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	30/01/2019 13:24
Date Of Accident	29/01/2019 21:30
Exact Location Of Accident	UPPER SERANGOON RD INTERSECTION HOUNGANG AVE7/8
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLM9099X
Insured/Policyholder	
Name Of Registered Owner	ALPINE CAR RENTAL PTE LTD
Co Reg No	199003483E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65113023
Vehicle Particulars	
Manufacturer	OPEL
Model	MOKKA-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	GRAB USE
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5093613878-01
Cover Note Number	
Driver	

Name of Driver ROYCE OW WEE YANG

 NRIC No
 \$9107970D

 Date Of Birth
 22/02/1991

 Occupation
 OUTDOOR

 Date Of Driving Pass
 05/02/2010

Driving Experience 8 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96847994

Fax Number
Contact Number

EMail Address NOEMAIL

Address 413 PASIR RIS DRIVE 6

Postcode 510413

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 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? YES

Was any injured conveyed to hospital by

Number of Passengers (Including Driver)

ambulance?

NO

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Passenger 1

NAME: : GRAB PASSENGER 1

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 POLICE DIVISIONAL HQ (F DIVISION)

Police Station Address ROAD: 51 ANG MO KIO AVENUE 9, POSTCODE: 569929, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-2180000 - **FAX NO**: 64814246

Was notice of intended Prosecution given?

If Yes, against whom?

NO

YES

Circumstances of Accident

REFER TO REPORT ATTACHED

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD7244B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver YEO TEE TEE

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

ROYCE OW WEE YANG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan

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48	
	(F)
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715-700-7-146	
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	§ L Our
	B 14 (1000)
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turning right	into Hougary Ave 7. I was heading straight to
the City.	light was green and OW B Was furning Right
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CLARATION	

Sketch Plan #2

SKETCH PLAN

CORTANT NOTICE

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- 7. By the ladgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to capies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

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 ;
 - 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 Dire & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 30/1/19

WALLAN

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Identification Card





insurance cert



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT ICHAPTER 1891 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1950. ROAD TRANSPORT ACT, 1987 (MALAVSIA).

MOTOR VEHICLES (THIRD PARTY RISKS) PURES, 1959 (MALAYSIA)

Certificate Ramber: 5099613879

Cover-1: dove PREMIUM.

- 1. Indeximark and Registration Number of Wohlde:
- SUMPRISON.

Chassis Mumber

: W0LID7EC2HR087084

2. Name of Policyholder.

- LI ALPINE CAR RENTAL PTE UTD
- 1. Effective Date of Insurance

4. Explini Date of Insurance

- ± 00 Sep 2017
- : 31 Aug 2018
- 5. Persons or Danser of Persons entitled to driver
 - (a) The Politamolder.
 - (b) Any other person who is driving on the Policyholder's order or with higher permission. Provided that the person driving is permitted in accordance with the licensing or other lasts 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 engetment or regulation in that behalf from driving the Motor Vahidle.
- 6. Limitations as to Usest
 - (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) the for racing, pace-making, reliability trial or spread-testing.
- (b) Use for the carriage of goods (other than samples) is connection with any trade or business.
- (c) Use for any purpose in connection with the Notor Trade.
 - a Unitrations rendered imperative by Section S of the Motor Vehicle (Third Farty Risks and Compensation) Act (Chapter 185) and Section 55 of the Board Transport Act, 1987 (Malaysta), are not to be included under these headings.

EXCESS (SECTION 1)	551,460
EXCESS (SECTION 2)	: \$\$1,400
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS.	± M/A
UMNAMED DRIVER EXCESS	# PLEASE REFER OUTRIDAT
REPAIR AT OWNER'S PREFERRED WORKSHOP	: '485
INSURE WITH COE	: 965
NED PROTECTION	1 60
TRANSPORT ALLOWANCE	160
DICESS WAIVER	; NO
PRINARY DRIVER	± FA/A -
NAMED DRIVER (1)	± #4/8
NAMED DRIVER (2)	1.80/60
HITE PURCHASE COMPANY	N/A
SUM INSURED	MARKET VALUE OF INSURED VEHICLE AT TIME OF 1055

I/We kereby Certify that the Policy to which this Contributionalistics is issued in occordance with the provisions of the Motor Vehicles (Third Party Rola and Componistion) Act (Chapter 199) and Part Worlde Road Transport Act, 1987 (Malmille)

: ALPINE CHEDIT PTE LPD (0000061543/6)

Date of hour

1. 21 Aug 2017 12:23-bit.

. For NTUC INCOME INSURANCE CO-OPERATIVE UMITED

Countersigned by:

Authorised Officer

Chief Executive

Driving License



REPUBLIC OF SINGAPORE HOENTILY CARD NO. \$9107970D





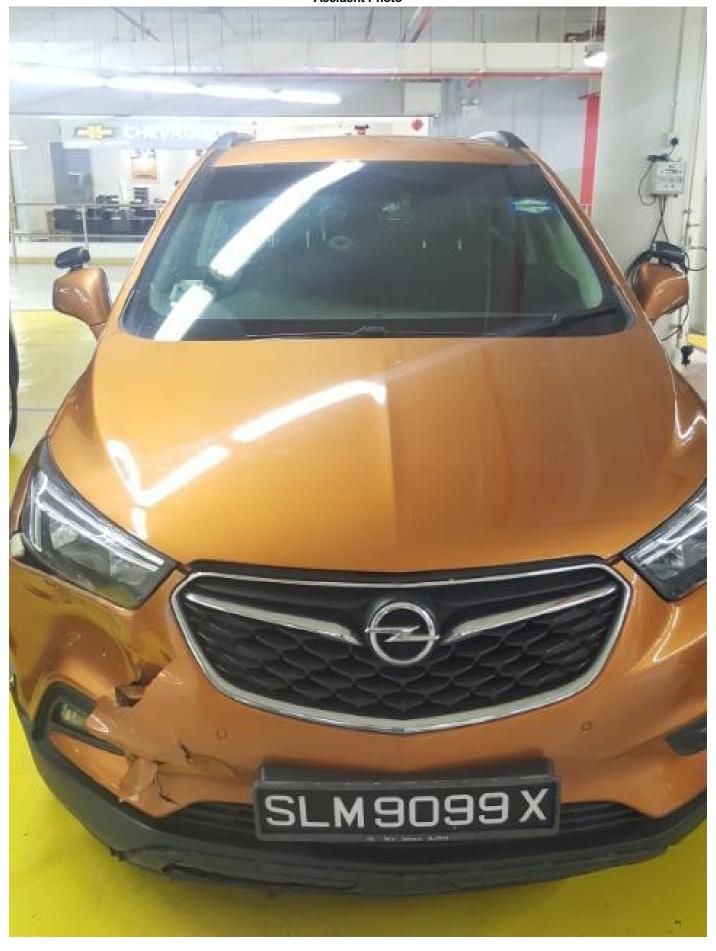
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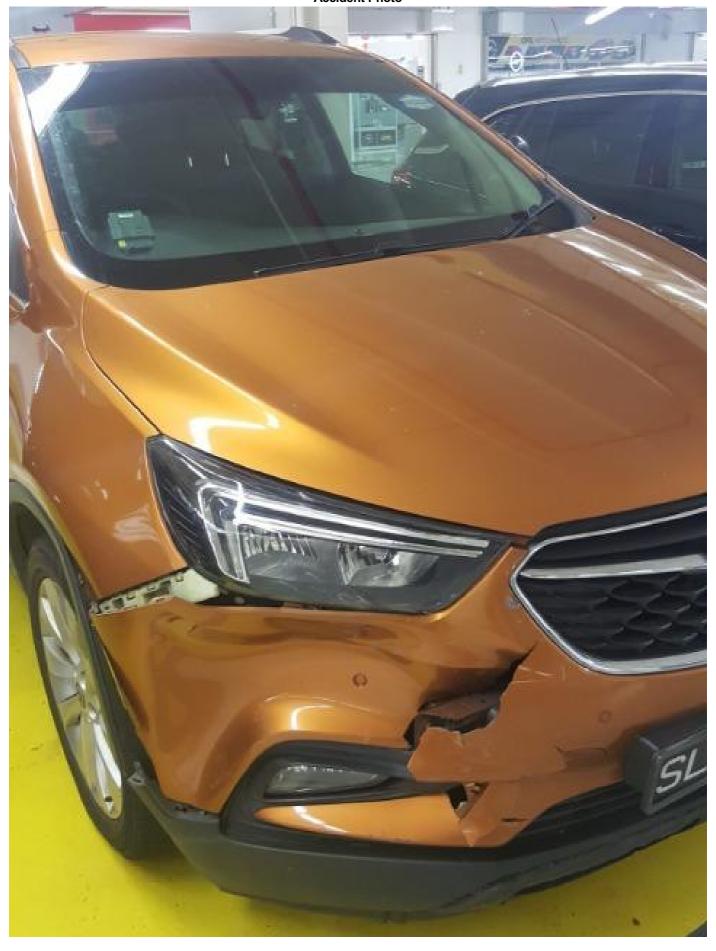
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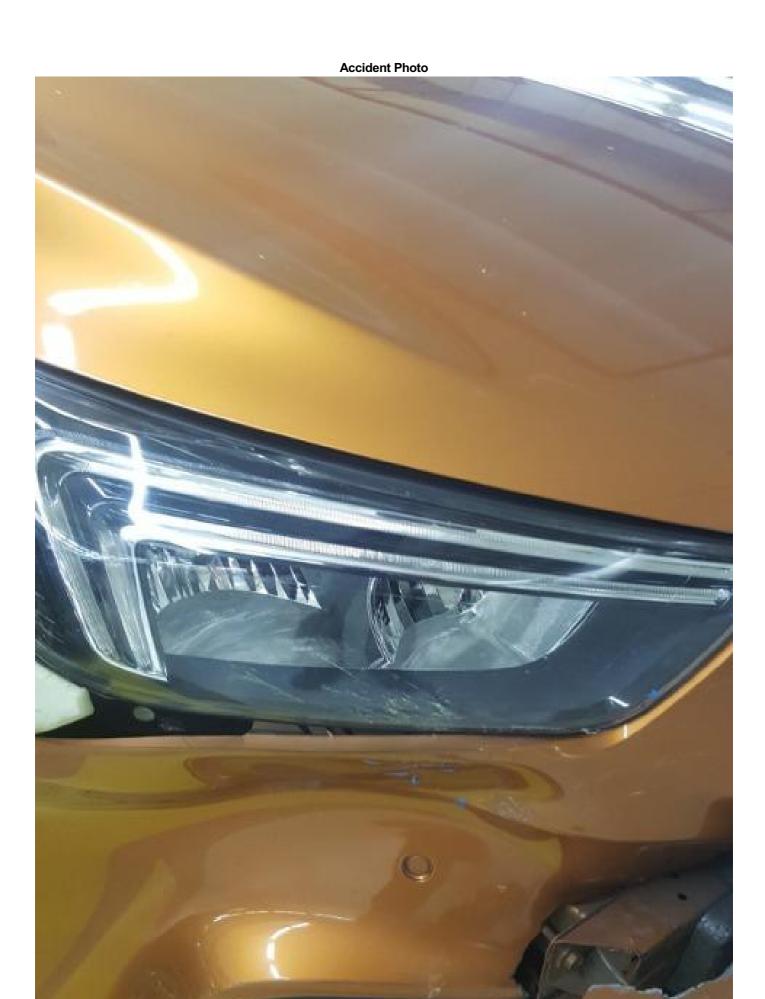
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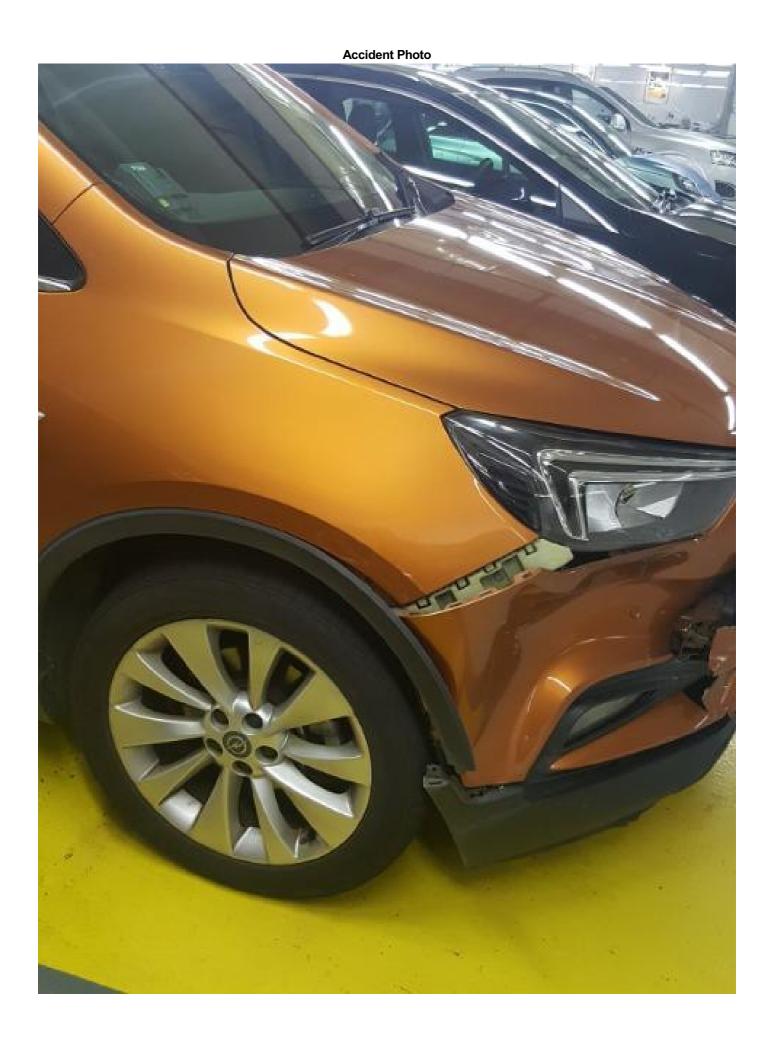


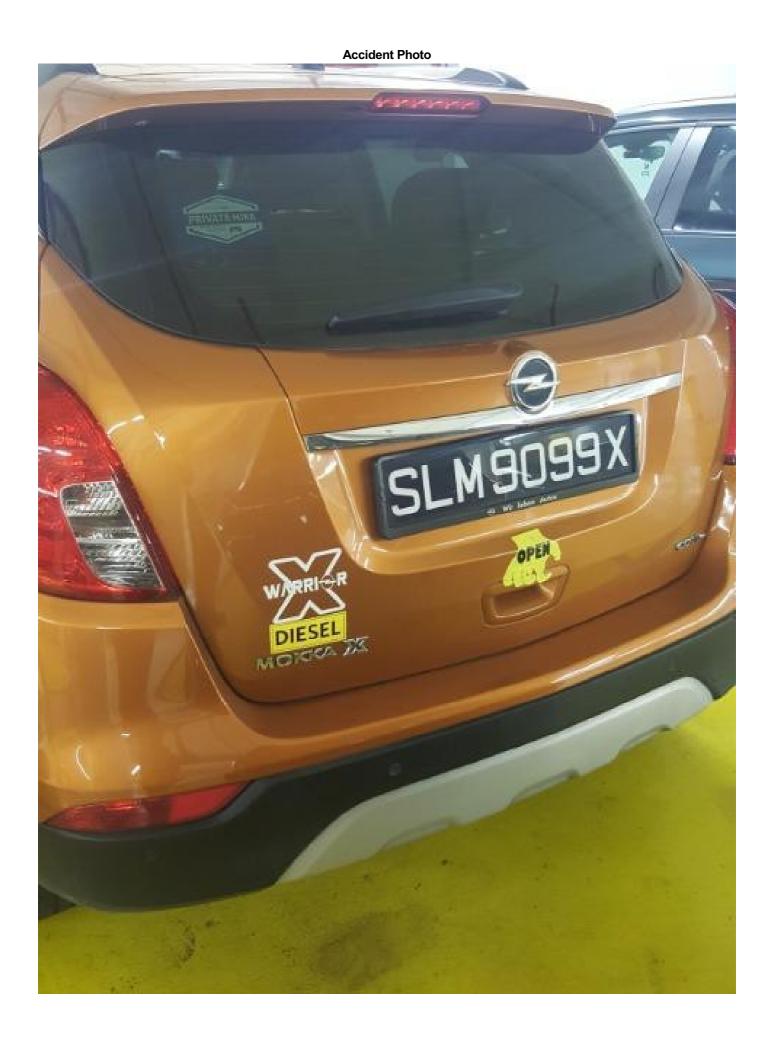




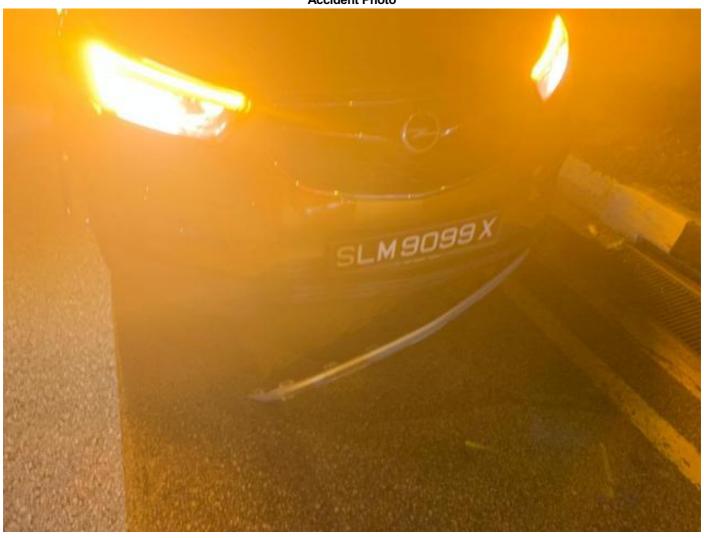




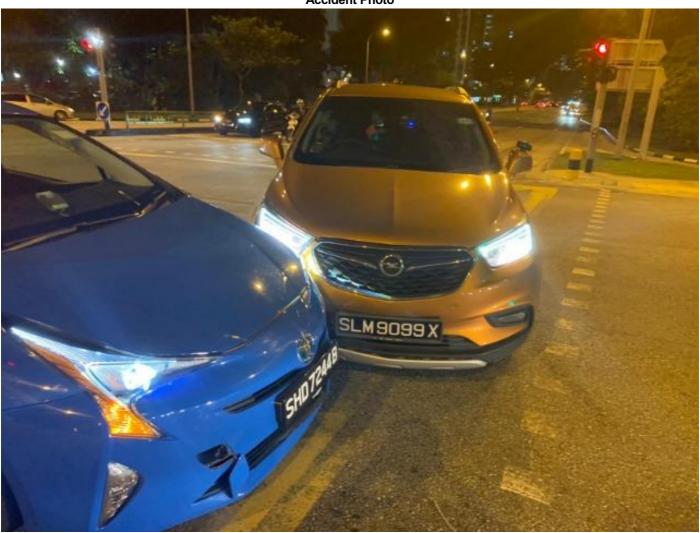












Police Report





1 of 2

Report No. F/20190130/7003

POLICE REPORT (NP299)

Police Station Of Origin Ang Mo Kio Division HO 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

Tel No:1800-2180000

Date/Time Report Made 30/01/2019 02:00	Vide Report No.		Station Diary No.	
Name Of Informant ROYCE OW WEE YANG	Address APT BLI 510413		IR RIS DRIVE 6 #0)1-355 SINGAPORE
ID Type / ID No. NRIC NO / S9107970D	Contact No. Home/Office: Mobile: 96847994			
Nationality SINGAPORE CITIZEN	Email Address atwilldash@gmail.com			
Occupation GRAB DRIVER	Sex Male	Age 27	Date of Birth 22/02/1991	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 29/01/2019 21:30 - 29/01/2019 21:30	Location Of Incident UPPER SERANGOON ROAD			
Brief details.				

At the above stated time and location of the incident, I,(Royce Ow Wee Yang NRIC:S9107970D) was travelling on Upper Serangoon Road(south bound city direction) where a collision occurred. SHD7244B was turning right, he(Yeo Tee Tee S4099788C) was turning right onto Hougang Ave 7. SHD7244B was also traveling on Upper Serangoon Road (north bound towards punggol direction). The turn caused the collision at the intersection. There was no damage to government property. The light was green in my favour and there is an video as evidence with me which could not be uploaded in this portal.

Signature Of Officer Recording The Report;	Signature Of Informant: The identity of the person making this
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: 30/01/2019 02:00
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20190130/7003

I was driving Grab with 1 passenger with me heading to 8 Hai Sing Crescent. She was okay and got off the car and walked to her destination which is not far from the accident site. I went to Mount Alvernia hospital and was given an MC of 5 days.

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.

Date/Time:
30/01/2019 02:00

Cifficer In-Charge Of Case:

Authentication Stamp

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