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 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	30/11/2018 11:50
Date Of Accident	27/11/2018 14:00
Exact Location Of Accident	UPPER PAYA LEBAR TOWARDS PAYA LEBAR RD
Country/State of Loss	SINGAPORE
ı	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKS2555Y
Insured/Policyholder	
Name Of Registered Owner	DREAM CAR LEASING PTE LTD
Co Reg No	201420013Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81288789
Alternative Phone No	OFFICE-67489747
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	t .
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	DMCFHQ18-000174
Cover Note Number	
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Name of Driver HAN MENG SEOW DESMOND (HAN MINGCHOU)

NRIC No S7743026A

Date Of Birth 04/06/1977

Occupation OUTDOOR

Date Of Driving Pass 02/01/2008

Driving Experience 10 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-88001974

Fax Number

Contact Number

EMail Address NOEMAIL

Address 126 HILLVIEW AVENUE #03-03

Postcode 669612

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRED

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 RAINING
Road Surface WET

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 1

YES

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name BEDOK POLICE DIVISIONAL HQ (G DIVISION)

Police Station Address ROAD: 30 BEDOK NORTH ROAD, POSTCODE: 469676, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-2440000 - **FAX NO**: 64443009

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO THE 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 SJN4919G
Vehicle Make/Model/Colour MERCEDES

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 SCZ692E

Vehicle Make/Model/Colour MERCEDES

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 INJURED PERSON 1

Name HAN MENG SEOW DESMOND

Approximate Age Injuries Sustain

Injured person in which vehicle? SKS2555Y

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?
Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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 singapore.
 - 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: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

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KETCH PLAN		
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DECLARATION I/We declare the foregoing particular	lars are true in every respect.	NAORKS 4
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(V. E. J.) \ \		NO3
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature





POLICE REPORT (NP299)

Police Station Of Origin Bedok Division HQ 30 Bedok North Road SINGAPORE 469676 Tel No:1800-2440000 Report No. G/20181129/7048

Date/Time Report Made	Vide Re	port No.		Station Diary No.
29/11/2018 18:23				
Name Of Informant	Address	3		
CHAN CHEE WEI, FRANKIE		APT BLK 480 JURONG WEST STREET 41 #05-312 SINGAPORE 640480		
ID Type / ID No. NRIC NO / S7539593J	Contact No. Home/Office: Mobile: 81288789			
Nationality SINGAPORE CITIZEN	Email Address DREAMCARRENTALSG@GMAIL.COM			
Occupation	Sex	Age	Date of Birth	Race
Management executive	Male	42	24/12/1975	Chinese
Institution/School Name	Language English			
Date/Time Of Incident 27/11/2018 14:00 - 27/11/2018 14:00	Location Of Incident UPPER PAYA LEBAR ROAD TOWARDS PAYA LEBAR ROAD			

Brief details.

I, DREAM CAR LEASING PTE LTD OWNER OF THE VEHICLE NUMBER SKS 2555Y. MY RENTAL COMPANY HAS RENTED OUT VEHICLE NUMBER SKS 2555Y TO HAN MENG SEOW DESMOND NRIC NO: S7743026A FROM 26/11/18 TO 27/11/18. ON 27/11/18 AT ABOUT 1401 HOURS I RECEIVE A CALL FROM THE HIRER SAYING THAT HE WAS INVOLVE IN A ROAD TRAFFIC ACCIDENT. I RUSH TO THE ACCIDENT SCENE AND SAW THAT MY CAR (SKS 2555Y) HAD ALREADY SHIFTED AND PARKED ALONG THE ROADSIDE. TRAFFIC POLICE AND AMBULANCE HAD ARRIVED AND

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this
Not applicable	report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 29/11/2018 18:23
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20181129/7048

WAS ATTENDING TO MY HIRER WHICH HE FELL INTO THE DRAIN AND INJURED HIS LEG. AFTER THAT I WENT UP TO MY HIRER AND ASK HIM WHAT HAD HAPPEN. HE COULDN'T REPLY ME OF HOW THE ACCIDENT HAPPEN AND KEEP REPEATING THAT HE COULDN'T REMEMBER ANYTHING. FROM WHAT I HAD OBSERVE FROM HIS SPEECH AND ACTION I REALISE THAT HE COULDN'T SELF CONTROL AND WAS INTOXICATED. I'M DOING THIS REPORT FOR RECORD PURPOSE ONLY.

Subjects Involve Victim	d		
Person Name	DREAM CAR LEASING PTE LTD		
ID Type	OTHERS / 201420013Z	Language	Chinese
Address	155 #02-00 SHUNLI INDUSTRIAL PARK SINGAPORE 416012	Mobile No	81288789

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.	
Signature Of Interpreter: Not applicable	Date/Time: 29/11/2018 18:23	
Officer In-Charge Of Case:	Classification Of Case:	
Authentication Stamp		



11/26/2018

Status of Driving Licence





e-Services (/content/policehubhome/homepage.html)

Log in +0

Status of Driving Licence

Qualified Driving Licence

Qualified Driving Licence Number

S7743026A

Status of Qualified Driving Licence

Valid

Class(es) of Qualified Driving Licence

3

Expiry Date

Valid for life unless revoked, suspended or disqualified

Provisional Driving Licence

Provisional Driving Licence Number

S7743026A

Status of Provisional Driving Licence

No Licence

Classias) of Provisional Driving Licence

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SGSECURE (https://www.police.gov.sg/sgsecure)

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CONTACT US (https://www.police.gov.sg/content/contact-us)

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Team (https://www.mha.gov.sg).

https://eservices.police.gov.sg/content/policehubhome/homepage/enquiry/status-of-driving-licence.html



Accident Photo





Accident Photo







