

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 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.

ACCIDENT STATEMENT

Date Of Report	03/12/2018 17:05
Date Of Accident	01/12/2018 20:35
Exact Location Of Accident	ANG MO KIO AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR8926P
Insured/Policyholder	
Name Of Registered Owner	ALLSWELL MOTOR TRADERS
Co Reg No	53192889J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62615545

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS-1.8 HYBRID CVT (A)
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	
Cover Note Number	

Driver

Name of Driver	THAM YEW HENG
NRIC No	S0028734B
Date Of Birth	04/06/1954
Occupation	OUTDOOR
Date Of Driving Pass	28/08/1978
Driving Experience	40 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91705579
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 43 TELOK BLANGAH RISE #07-648 S090043
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	DRIZZLE
Road Surface	WET

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?	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)	2
Passenger 1	NAME: : PASSANGER GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	BISHAN NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED POLICE REPORT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH RENTAL CO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD4175L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	NA
NRIC/Passport Number	
Contact Number	98219113
Address	NA NA
Postcode	NA
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	THAM YEW HENG
Approximate Age	
Injuries Sustain	CHEST & BACK PAIN
Injured person in which vehicle?	SLR8926P
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Accident Sketch Plan Pg. 1


SKETCH PLAN

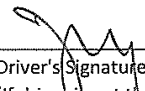
IMPORTANT NOTICE


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5. 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) 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: 03/12/18


Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan Pg. 1

SKETCH PLAN

ANG 100 K10 Ave 3

A-SLR8926P

B-SHD4175L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time: 03/12/18

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20181203/2106

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

1 of 4

Report No. T/20181203/2106

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/12/2018 15:53		Vide Report No.:		Station Diary No.: 120	
Informant's Particulars					
Name of Informant: THAM YEW HENG			Address: APT BLK 43 TELOK BLANGAH RISE #07-648 SINGAPORE 090043		
ID Type / ID No.: NRIC NO / S0028734B			Contact No.: Home/Office: Mobile: 91705579		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 64	Date of Birth: 04/06/1954	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/12/2018 20:35	Type of Location: Straight Road
Location: Along Road 1 ANG MO KIO AVENUE 3 Towards avenue 8 directions after LP 47				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD4175L	taxi					0
SLR8926P	Car				Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLR8926P	AIG ASIA PACIFIC INSURANCE PTE. LTD.	999994368	06/11/2018	05/11/2019



**SINGAPORE
POLICE FORCE**



T/20181203/2106

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Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20181203/2106

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAXI DRIVER	ID No.	NIL
Related Vehicle	SHD4175L (taxi)	Contact No.	96365358
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	THAM YEOW HENG	ID No.	S0028734B
Related Vehicle	SLR8926P (Car)	Contact No.	91705579
Hospital/Clinic	HORIZON MEDICAL PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	03/12/2018	Date Discharge	03/12/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Passenger			
Name	MALE PASSENGER	ID No.	NIL
Related Vehicle	SLR8926P (Car)	Contact No.	98219113
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I am a Grab Driver.

On 1/12/18, at about 2035hrs, I was driving my rented car (SLR8926P) along the second lane of Ang Mo Kio avenue 3 going towards avenue 8 direction. It was raining and heavy traffic at that point of time. After lamp post 47, the front vehicle came to a stop as such I follow suit. Shortly after I stopped, I felt an impact from the rear of my car. I got out to check and noticed that a taxi (SHD4175L) had collided into the rear of my car. Due to the rain, we exchanged contact number and drove off without much conversation.

I got a passenger on board during the accident and he informed that he was not injured. The rear bumper



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T/20181203/2106

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Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20181203/2106

CONTINUATION OF REPORT

of my rented car was dented. I did not felt any pain initially but the pain on my chest and back area started to get worse over the few days as such on 03/12/2018, I proceed to seek treatment and was given 4 days of medical certificate.



**SINGAPORE
POLICE FORCE**



T/20181203/2106

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20181203/2106

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: E / Staff Sgt LIM BENG LEE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 03/12/2018 15:53
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case: SN 061
Authentication Stamp NP168	 SIGNATURE

NRIC & DL Pg. 1

REPUBLIC OF SINGAPORE

THAM YEW HENG

000720602J

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S0028734B

THAM YEW HENG

譚耀興

CHINESE

04-06-1954

SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 1 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

28 Aug 1978

NR 428A

5755313

NRIC No. S0028734B

Date of issue 13-06-2017

Address

APT BLK 43 TELOK BLANGAH RISE

#07-648

SINGAPORE 090043



HOTLINE TEL: (65) 6419-3000
FAX: (65) 6415-3723

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)

M Z 400

		(The below excess is subject to GST)	
COMPREHENSIVE	COMMERCIAL MOTOR	POLICY EXCESS	S\$2000.00 Sect I & II
CERTIFICATE NO.	SLR8926P	WINDSCREEN EXCESS	S\$100.00
POLICY NO.	999994368	SUM INSURED	Yes
		INSURING WITH COE/PARF	Yes
1) VEHICLE REGISTRATION NO.		SLR8926P	
2) NAME OF INSURED		ALLSWELL MOTOR TRADERS	
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT		06 November 2018	
4) DATE OF EXPIRY OF INSURANCE		05 November 2019	
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*			
<p>Any person who is driving on the Insured's order or with their permission. Authorised driver must be between age 23 to 65 with at least 2 years driving experience. S\$2,000.00 Section I & S\$2,000.00 Section II Excess is applicable for driver who is between 23 years to 65 years old with minimum 2 years driving experience in Singapore. An additional excess of \$1,000.00 Sect I per accident is applicable in the event of an accident occurring outside Singapore.</p>			
<p>Provided that the person driving is 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.</p>			
6) LIMITATION AS TO USE*			
<p>1) Use for social, domestic, pleasure purposes and business purposes of Insured 2) Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired 3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired</p> <p>The Policy does not cover: 1) Use for tuition, driving test, racing, pace-making, reliability trial or speed-testing. 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. 3) Use for any purpose in connection with the Motor Trade.</p>			
LOSS OF USE		Not Included	
HIRE PURCHASE COMPANY		LAKE VIEW FINANCIAL SERVICES	
<p>*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.</p>			

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)

Issued in Singapore 05 Nov 2018

AIG Asia Pacific Insurance Pte. Ltd.

0691991-000
Moh Kok Heng
78 Shenton Way #07-16
SINGAPORE 079120

AUTHORISED REPRESENTATIVE

SSPOEC

ORIGINAL

**ALLSWELL MOTOR TRADERS**

100 Jalan Sultan #02-41 Sultan Plaza Singapore 199001

Tel: +65 6261 5545 | Fax: +65 6266 5545

Co. Reg. No. / GST No. Reg. No.: 53192889J

Website: <http://www.car2rent.com.sg> | Email: sales@allswellmotor.com.sg**RENTAL AGREEMENT****No. R17090002**

Date: 04 Sep 2017

SCHEDULE

This is a lease agreement made between us, **Allswell Motor Traders** (hereinafter referred to as "**THE COMPANY**") which shall include its successors-in-title and assigns), identified as the Lessor and having our registered address 100 Jalan Sultan #02-41 Sultan Plaza Singapore 199001 **AND YOU**, the person(s) identified as the Hirer below include (which shall include your successors-in-title and assigns):-

NAME OF HIRER(S) (IN FULL) : THAM YEW HENG (S0028734B)
ADDRESS : APT BLK 43 TELOK BLANGAH RISE #07-648
 : SINGAPORE 090043
TELEPHONE : TEL: (R): 91705579 (HP): +6591705579 (F):

NAME OF DRIVER(S) (IN FULL) : THAM YEW HENG
NRIC/PASSPORT NO. : S0028734B
DATE OF BIRTH : 04/06/1954
DRIVING LICENSE NO. : S0028734B
PASSING DATE : 28/08/1978
EXPIRY DATE :
NATIONALITY : SINGAPOREAN

NAME OF DRIVER(S) (IN FULL) : THAM SENG WAI, ANTHONY
NRIC/PASSPORT NO. : S8131288E
DATE OF BIRTH : 26/09/1981
DRIVING LICENSE NO. : S8131288E
PASSING DATE : 13/10/2003
EXPIRY DATE :
NATIONALITY : SINGAPOREAN

NAME OF DRIVER(S) (IN FULL) : THAM WAI WAI, EDMUND
NRIC/PASSPORT NO. : S8231949B
DATE OF BIRTH : 28/09/1982
DRIVING LICENSE NO. : S8231949B
PASSING DATE : 28/03/2007
EXPIRY DATE :
NATIONALITY : SINGAPOREAN

1. DESCRIPTION OF VEHICLE ("THE VEHICLE")

REGISTRATION NO : SLR8926P (30/08/2017)
 MAKE/MODEL : TOYOTA PRIUS HYBRID 1.8S A
 COLOUR : BLACK
 ENGINE NO : 2ZRS074226
 CHASSIS NO : ZVW506087904
 TYPE : TOYOTA PRIUS S 1.8

2. PERIOD OF LEASE

For 78 weeks from 04/09/2017 11:28 ("Commencement Date") to 04/03/2019 11:28 ("Lease Period").

3. LEASE CHARGES

Amount S\$537.45 per week plus Goods and Services Tax ("GST") (if applicable) ("Weekly Lease Charges"). This Lease Agreement is only in respect of the lease of the Vehicle, and does not include the hire or engagement of the drivers.

4. DEPOSIT

Amount S\$2,000.00 (exclusive of GST)

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

