MVA218117254 / VAC - Sin Ming ENTRY DATE & TIME: 10/09/2018 16:10 SUBMITTED BY: James Ng Wing Kin

#### 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.	
	ACCIDENT STATEMENT
Date Of Report	10/09/2018 16:10
Date Of Accident	08/09/2018 14:15
Exact Location Of Accident	ALONG AYER RAJAH EXPRESSWAY TOWARDS MCE
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMA3650U
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91254555
Alternative Phone No	OFFICE-91254555
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	SD18V00034/VPZ/R03
Cover Note Number	
Driver	

Name of Driver

LOH THEN MIN

NRIC No

S1167764I

Date Of Birth

14/11/1955

Occupation

OUTDOOR

Date Of Driving Pass

18/06/1972

Driving Experience 46 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91254555

Fax Number

Contact Number

EMail Address NOEMAIL

BLK 125 GEYLANG EAST AVENUE 1 #07-27 Address

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 - CHANGE/CROSS LANE** 

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?

YES

NO

YES

NO

YES

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

Passenger 1

2

NAME: : GRAB PASSENGER

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name **GEYLANG N.P.C** 

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

**SINGAPORE** 

TEL NO: - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

REFER POLICE REPORT (ATTENDED BY: JAMES NG)

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera?

Remarks/ Reasons: **CANNOT BE UPLOADED** 

Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SMD5158X

Vehicle Make/Model/Colour HONDA SHUTTLE

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Page 2 of 37

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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

Vehicle Registration Number XD8737A

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE

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 GRAB PASSENGER

Approximate Age Injuries Sustain

Injured person in which vehicle? SMA3650U

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

#### Sketch Plan Pg. 1

#### SKETCH PLAN

#### EMPORYARY MOTICE

- 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 renording 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)

Lunderstand, 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 insurers) 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:
  - 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:

1 0 SEP 2018

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

Date & l'ime:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

NG WING KIN JAMES \$7927881E

# Sketch Plan #2 Pg. 1

EICEEUR PAPA	Clementi Pond A	Type ski	d wants SMD 5438X - SMA-3660 U
DESCRIBE CIRCUMSTANCE	TOWN  HAVE V  ES OF THE ACCIDENT 4 2  To to the Police Report.		
DECLARATION  I/We declare the foregoing partic	ulars are true in every respect.		Sessing Chi
Policyholder's Signature Date & Time: 1 0 SEP 2018	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre I Name: NRIC/FIN No.:	Personnel's Signature  NG WING KIN JAMES

S7927881E

#### Sketch Plan #3 Pg. 1





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

T/20180908/2177	

1 of 3

Report No. T/20180908/2177

		CACCIDENT				
Date/Time Report Made:		/lade:	Vide Report No.:	Station Diary No.:		
08/09/2018 22:20		ALCOHOLD BEAUTIFUL TO THE PARTY OF THE PARTY	D/20180908/0100	99		
Informan	t's Partici	ilars				
Name of Informant:			Address:			
LOH THEN MIN			APT BLK 125 GEYLANG EAST AVENUE 1 #07-27			
			SINGAPORE 381125	SINGAPORE 381125		
ID Type / I			Contact No.:			
NRIC NO / S1167764I		141	Home/Office:	Mobile: 91254555		
Nationality:			Email:			
SINGAPO	RE CITIZI	ΞN		·		
Sex:	Age:	Date of Birth:	Type of Informant:			
Male	62	14/11/1955	Driver			
Race:			Language:	Institution / School Name:		
Chinese			,	montation / Concol Ivaine.		
Occupation	1;	,	Driving Licence Information:			
Grab car Driver			Class: 3	Date of Expiry:		

Type of Accident:	nation of the Accident Injury Attended by Police	Drink Drive: No	Date/Time of Accident; 08/09/2018 14:15	Type of Location
	Traveling Toward Road EXPRESSWAY	2		
Weather:	, 10.JKH	Road Surface: Dry	Roa	ad Speed Limit:
Clear		Traffic Control: Not Controlled		
Clear Traffic Flow: One Way Type of Collision		1	1	ffic Volume: derate

Details of Vehicle Involved						
Vehicle No.	Type	Make -	Model	Color	Condition	No of Passenger
SMA3650U	Car				Slightly	1
					Damaged	
SMD5158X	Car				Slightly	0
					Damaged	
XD8737A	Lorry				Slightly	0
					Damaged	

#### Sketch Plan #4 Pg. 1



T/20180908/2177

Police Station Of Origin; Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

CONTINUATION OF REPORT

2 of 3

Report No. T/20180908/2177

#### Brief Details.

On 08/09/2018 at about 1410hrs I was driving my vehicle SMA3650U on the right most lane along AYE towards MCE, suddenly a black car appeared in front of me. I applied my brakes however I did not manage to avoid a collision and had collided onto the right side of the said car. I then alighted and discovered that the car had skid from the 3rd lane from the left all the way to the right most lane. The car was involved in a collision with a tow truck, XD8737A and I believe the car driver had lost control of his vehicle causing it to skid all the way to the right most lane before hitting the guard rails. My passenger was conveyed to NUH as he was injured during the collision. My in car CCTV memory card was seized by the traffic police at the scene.

#### Sketch Plan #5 Pg. 1





Police Station Of Origin: Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999 Report No. T/20180908/2177

3 of 3

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:	Signature Of Informant:
G/	\ \ \
Staff Sgt DZULRAIHAN BIN KAMALUDIŅ ()	
I = I - I	
- 1 Of 1 / 1 - 1 - 1 / 1 / 1 / 1 / 1 / 1 / 1 /	D-t- Time at
Signature Of Interpreter:	Date/Time:
Not applicable	08/09/2018 22:20
Officer In Charge Of Case:	Classification Of Case:
TP/GIT/	
SI YEO CHUN JIAN	
Contact No.: 65476213	
1909-2009	
Authentication Stamp	
NP168	
/	
/ // ·	
SIGNATURE W	
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#### Sketch Plan #6 Pg. 1





Liberty Insurance Pte Ltd Registration no.199002791D 51 Club Street 51 Club Street #03-00 Liberty House Singapare 069428 Tol: (65) 6221 8611 Fax: (65) 6225 6890 Website: http://www.libertylesurance.com

# CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate No	SD18V00034 /VPZ /R03
Form	MZ406
Date Of Issue	19-JUL-2018
1.Index Mark and Registration No. of Vehicle:	SMA3650U
2.Chassis number of Vehicle:	GP71213081
3.Name of Policyholder:	GOLDBELL CAR RENTAL PTE LTD
4.Effective date of Commencement of Insurance for the purpose of the Act:	04-JUN-2018 00:00 AM
5.Date of Expiry of Insurance:	31-DEC-2018 23:59 PM
6.Persons or Classes of Persons	

entitled to drive\*:

Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.

Provided that the person driving is permitted in accordance with the Ilconsing 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 in that behalf from driving

The Motor vehicle.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

A) Use for carriage of passengers or goods in connection with the Policyholder's business.
 B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired.

8.Policy does not cover:

A) Use for racing, pace-making, reliability trial or speed-testing.

B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

C) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

\*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings.

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

For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers

WW.

Authorised Signature

For Information only:

COVERAGE: SUM INSURED: Comprehensive, Unlimited Windscreen, Personal Accident Benefit, Airside, Uber/Grabcar Extension

MARKET VALUE AT THE TIME OF LOSS

EXCESS:

Section I -Singepore S\$850 / Outside Singapore S\$1350,Additional Excess for Young & Inexperienced Drivers S\$1500,Windscreen Excess S\$100

FINANCE COMPANY: PRODUCER NAME:

ANZ BANKING GROUP LIMITED

ACORN INTERNATIONAL NETWORK PTE LTD

PLAS/PLKX/19-JUL-18

S1\_Cl\_T1\_T3\_OE\_Template2-Ver1.

19-JUL-18

Jul 19, 2018, 8:09 PM























































