

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	30/01/2019 16:20
Date Of Accident	29/01/2019 16:40
Exact Location Of Accident	KALLANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA8621X
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Insured/Policyholder

Name Of Registered Owner	APPLE CAR RENTAL AND LEASING PTE LTD
Co Reg No	201721343H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-64631770

Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	999994584
Cover Note Number	

Driver

Name of Driver	LEOW JOON LONG
NRIC No	S7018743D
Date Of Birth	27/05/1970
Occupation	OUTDOOR
Date Of Driving Pass	12/02/1996
Driving Experience	22 YEARS AND 11 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-94877545
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	BLK 467 NORTH BRIDGE ROAD #15-5049
Postcode	190467
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 - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
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)	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

ON 29/01/2019, MY VEHICLE (SMA8621X) DRIVING OUT FROM HORNE ROAD TOWARDS KALLANG ROAD. I DRIVING TOWARDS FIRST LANE IN KALLANG ROAD. DURING THAT TIME, ALL VEHICLES (LANE 4,3,2) ALL VEHICLES FROM RIGHT ARE STOPPING BEFORE THE YELLOW BOX (TOTAL 4 LANES). THEREFORE, I DROVE TOWARDS LANE 1 AND VEHICLE B (SLU5443U) CANNOT STOP IN TIME AND HIT ONTO MY VEHICLE.

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	SLU5443U
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	CHU JIA XIANG

NRIC/Passport Number	
Contact Number	86144455
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

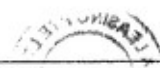
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 30-1-19
11:09am

221

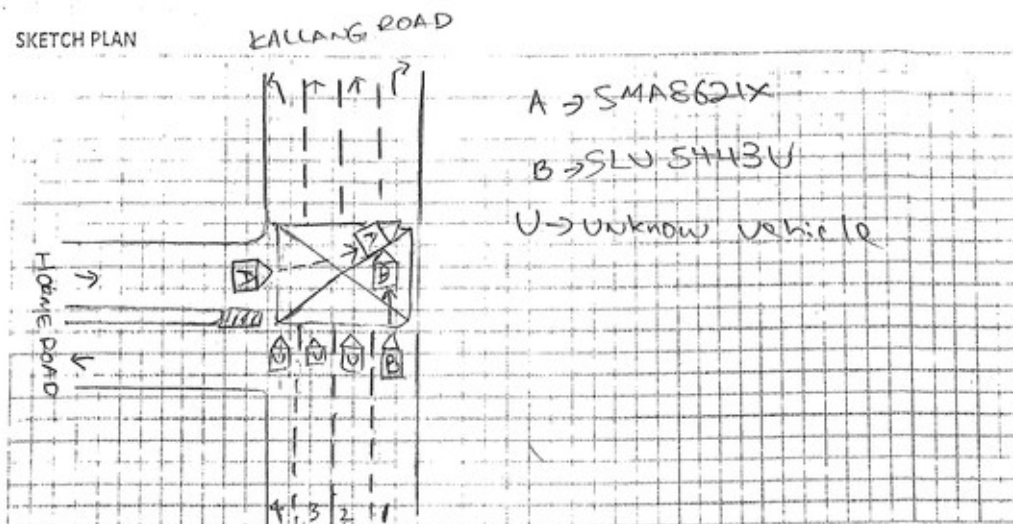
Driver's Signature
(If driver is not the policyholder)
Date & Time: 30-1-19
11:09am



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

YI HENG

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29-01-19, I (SMA 8621X) driving out from HOME ROAD towards Kallang Road. I driving towards 1st lane in Kallang road. During that time, all vehicles ^(lane 1, lane 3 & lane 2) from right are stopping before the yellow box (total 4 lane). Therefore I drive towards lane 1, and vehicle B (SLV5443U) cannot stop in time and hit onto my vehicle.

DECLARATION

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



Policyholder's Signature

Date & Time: 30-1-19
11:01am

Policyholder's Name: [illegible]

Driver's Signature

(If driver is not the policyholder)

Date & Time: 30-1-19
11:09am

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**American Home Assurance Company
Singapore**

AIG Building, 22 Martin Road, Singapore 239058

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : LEOW JOON LONG
VEHICLE NUMBER : SMA 8621 X
DATE/TIME OF ACCIDENT : 29-1-19, 4:40 PM
PLACE OF ACCIDENT : Yalling Road
THIRD PARTY VEHICLE (IF ANY) : SLV 5H43U

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED
DESTINATION BEFORE THE ACCIDENT?

JALAN BESAR SPORT COMPLEX → CRAWFORD LANE

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF
THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-
ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?

NO.

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES
TO ALL VEHICLES INVOLVED?

SIDE TO FRONT

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL?
WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

NO

2/2

Name:

I Affirmed The Above Information Is Given To My Best Knowledge.

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7018743D**

Name: **LEOW JOON LONG**

Birth Date: **27 May 1970**

Issue Date: **11 Aug 2016**

002596948C



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7018743D



Name
LEOW JOON LONG

廖永龙

Race
CHINESE

Date of birth
27-05-1970

Sex
M

S7018743D

Country of birth
SINGAPORE

A
 SM 8621X

Nissan Qashqai 2.0

94877545

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

Class	Description	Effective Date
Class 2B	Motorcycles <= 200 cc	30 Sep 1994
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	12 Feb 1996

EFFECTIVE DATE

NP 428A



Licence No: S7018743D



4670150

NRIC No: **S7018743D**



Date of issue
20-01-2011

Address

**APT BLK 467 NORTH BRIDGE ROAD
 #15-5049
 SINGAPORE 190467**



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, 1966

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

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

M 2 400

		(The below excess is subject to GST)	
THIRD PARTY	COMMERCIAL MOTOR	POLICY EXCESS	S\$1500.00 (Sect II)
CERTIFICATE NO.	SMA8621X	WINDSCREEN EXCESS	NA
POLICY NO.	999994584	SUM INSURED	NA
		INSURING WITH COE/PAF	NA
		SMA8621X	
		APPLE CAR RENTAL AND LEASING PTE LTD	
1) VEHICLE REGISTRATION NO.		26 June 2018	
2) NAME OF INSURED		09 June 2019	
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT			
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.			
S\$1,500.00 Section II Excess is applicable for driver who is above 23 years old with minimum 2 years driving experience.			
S\$3,000.00 Section II Excess is applicable for drivers who is below 23 years old or with minimum 1 year driving experience.			
The policy does not cover drivers who are below 23 years old with less than 1 year driving experience.			
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.			
6) LIMITATION AS TO USE*			
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.			
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.			
LOSS OF USE		Not Included	
HIRE PURCHASE COMPANY		NA	

*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)

Issued in Singapore 26 Jun 2018

AIG Asia Pacific Insurance Pte. Ltd.

500656-000
Cowell Insurance (Agency) Pte. Ltd.
8 Burn Road
#09-09 Trivex
Singapore 369977



AUTHORISED REPRESENTATIVE

SSPOEC

ORIGINAL

APPLE CAR RENTAL & LEASING PTE LTD

ID No:

Reg No: 20172134311

(Billing Address) 210 Turf Club Road, Lot A12/A27, The Grandstand Car Mall, Singapore 287 995
(Showroom) 210 Turf Club Road, Lot B66, The Grandstand Car Mall, Singapore 287 995

RENTAL AGREEMENT

Hirer's Name: LEOW JOON LONG	
NRIC No: S7018743D	Hirer's Contact No: 94877545
Age: 48	Next of Kin Name and Contact No:
Driving Experience: 2 years	
Address: BLOCK 467 NORTH BRIDGE ROAD #15-5049 S(190467)	
Vehicle Reg No: SMA8621X	Make & Model: NISSAN QASHQAI
Commencing Start Date: 6 DECEMBER 2018	Commencing End Date:
Handover Time: 5:45PM	Handover Time:
Rental Per Day/Week/Month:	Deposit: \$300 (TRF FROM SMC8461E)
Email:	Blacklist: Y / N
Car Washed/Vacuum Y / N	Remarks: DEDUCT \$15 for cleaning (SHAKE) Y / N

Note:

- *It is the **Hirer's responsibility** to inspect the vehicle during the collection of the vehicle. The hirer should take photographs of any existing scratches and dents and submit them within 30 minutes to us at our WhatsApp account at +6596770677 after the collection of the vehicle. Repair charges will incur, if the hirer fail to do so when the vehicle is returned.
- *Termination notice is minimum 1 month or replacement driver found whichever is earlier. Failing to do so, deposit of \$ 300 will not be refunded.
- *Deposit will be refunded by cheque within 7 working days upon returning of vehicle.
- *Insurance Excess amount must be paid in full before you are able to report on the accident.

1st Party Excess: \$2500

3rd Party Excess: \$2500

Malaysia Excess Double: \$5000

*No additional charge for usage in Malaysia (Towing is not covered in Malaysia. Driver bear towing charge).

*Cost of \$300 will be charged to hirer if upon returning car there is lingering cigarette smoke and/or presence of cigarette ashes.

*Cost of \$100 will be charged to hirer if PH Decal is being defaced or damaged by hirer.

Name/Signature of Hirer

Name/Signature of Authorized person



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

