which vehicle? SJL8336Y

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address BLOCK 516 JELAPANG ROAD #09-245

Postcode 670516

#### **Accident Sketch Plan**

### SKETCH PLAN

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
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- 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.
- 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.
- 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:
  - 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

LONG LIMO

Date & Time: \$13118 (515 N/S

Fus

Driver's Signature (If driver is not the policyholder)

Date & Time: 5/3/18 /5/5hr3

Reporting Centre Personnel's Signature

Name: Cassandra

NRIC/FIN No.: 63229391W

# **Accident Sketch Plan**

DECLARATION  We declare the foregoing  Dicyho der Signature	particulars are true in every respect.  Driver's Signature	Reporting Centre Personnel's Signature
		The state of the state of the
	POLICE REPORT No. 7/20180303/2055	
	Kallang Bahry	
	A Thas Ave 1 B before Exit	
	PIE towards	B: SGR 6087H C: SLN 2059C
	71	
		POA: 3-3-201. A: SJL 8336 Y





1 of 4 Report No. T/20180305/2055

Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/03/2018 13:04		lade:	Vide Report No.:	Station Diary No. 47	
Informa	nt's Partici	ulars			
	Informant: AD BIN NO	OORGHANI	Address: APT BLK 516 JELAPANG ROAD #09-245 SINGAF 670516		
ID Type / ID No.: NRIC NO / S8421474D			Contact No.: Home/Office: Mobile: 87146838		
Nationality: SINGAPORE CITIZEN		EN	Email:		
Sex: Age: Date of Birth: Male 33 16/07/1984			Type of Informant: Driver		
Race: Indian			Language:	Institution / School Name:	
Occupation: GRAB DRIVER			Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/03/2018 19:15	Type of Location Straight Road	
		load 2			
Weather: Ro		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Traffic Control: One Way Not Controlled				Fraffic Volume: Moderate	
Type of Collis Between Mov	ion: ing Vehicles - Head	To Rear	8	Anyone conveyed by ambulance;	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SGR6087H	Car				Slightly Damaged	1
SJL8336Y	Car	10215			Seriously Damaged	
SLN2059C	Car				No Damage	0





Report No. T/20180305/2055

2 of 4

Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

CONTINUATION OF REPORT

Details of Perso						
Any Pedestrian I			T		_	
No. of Pedestrian	s Injured: NIL		Use of Ped	estriar	Cross	sing: NA
Driver	and the second second second					- Colombia de Colo
Name	TAN SI HUI, MELIS	SA	APROTE	ID No.		S8810397A
Related Vehicle	SGR6087H (Car)		Edwards	Contact No.		91084508
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disch	arge	NIL	
	ed Medical Leave	NIL	Degree of		NIL	and the second
Driver				10011100	S DO	
Name	NUR IZZAD BIN NOORGHANI			ID No		S8421474D
Related Vehicle	SJL8336Y (Car)			Conta	ct No.	87146838
Hospital/Clinic	CHANGI GENERAL HOSPITAL			Class Drivin Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	03/03/2018		Date Disch	manufacture posterior and a	grantonia da Armanda (A.)	3/2018
	ted Medical Leave	04	Degree of Injury Slight			
Driver		THE WAY	And America			
Name	LIM HAN WEI			ID No		S8508509C
Related Vehicle	SLN2059C (Car)			Conta	ct No.	98295587
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disch	1 7	NIL	
No. of Days granted Medical Leave NIL			Degree of Injury NIL			

### Brief Details.

On 03/03/2018 at about 1915hrs, I was travelling in my vehicle (SJL8336Y, Honda Stream, Grey) on the first lane of PIE towards Tuas.

I was travelling at the speed of 80 - 90 km/h. The traffic starts to build up before Kallang Bahru exit, and the vehicle in front of me (SLN2059C, Kia Forte, Grey) started to slow down and came to a stop abruptly. I then stepped on my brake and managed to stop my vehicle without colliding into the vehicle in front of me. However a vehicle behind me (SGR6087H, Toyota Picnic, Blue) could not managed to brake in time and collided onto the rear of my vehicle which caused my vehicle to surged forward and result in a three

### **Police Report**





Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999 3 of 4 Report No. T/20180305/2055

CONTINUATION OF REPORT

car chain collision.

I got down of my vehicle and exchanged particulars with the other two drivers.

No Police or Ambulance came to scene. No government property was damaged.

I then went to Changi General Hospital for follow up after the accident and was given 4 days of MC.

### **Police Report**





Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999 4 of 4 Report No. T/20180305/2055

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 LIM ZHENG HONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 05/03/2018 13:04
Officer in Charge Of Case: TP / AEIT / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:
Authentication Stamp NP168 SIGNATURE	

Rental Agreement

the rights or powers of the Owner under this Rental Agreement or operate as or be deemed to be waiver of any breach by the Hirer of the terms and conditions of this Rental Agreement.

#### Notices

Any notice or demand required hereunder shall be served by sending it by post or delivery to the address of the addressee as stated herein or in any other case, to the last known address of the addressee. In proving service of any notice it shall be sufficient to prove that the envelope containing the notice was properly stamped addressed and posted. Service shall be deemed to be effective in the case of posting at noon on the second business day following the day of posting and in the case of delivery by hand, from the date of

#### 16. Waiver of SetOff

The Hirer hereby waives all and any future claims and rights of set off against any instalment of Rental or any payment due hereunder and agrees to pay the Rental and other amounts hereunder regardless of any equity, set off or counter-claim on the part of the Hirer against theOwner.

#### 17. Construction

In this Rental Agreement and where the context so admits or requires the masculine gender shall 17.1 include the feminine or neuter (and vice versa) and expressions in the singular shall include theplural.

#### GoverningLaw

This Rental Agreement shall be governed by and construed in accordance with the laws of Singapore. The Owner and the Hirer irrevocably submit to the non-exclusive jurisdiction of the Singapore Courts.

\*excess \$3500

Vehicle Details -		Owner Details -	,	
Car Plate	SJL 8336 Y	Name (as per NRIC)	(org 11mo	
Made	Honds	_ NRIC	5335:8282 5	
Model	Greem	Signature & Dute	girs on	01/03/18
Colour	: 18 rule	Company & Stamp	LONG LIMO	
Hirer 1 Details -	Nur Izzad Bi	) Hirer 2 (if any) Details –		
Name (as per NRIC)	Moorghani	Name (as per NRIC)		
NRIC	2817/1919	NRIC,		
Signature & Date	x Day	Ol D3/18 Signature & Date		
Contact	8716688	Contact		
Address (as per NRIC)	131KK16 Jelapang nd F1 09.245 S:670516	_ Address (as per NRIC)	2	
Time collection: date:	103/18, time: 9.3	Opm And return on date	time n. Any extention will base on	
the massengers sent thoug	th sms or whatsapp though	h HP as prove)	n. Any extention will base on	
Page 5 of 5 the aigning on this ag	reament (any page) you are acknowled	ligning you have reced and fully underscand	d the agreement and agree to comply	
	TO THE SECOND	CHEST LAND		SINGLE SERVICE
			<b>文学是要的意</b> 义	
				<b>经企业的</b>

### **Authorization Letter**

To : Jin Auto Services Pte I	.td	
Dear Sir/Madam ,		
I/We, Non Poops &	ON NOOR GHANI	NRIC/ROC NO:
Special Scelo	hereby authorize	you to forward my/our
Vehicle no: SIL 8336 Y	Accident dated On _	3/3/2018
GIA accident report to my	/our workshop: Sila Se	eng Horp Spray Painting & Som
Yours Faithfully		

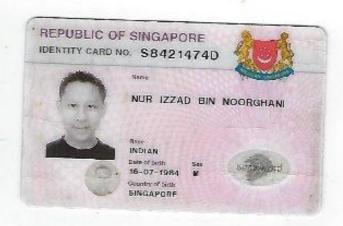
LONG LIMO

Signature ( with Company Chop if Company car )
Name: Nor Izzad bin Noorghani

NRIC No: 584214740 Date: 5-3-2018

### **Identification Card**





# **Driving License**































