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	01/02/2019 13:04
Date Of Accident	31/01/2019 09:40
Exact Location Of Accident	YISHUN AVE 1 TWDS MANDAI AVE(LAMP POST NO: 54)
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMA3114B
Insured/Policyholder	
Name Of Registered Owner	BIS MOTORING PTE LTD
Co Reg No	201735055D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96268828
Alternative Phone No	OFFICE-96268828
Vehicle Particulars	
Manufacturer	RENAULT
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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	NO
Policy Number	999994322
Cover Note Number	
Driver	

Name of Driver

NG PUAY SIONG

NRIC No

S7015284C

Date Of Birth

16/05/1970

Occupation

Outdoor

Date Of Driving Pass

04/08/1990

Driving Experience 28 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96268828

Fax Number

Contact Number OTHERS-96268828

EMail Address NOEMAIL

Address BLK 714 CLEMENTI WEST STREET 2

#12-153

Postcode 120714

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 (including own vehicle)

involved in the accident

3

NO

NO

2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

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

ambulance?

NAME: : NIL

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TAMPINES NORTH NEIGHBOURHOOD POLICE POST

NO

YES

Police Station Address ROAD: BLK 461 TAMPINES STREET 44 #01-56, POSTCODE: 520461,

COUNTRY: SINGAPORE

Police Station Contact **TEL NO**: 1800-7818999 - **FAX NO**: 67838603

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190131/2060

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Remarks/ Reasons:

REVERT

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGL8500A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Page 2 of 31

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAF

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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 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)
 - 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:

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

Date & Time: 31 01 201

1620488

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

GIARMC SketchPlanForm, V3

SKETCH PLAN Yishua Aye I Toud Mandas Ave	Vehicle B = SGL 8500A Vehicle C = Un Know
	Vehicle B = SGL 8500A
	V2 - 1 - 1
	Webicle C - Haken
	The C - will have
	(Stationary)
ary up hay pay I Jany anysol	
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
Refer to Police Report 3 T/20190	131/2060
	1
~	
Ve declare the foregoing particulars are true in every respect.	19
(solong)	. 1 1
licyholder's Signature Percetter Signature	201/2/2019
te & Time: (If driver is not the policyholder) Name:	entre Personnel's Signature
NRIC/FIN NO LEME SPECKEPSINFORM, V3 Date & Time: 3 (10112019 NRIC/FIN No 1620182	i.: 2

GIARMIC ShetchPlanForm_V3





2 of 4

Report No. T/20190131/2060

Police Station Of Origin: Tampines North NPP

461 Tampines Street 44 #01-56 SINGAPORE

Tel No: 1800-7818999

CONTINUATION OF REPORT

Details of Person	Involved			-		THE RESERVE AND ADDRESS.
Any Pedestrian In	volved: No				0	ine: NA
No. of Pedestrians	s Injured: NIL		Use of Ped	estrian	Cross	ing iva
Driver		2451		ID No.		S8024194A
Name	LEE TZE HOW (LI ZHIHA	(O)		ID No.	2 1	300241946
Related Vehicle	SGL8500A (Car)			Contac	t No.	81130139
Hospital/Clinic	NIL			Class of Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No of Days gran	ted Medical Leave NIL		Degree of	Injury	NIL	
Driver					SHIP	070450040
Name	NG PUAY SIONG			ID No.		S7015284C
Related Vehicle	SMA3114B (Car)		Contact No.		96268828	
Hospital/Clinic	WYTEH FAMILY CLINIC	Class Drivin Licent Expiry	g	Class: 3,4A,4,5 Date of Expiry: NIL		
Date Treatment	31/01/2019		Date Disc	harge	_	1/2019
Date Heatinett	nted Medical Leave 03	2	Degree o	f Injury	NIL	

Brief Details.

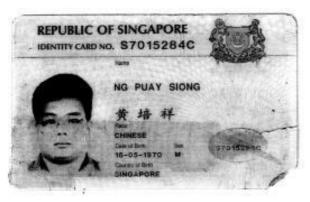
On 31/01/2019 at about 0940hrs, I was driving my GRAB car (SMA3114B) along Yishun Ave 1 towards Mandai Ave with one passenger on board. It was a straight road consists of 3 lanes. I was travelling on the second lane and there was a road works obstruction on lane 3. I slowed down and stopped my car to give way to the vehicle filtering out from lane 3.

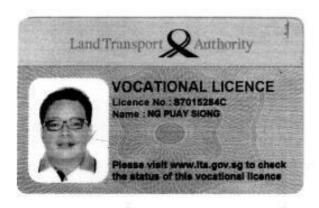
Out of sudden, I felt impact from the rear. I alighted and realised there was a car (SGL8500A) collided on the rear bumper of my car which resulted to damage.

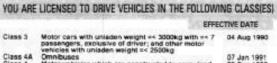
No one was injured including my passenger at that point of time. We exchanged particulars with each other. My car has in-car CCTV installed and it was on recording mode but I have yet to retrieve the accident footage.

After the accident, I felt unwell thus seek medical treatment at a private clinic. I was given 3 days of MC from 31/01/2019 to 02/02/2019.









Class 4 Motor vehicles which are constructed to carry load 25 Dec 1992 or passengers and the uniaden weight > 250Mg Motor vehicles which are not constructed to carry load or passengers and the uniaden weight = 7250Mg Motor vehicles not constructed to carry any load and the uniaden weight > 7250Mg 25 Feb 1993 and the uniaden weight > 7250Mg

NP 428A



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type Description Issue Date
12 TAXI VL 07/05/2018



The Rental Agreement is made on

RENTAL AGREEMENT

(This shall form part of	the Rental	Documents	referred	in the	terms and	conditions)
--------------------------	------------	-----------	----------	--------	-----------	-------------

Be	tween			
1.	BIS Motoring Pte. Ltd. (U address at 20 Bendemeer Ro as "the Owner") and	EN No. 2 and #03-13	201735055D), a company inco 3/14 BS Bendemeer Centre Sin	rporated in Singapore, registered gapore 339914 (herein referred to
2.	residing at _ &W > TO the person and/or company	F Clen	he Rental Documents /herein	UENTIO. <u>5</u> 子015 284 C) 12 -15 3 5 C (プロデルタ) referred to as "the Hirer") whose
3.	GIS Motoring Pte. Ltd. (UI	EN No. 2	ocuments and	
(00	llectively, known as "parties")			3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
Wh	ere as			
1,	BIS Motoring Pte. Ltd. is a least	sing compa	any incorporated in Singapore.	
2.		aged GIS	Motoring Pte Ltd. to manage th	e Vehicle No. SMA 3114B
3.			ointed authorised vehicles manual alf of BIS Motoring Pte. Ltd. to a tity on all matters relating to the	agement company ("GIS") by BIS manage all matters relating to the Vehicle.
4.		nd fully und	derstand the Terms and Condition	ons which form part of the Rental
5.	All parties accept the terms and	condition	s set out below by signing this F	Rental Agreement
It is a	greed between the parties as bek			
A.	Vehicle Details ("Vehicle")			
Vehic	le No.	N.	SMA 3114B	
	de Make / Model	9	Renault Grand Si	enic 1.5
Vehic	le Colour	Ť	Black	-
В.	Lease Period			
Date of	of Handover 2 (6)(8, 1%-3	Opm .		
(Comr	mencement of the Lease Period)		4/6/2018	
Period	of the Lease	10	Lyeur	
Option	to Renew		1	month(s) / year(s)
			1	
				Ψ













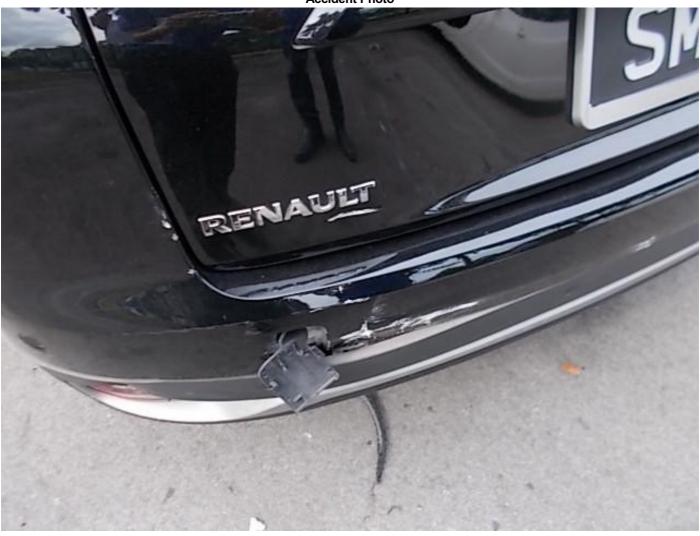






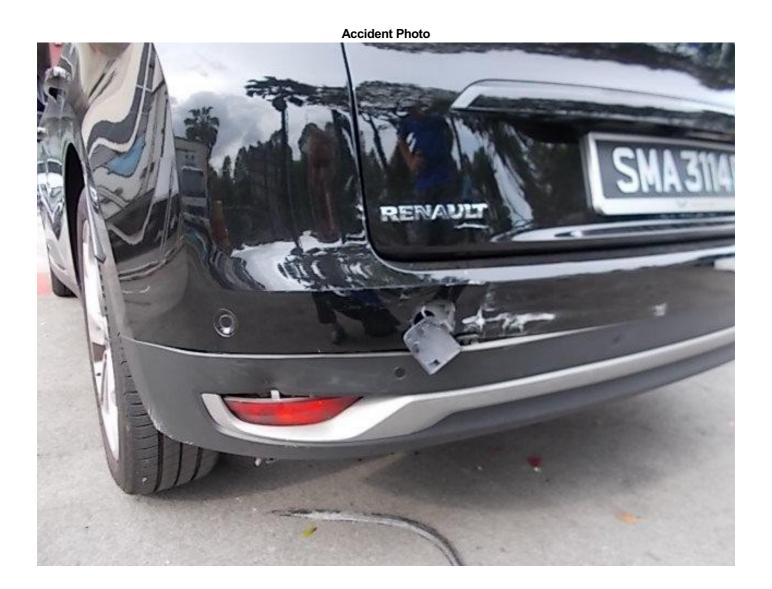








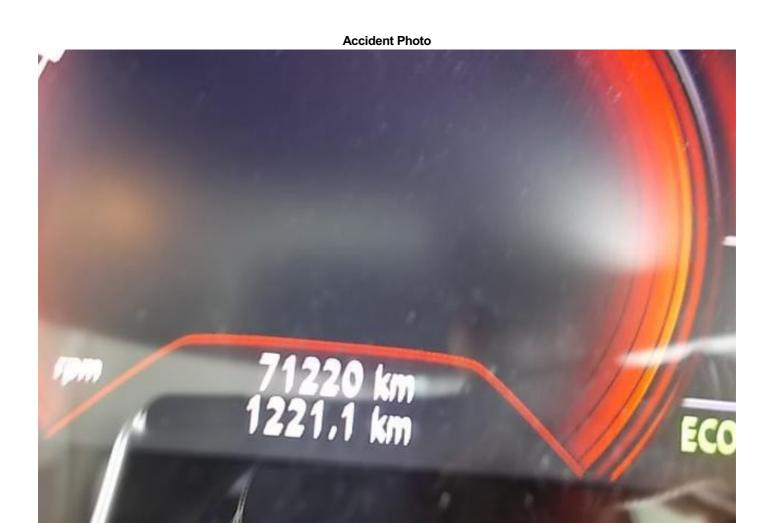


















Police Station Of Origin: Tampines North NPP 461 Tampines Street 44 #01-56 SINGAPORE 520461 1 of 4 Report No. T/20190131/2060

Tel No: 1800-7818999

REPORT OF A TRAFFIC ACCIDENT

		The second secon
Date/Time Report Made:	Vide Report No.:	Station Diary No.:
31/01/2019 12:54	A second of the	9

Informa	nt's Partic	ulars				
Name of Informant: NG PUAY SIONG			Address: APT BLK 714 CLEMENTI W SINGAPORE 120714	VEST STREET 2 #12-153		
ID Type / ID No.: NRIC NO / S7015284C			Contact No.: Home/Office:	Mobile: 96268828		
National SINGAP	ity: ORE CITIZ	EN	Email:			
Sex: Male	Age:	Date of Birth: 16/05/1970	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name		
Occupation: GRAB driver			Driving Licence Information: Class: 3,4A,4,5 Date of Expiry:			

General Infor	mation of the Accide	ent				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 31/01/2019 09:4	10	Type of Location Straight Road	
Location: YISHUN AVE Towards Man Lamp Post N	ndai Avenue					
Weather: Clear		Road Surface: Dry		Road Speed Limit:		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate		
Type of Collis	sion:				ne conveyed by ulance:	

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge	
SGL8500A	Car	TOYOTA	VIOS 1.5E A	Black		0	
SMA3114B	Car	RENAULT	GRAND SCENIC IV 1.5 DCI AT EU6	Black		1	



Tel No: 1800-7818999



Report No. T/20190131/2060

2 of 4

Police Station Of Origin: Tampines North NPP 461 Tampines Street 44 #01-56 SINGAPORE

CONTINUATION OF REPORT

Details of Person	Involved	A market				
Any Pedestrian In No. of Pedestrian	volved: No		Use of Ped	lestrian	Cross	ing: NA
Driver		CONTRACT	BLA REFERENCE			
Name	LEE TZE HOW (LI ZH	IIHAO)		ID No.		S8024194A
Related Vehicle	SGL8500A (Car)			Contac	t No.	81130139
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry; NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	
Driver					1	
Name	NG PUAY SIONG			ID No.		S7015284C
Related Vehicle	SMA3114B (Car)		Contact No.		96268828	
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY				of g ce & / Date	Class: 3,4A,4,5 Date of Expiry: NIL
Date Treatment	31/01/2019	Date Disc		_	1/2019	
No. of Days gran	nted Medical Leave	03	Degree o	f Injury	NIL	

Brief Details.

On 31/01/2019 at about 0940hrs, I was driving my GRAB car (SMA3114B) along Yishun Ave 1 towards Mandai Ave with one passenger on board. It was a straight road consists of 3 lanes. I was travelling on the second lane and there was a road works obstruction on lane 3. I slowed down and stopped my car to give way to the vehicle filtering out from lane 3.

Out of sudden, I felt impact from the rear. I alighted and realised there was a car (SGL8500A) collided on the rear bumper of my car which resulted to damage.

No one was injured including my passenger at that point of time. We exchanged particulars with each other. My car has in-car CCTV installed and it was on recording mode but I have yet to retrieve the accident footage.

After the accident, I felt unwell thus seek medical treatment at a private clinic. I was given 3 days of MC from 31/01/2019 to 02/02/2019.





3 of 4

Report No. T/20190131/2060

Police Station Of Origin: Tampines North NPP 461 Tampines Street 44 #01-56 SINGAPORE 520461

Tel No: 1800-7818999

CONTINUATION OF REPORT





4 of 4

Report No. T/20190131/2060

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461 CONTINUATION OF REPORT

Tel No: 1800-7818999

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: G / Sgt 2 MUHAMMAD ISA BIN MD RASHID	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 31/01/2019 12:54
Officer In Charge Of Case: TP / GIA / Staff-Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	SIGNATURE