SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 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 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.
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7. By the lodgement of this report to the insurers, you hereby conseaforesaid.	nt to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	13/09/2018 12:36
Date Of Accident	12/09/2018 17:15
Exact Location Of Accident	AYE TOWARDS TUAS AFTER LOWER DELTA ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJL7562S
Insured/Policyholder	
Name Of Registered Owner	SG RENT & DRIVE PTE LTD
Co Reg No	201806696W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-95961100
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	999994608
Cover Note Number	
Driver	
Name of Driver	KWOK CHIEN PING
NRIC No	S7427058A
Date Of Birth	21/08/1974

OUTDOOR

07/01/2002

16 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96812402

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 308B PUNGGOL WALK

#07-364

Postcode 822308

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 4

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES

NO

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) 2

Passenger 1 Name: : HAEKAL

Gender: : Male

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE

YES

Police Station Address ROAD: 81 ANG MO KIO AVE 3, POSTCODE: 569929, COUNTRY: SINGAPORE

Police Station Contact **TEL NO**: 1800-4519999 - **FAX NO**: 65535679

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT: T/20180913/2010.

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

SLD1727S

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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SCJ3737A

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLV7238M

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

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 HAEKAL

Approximate Age

Injuries Sustain SHOULDER PAIN

Injured person in which vehicle? SJL7562S

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

Sketch Plan

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.
- 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)
 - (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
- (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 Signatuce 0

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

12: 16/1

130918

Reporting ntre Personnel's Signature

Poh Kwee Choo NRIC/FIN No.: S6840583A

13 SEP 2018

GIARMC SketchPlanForm V3

19:31/1

SKETCH PLAN		
THE FRANCE PAR	12 50 75 3 72	
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320 7-37	17275	
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	!!!!!!!!!!!	┊┊ ┼┊┼┼┼┼┼┼┼┼
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DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	<u> </u>
		1182913 / 2010
Kefer to attached	Police Report : T/2	113/ 2210 .
	A 171-111	
		· · · · · · · · · · · · · · · · · · ·
CLARATION - D		
CLARATION & D.R.	lars are true in every respect	
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Tu (0) /m	1 /1-	×
10 10		
icyholder's Signature	Oriver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name: Dark Kungo Choo
18 SEP 2018	Date & Time:	Name: Poh Kwee Choo S6840583A
		20040000





Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929 1 of 4 Report No. T/20180913/2010

Tel No: 1800-4519999

REPORT OF A TRAFFIC ACCIDENT

	ate/Time Report Made: 3/09/2018 01:30		Vide Report No.: D/20180912/0102	Station Diary No.: 18		
Informa	int's Partic	ulars de la	AND STORY OF THE PARTY.			
	f Informant: CHIEN PING		Address: APT BLK 308B PUNGGOL V 822308			
ID Type / ID No.: NRIC NO / S7427058A			Contact No.: Home/Office:	Mobile: 96812402		
National SINGAF	ity: PORE CITIZ	EN	Email:			
Sex: Male	Age:	Date of Birth: 21/08/1974	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: Grab Driver			Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:		

Type of Accident:	Fatal Conveyed By Ambulance		Drink Drive: No	Date/Time of Accident: 12/09/2018 17:15		Type of Location: Straight Road
	H EXPRESSWAY					a
		Surface:		Roa	d Speed Limit:	
			Control:			fic Volume: lerate
Type of Collis Between Mov	ion: ing Vehicles - Head To Re	ear				one conveyed by ulance:

Venicle No.	Type	Make	Model	Color	Condition	No of Passenge
SCJ3737A	Car					0
SJL7562S	Car				Seriously Damaged	1
SLD1727S	Car				Damagou	0
SLV7234M	Car					0





Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

Tel No: 1800-4519999

2 of 4 Report No. T/20180913/2010

CONTINUATION OF REPORT

Any Pedestrian In	volved: No					
No. of Pedestrians Injured: NIL		Use of Pe	edestrian	Cross	ing: NA	
Driver	用处理的产生的			100 March	CHARLES OF THE PARTY.	
Name	Zhang Zexu, Wilson		ID No.		S8439309F	
Related Vehicle	SCJ3737A (Car)		Contac	ct No.	97504700	
Hospital/Clinic	NIL			of e & Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Dis		NIL		
	ed Medical Leave NIL	Degree o				
Name	KWOK CHIEN PING		ID No.		S7427058A	
Related Vehicle	SJL7562S (Car)		Conta	ct No.	96812402	
Hospital/Clinic	NIL		Class Driving Licent Expiry	g ce &	Class: 2B,2A,2,3 Date of Expiry: NIL	
Date Treatment	NIL Date Disc		charge NIL			
No. of Days gran	ted Medical Leave NIL	Degree		NIL		
Driver	TO SAFER THE RESERVE		NEW YORK	Sales P		
Name	Foo Wah Han		ID No		S2561739H	
Related Vehicle	SLD1727S (Car)		Conta	ct No.	94574649	
Hospital/Clinic	NIL		Class Drivin Licena Expire	g	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL Date Dis		charge			
	ted Medical Leave NIL		of Injury	NIL		





Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929 Report No. T/20180913/2010

Tel No: 1800-4519999

CONTINUATION OF REPORT

Driver	5. 光·北·梅州松	全型性	经 国内的	科的機能		性底 下板 按 禁制度 1990
Name	Siti Nur Aziefalyana Binte Johana		ID No.		S9711002F	
Related Vehicle	SLV7234M (Car)			Contact No.		81808459
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Dis			charge	NIL	
No. of Days gran	granted Medical Leave NIL De			f Injury	NIL	

Brief Details.

On 12/09/2018 at about 5.15pm, I was sending my passenger to his destination. I was driving my vehicle SJL7562S along AYE towards Tuas, on the extreme right lane. The traffic was moderate. While I was near to Lower Delta exit, the vehicle in front of me, SLV7234M, had been intermittently braking. Thus, I slowed down to have a bigger distance between my vehicle and the other vehicle. Suddenly SLV7234M braked hard to a stop. I followed and managed to brake and stop in time, without colliding into the said vehicle. After fully stopping however there was a knock from the rear which made my vehicle surged forward and hit the front vehicle. I then went out of the vehicle and realized that there was a chain collision involving about 6 cars and two motorbikes.

I only exchanged particulars with the driver of the vehicle in front of mine and two vehicles behind mine. Traffic Police and Ambulance arrived at the scene. One of the motorcyclist was pronounced dead on the spot. The other motorcyclist and my passenger was conveyed to hospital.





T/20180913/2010

4 of 4 Report No. T/20180913/2010

Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

Tel No: 1800-4519999

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 ESAENDREE BIN PRAYITNA	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 13/09/2018 01:30
1	
Officer In Charge Of Case: TP / FAIT / SI VILTON HIA WEE SIANG	Classification Of Case:
Contact No.: 65476228 Authentication Stamp	Signeration
NP168	er: Polica Porca

CERTIFICATE OF INSURANCE



CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THRO-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 188) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THRO-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.400

THIRD PARTY

COMMERCIAL MOTOR

POLICY EXCESS

SUM INSURED

(The below excess is subject to GST) S\$1000.00 (Sect II)

CERTIFICATE NO.

SJL7562S

WINDSCREEN EXCESS

NA

POLICY NO.

999994608

NA

1) VEHICLE REGISTRATION NO.

INSURING WITH COE/PARF SJL7562S

SG RENT & DRIVE PTE LTD

2) NAME OF INSURED

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT

27 June 2018 09 June 2019

4) DATE OF EXPIRY OF INSURANCE

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Any person who is driving on the Insured's order or with their permission. \$51,000 Dection II Excess is applicable for driver who is above 22 years old with minimum 2 years driving experience.

\$2,000.00 Section II is applicable for drivers who is at least 21 years old with minumum 1 year driving experience.

\$3,000.00 Section II is applicable for drivers below 21 years old and/or with less than 1 year driving experience.

Provided that the person driving its 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 in that behalf from driving the Motor Vehicle.

6) LIMITATION AS TO USE*

- Use for social, domestic, pleasure purposes and business purposes of insured
 Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.
- Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

The Policy does not cover: 1) Use for tuttion, driving test, racing, pace-making, reliability trial or speed-testing. 2) Use whilst drawing a trailer excibe towing (other than for reward) of any one disabled mechanically propelled vehicle. 3) Use for any purpose in connection with the Motor Trade

LOSS OF USE

Not Included

HIRE PURCHASE COMPANY

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 Melaysia), 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 Molor Vehicles (Third- Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued in Singapore 26 Jun 2018

504641-000 Assure Insurance Agency Pte Ltd 29 Kelantan Road #01-111 Kelantan Court Singapore 200029

4

AIG Asia Pacific Insurance Pte. Ltd.

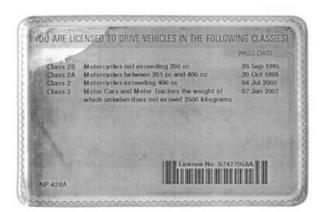
AUTHORISED REPRESENTATIVE

SSPORC

ORIGINAL







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CHASSIS NUMBER







