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 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.

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
DETAILS 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
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)	2
Passenger 1	NAME: : NIL GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	TAMPINES NORTH NEIGHBOURHOOD POLICE POST
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?	NO
If Yes,against whom?	

Circumstances of Accident

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

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
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	

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 CAR
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

1. Please report **correctly** the details of the accident to speed up the claims process.
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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:

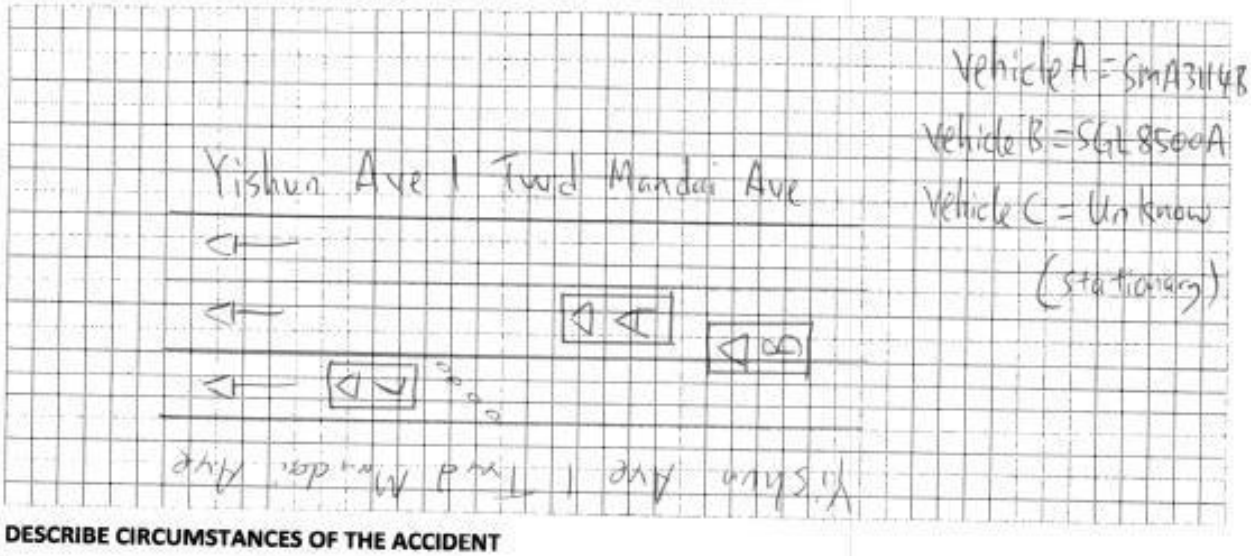
Driver's Signature
(If driver is not the policyholder)
Date & Time: 31/01/2019
16201RS

01/2/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIARMC SketchPlanForm_V3

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report : T/20190131/2060

DECLARATION

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

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 31/01/2019
1620hrs

01/2/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIARMC SketchPlanForm_V3

2

Accident Sketch Plan

SINGAPORE POLICE FORCE

T/20190131/2060

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

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEE TZE HOW (LI ZHIHAO)	ID No.	S8024194A
Related Vehicle	SGL8500A (Car)	Contact No.	81130139
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	NG PUAY SIONG	ID No.	S7015284C
Related Vehicle	SMA3114B (Car)	Contact No.	96268828
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY	Class of Driving Licence & Expiry Date	Class: 3,4A,4,5 Date of Expiry: NIL
Date Treatment	31/01/2019	Date Discharge	31/01/2019
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

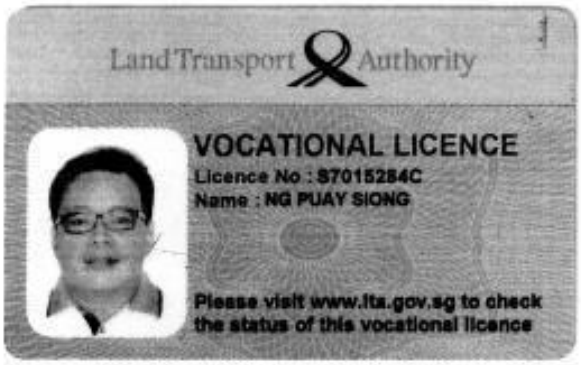
On 31/01/2019 at about 0940hrs, I was driving my GRAB car (SMA3114B) along Yishun Ave 1 towards Mandai Ave with one passenger on board. It was a straight road consists of 3 lanes. I was travelling on the second lane and there was a road works obstruction on lane 3. I slowed down and stopped my car to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

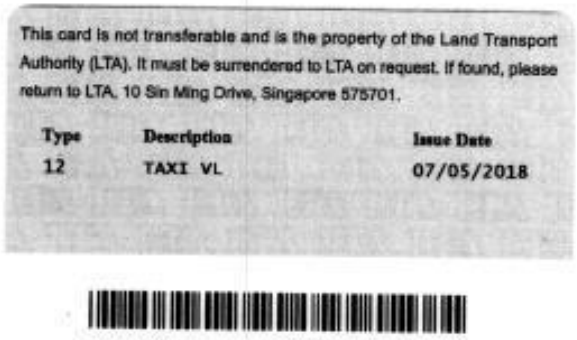
Out of sudden, I felt impact from the rear. I alighted and realised there was a car (SGL8500A) collided on the rear bumper of my car which resulted to damage.

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.

Accident Sketch Plan





RENTAL AGREEMENT

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

The Rental Agreement is made on 2nd (Day) Jun (Month) 2018 (Year)

Between

1. **BIS Motoring Pte. Ltd. (UEN No. 201735055D)**, a company incorporated in Singapore, registered address at 20 Bendemeer Road #03-13/14 BS Bendemeer Centre Singapore 339914 (herein referred to as "the Owner") and

2. Ng Puay Siong (NRIC No. / UEN No. S7015284C), residing at BLK 714 Clementi West St 2 #12-153 S(120714), the person and/or company signing the Rental Documents (herein referred to as "the Hirer") whose particulars are recorded in the Rental Documents and

3. **GIS Motoring Pte. Ltd. (UEN No. 201803437N)**, a company incorporated in Singapore, registered address at 60 Jalan Lam Huat #05-13 Carros Centre Singapore 737869 (herein referred to as "GIS")

(collectively, known as "parties")

Where as

1. BIS Motoring Pte. Ltd. is a leasing company incorporated in Singapore.

2. BIS Motoring Pte. Ltd. has engaged GIS Motoring Pte. Ltd. to manage the Vehicle No. SMA 3114B details stated in Vehicle Details below (the "Vehicle).

3. GIS Motoring Pte. Ltd. is one of the appointed authorised vehicles management company ("GIS") by BIS Motoring Pte. Ltd. GIS would act on behalf of BIS Motoring Pte. Ltd. to manage all matters relating to the Vehicle. The Hirer shall contact GIS directly on all matters relating to the Vehicle.

4. The Hirer shall acknowledge and fully understand the Terms and Conditions which form part of the Rental Documents throughout the term of the lease period ("Lease Period").

5. All parties accept the terms and conditions set out below by signing this Rental Agreement.

It is agreed between the parties as below :

A. Vehicle Details ("Vehicle")

Vehicle No.	:	SMA 3114B
Vehicle Make / Model	:	Renault Grand Scenic 1.5
Vehicle Colour	:	Black

B. Lease Period

Date of Handover (Commencement of the Lease Period)	:	2/6/18, 12.30pm. 4/6/2018
Period of the Lease	:	1 year
Option to Renew	:	/

~~month(s)~~ / year(s)
month(s) / year(s)

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Driving License

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

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SINGAPORE POLICE FORCE

T/20190131/2060

Report No. T/20190131/2060

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
31/01/2019 12:54		9

Informant's Particulars

Name of Informant: NG PUAY SIONG			Address: APT BLK 714 CLEMENTI WEST STREET 2 #12-153 SINGAPORE 120714	
ID Type / ID No.: NRIC NO / S7015284C			Contact No.: Home/Office:	Mobile: 96268828
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 48	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 Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 31/01/2019 09:40	Type of Location: Straight Road

Location:

YISHUN AVENUE 1

Towards Mandai Avenue
Lamp Post Number: 54

Weather: Clear	Road Surface: Dry	Road Speed Limit:
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate
Type of Collision:		Anyone conveyed by ambulance: No

Details of Vehicle Involved

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

SINGAPORE POLICE FORCE

T/20190131/2060

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461 Tampines Street 44 #01-56 SINGAPORE
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Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEE TZE HOW (LI ZHIHAO)	ID No.	S8024194A
Related Vehicle	SGL8500A (Car)	Contact No.	81130139
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	NG PUAY SIONG	ID No.	S7015284C
Related Vehicle	SMA3114B (Car)	Contact No.	96268828
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY	Class of Driving Licence & Expiry Date	Class: 3,4A,4,5 Date of Expiry: NIL
Date Treatment	31/01/2019	Date Discharge	31/01/2019
No. of Days granted Medical Leave	03	Degree of 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.

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SINGAPORE
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T/20190131/2060

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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

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	SINGAPORE POLICE FORCE SIGNATURE