

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	27/06/2018 16:20
Date Of Accident	13/06/2018 17:00
Exact Location Of Accident	UPP CHANGI RD EAST TOWARDS SINGAPORE EXPO
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM9273E
Insured/Policyholder	
Name Of Registered Owner	HAO HWA CAR RENTAL
Co Reg No	53106256B
Email Address	JOYCE@RTL.SG
Mobile Phone No	(LOCAL) +65-96825416
Alternative Phone No	OFFICE-67656282

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FE83BEOSRDEA
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCFHQ17-000133
Cover Note Number	17/07/2017 TO 16/07/2018

Driver

Name of Driver	LEE KAY HAO DOMINIC
NRIC No	S8534707A
Date Of Birth	18/10/1985
Occupation	OUTDOOR
Date Of Driving Pass	13/06/2018
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93953387
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 111 JALAN UBI #01-01 (S) 409074
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	UNKNOWN
Road Surface	UNKNOWN

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?	NO
Was any injured conveyed to hospital by ambulance?	
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

refer with attach. Remarks : The insurer & the hirer person unable to provide us the driver's copy of the nric & license (unable to find the driver).

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	SLD6046R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan Pg. 1

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)**

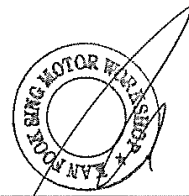
I understand, acknowledge, agree and consent that:

- (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:

27/6/2013

Accident Sketch Plan Pg. 1

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer with police report.

Insurance Co. EQ Insurance
Vehicle No. 1419273E Date of Accident 12/6/2018
☒ Reporting Only
☐ Own Damage Claim
☐ Third Party Claim
☐ Other Workshop

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.:

NRIC/FIN No.: 27/6 / 2016



**SINGAPORE
POLICE FORCE**



D/20180625/2089

1 of 2

POLICE REPORT (NP299)

Report No. D/20180625/2089

Police Station Of Origin
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

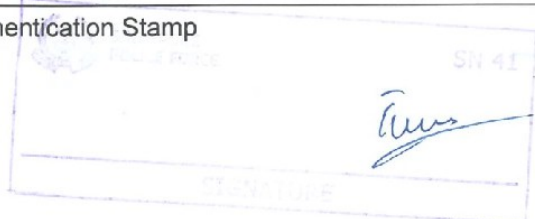
Date/Time Report Made 25/06/2018 19:19	Vide Report No.	Station Diary No. 58
Name Of Informant GOH GEK ENG	Address APT BLK 28 JALAN BUKIT MERAH #07-4488 SINGAPORE 152028	
ID Type / ID No. NRIC NO / S1557799A	Contact No. Home/Office	Mobile 96825416
Nationality SINGAPORE CITIZEN	Email Address	
Occupation FINANCE MANAGER	Sex Female	Age 55
Institution/School Name	Date of Birth 16/11/1962	Race Chinese
Date/Time Of Incident 13/06/2018 17:00	Location Of Incident 468E UPPER CHANGI ROAD SINGAPORE 486958 ALONG UPP CHANGI RD EAST TOWARDS SINGAPORE EXPO	

Brief details.

I am the finance manager of a local car rental company namely HAO HWA CAR RENTAL PTE LTD at 1 SOON LEE ST #02-62 (TEL: 6765 6282). A local company namely MOOVAZ INNOVATION PTE LTD rents our vehicles for their employees to drive around. One of the vehicles they rented is one MITSUBISHI FE83-14FT BOX LORRY. On 13/6/2018 at about 5pm, the employee of MOOVAZ who was driving the mentioned vehicle crashed the lorry due to negligence. The employee is one DOMINIC LEE

Signature Of Officer Recording The Report: D / Sgt 2 CHUA JUN QIAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 25/06/2018 19:19
Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch / Insp SIM KIAN HUI, MARCUS Contact No.: 68727232	Classification Of Case:

Authentication Stamp





**SINGAPORE
POLICE FORCE**



D/20180625/2089

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20180625/2089

KAY HAO (S8534707A) of BLK 11 JALAN UBI #01-01. The employee is currently uncontactable, but our insurance company will be commencing civil proceedings against the parent company MOOVAZ to claim compensation. We have the written agreements in hand.

I am lodging this report to submit to my insurance company for record purposes, and I understand there will not be follow up done by the police.

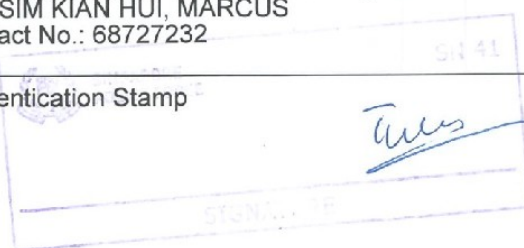
Signature Of Officer Recording The Report:

D / Sgt 2 CHUA JUN QIAN

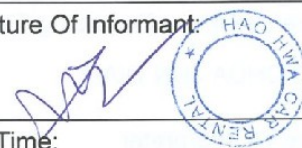
Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
D / Clementi Police Divisional Investigation Branch /
Insp SIM KIAN HUI, MARCUS
Contact No.: 68727232

Authentication Stamp



Signature Of Informant:



Date/Time:
25/06/2018 19:19

Classification Of Case:



**SINGAPORE
POLICE FORCE**



F/20180626/2115

1 of 2

Report No. F/20180626/2115

POLICE REPORT (NP299)

Police Station Of Origin
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

Date/Time Report Made 26/06/2018 15:33	Vide Report No.	Station Diary No. 21
Name Of Informant BALAMUGUNTHAN S/O RAMALINGAM	Address APT BLK 205 BOON LAY DRIVE #06-03 SINGAPORE 640205	
ID Type / ID No. NRIC NO / S8402559C	Contact No. Home/Office	Mobile 97727720
Nationality SINGAPORE CITIZEN	Email Address	
Occupation SELF EMPLOYED	Sex Male	Age 34
Institution/School Name	Date of Birth 23/01/1984	Race Indian
Date/Time Of Incident 13/06/2018 16:30	Location Of Incident ALONG CHANGI ROAD	

Brief details.

On 13/06/2018 at about 1630hrs, I authorized my worker (Lee Kay Hao Dominic, S8534707A, DOB: 18/10/1985, Residing at Blk 1 11 Jalan Ubi #01-01 Singapore 409074, HP: 93953387) to drive a leased (RedTop Company) vehicle. (YM9273E)

However, during the journey along Changi Road, he was involved in a non-injury traffic accident. No Traffic Police and ambulance attended to the accident.

Signature Of Officer Recording The Report:

F / Sgt 2 TAN KAI JUN, CHRISTIAN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
F / Hougang N.P.C /
SI MUHAMMAD AFIQ BIN AMIN
Contact No.: 64890999

Authentication Stamp



Signature:

Singapore Police Force

Signature Of Informant:

Date/Time:
26/06/2018 15:33

Classification Of Case:



**SINGAPORE
POLICE FORCE**



F/20180626/2115

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20180626/2115

I wish to inform that I am lodging this report as informed by the insurance company as I could not contact my worker at the moment and that he is no longer a worker under my supervision.

Signature of Informant:
Not applicable

Signature of Interpreter:
Not applicable

Officer in Charge:
F / H:
SI V:
OK

Signature Of Officer Recording The Report:

F / Sgt 2 TAN KAI JUN, CHRISTIAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
26/06/2018 15:33

Officer in-Charge Of Case:
F / Hougang N.P.C /
SI MUHAMMAD AFIQ BIN AMIN
Contact No.: 64890999

Classification Of Case:

Authentication Stamp

SN 085



Signature:

Singapore Police Force

photo Pg. 1



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



CHASSIS NO. 10304
 U.W. 5150
 M.L.W. 5150
 PASS CAP 5150
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 (R) 5.20 12