MCCA19106988 / Car City Auto Centre Pte Ltd - HQ ENTRY DATE & TIME: 15/08/2019 16:01 SUBMITTED BY: Neo Gim Li

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Gender

Mobile Number

Fax Number
Contact Number
EMail Address

- 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	15/08/2019 16:01
Date Of Accident	21/02/2019 20:15
Exact Location Of Accident	ALONG BRADDELL ROAD LORONG CHUAN
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGU7739M
Insured/Policyholder	
Name Of Registered Owner	M/S SG CAR FOR RENT PTE LTD
Co Reg No	201511344N
Email Address	KEITHLEE100877@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82020505
Alternative Phone No	OFFICE-82020505
Vehicle Particulars	
Manufacturer	TOYOTA
Model	AXIO-1.5 X (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE & REWARD
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 HIRE
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSN1710871700
Cover Note Number	
Driver	
Name of Driver	YEO AH HENG
NRIC No	S1681882H
Date Of Birth	19/02/1965
Occupation	OUTDOOR
Date Of Driving Pass	09/01/1983
Driving Experience	36 YEARS AND 1 MONTH

MALE

**NOEMAIL** 

(LOCAL) +65-94551692

Address BLK 13, LORONG 7 TOA PAYOH #11-527

Postcode 310013

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 SIDE SWIPE
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?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 1

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name KIM KEAT NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 231 LORONG 8 TOA PAYOH, POSTCODE: 310231,

COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-2529999 - FAX NO: 63554311

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

AS PER SKETCH PLAN & POLICE REPORT ATTACHED.

Attachment(s)

Are accident photos available for attachment? NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera? NO Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number UNKNOWN

Vehicle Make/Model/Colour TAXI

Details Of Properties

Vehicle Category TAXI

Name of Driver UNKNOWN

NRIC/Passport Number

Contact Number UNKNOWN

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan Pg. 1

#### SKETCH PLAN

#### **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 as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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:

OR REAV Reg. No. 201511344

Driver's Signature

(If driver is not the policyholder) Date & Time: (1/2/2)

Ţ

Reporting Centre Personnel's Signature

NDIC/FIN No. . A .

NRIC/FIN No.: 1 & CZ

GIARMC SketchPlanForm\_V3

1

#### Sketch Plan #2 Pg. 1

# SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT 20190312 2139 DECLARATION I/We declare the foregoing particulars are true in every respect. Reg. No. 201511344N K Reporting Centre Personnel's Signature Name: NRIC/FIN No.: Policyholder's Signature Driver's Signature (If driver is not the policyholder) Date & Time: (5 8 20 (9 Date & Time:

1500

GIARMC SketchPlanForm\_V3

Page 5 of 11



Police Station Of Origin: Kim Keat NPP 231 Lorong 8 Toa Payoh #01-186 SINGAPORE 310231 Tel No: 1800-2529999 REPORT OF A TRAFFIC ACCIDENT

Report No. T/20190312/2139

Date/Time Report Made: 12/03/2019 16:29			Vide Report No.:	Station Diary No.: 24		
Informa	nt's Partic	ulars				
Name of Informant: YEO AH HENG			Address: APT BLK 13 LÖRONG 7 TOA PAYOH #11-527 SINGAPORE 310013			
ID Type / ID No.: NRIC NO / S1681882H			Contact No.: Home/Office:	Mobile: 94551692		
Nationality: SINGAPORE CITIZEN			Email:			
Sex: Age: Date of Birth: Male 54 19/02/1965			Type of Informant: Driver			
Race: Chinese Occupation: PRIVATE DRIVER			Language:	Institution / School Name:		
			Driving Licence Informa Class: 3	ation: Date of Expiry:		

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 21/02/2019 20:15	Type of Location Straight Road
Location: Along Road 1 BRADDELL F LORONG CH Braddell road Weather:	ROAD	an  Road Surface:		Road Speed Limit:
Clear		Dry		ļ
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collisi	ion: ing Vehicles - Side S	wipe - Same Direction		Anyone conveyed by ambulance:

Details of Ve	hicle involved					
Vehicle No.		Make	Mòdel	POOLON PROPERTY.	W C. M. INC. P. L. C. C.	No of Passenger
SGU7739M	Car	TOYOTA	Axio	Blue	Slightly Damaged	

Details of Person Involved	
4 S. In this I have been been	O-regingt NO
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Page 6 of 11

#### POLICE REPORT PAGE 2 Pg. 1





Police Station Of Origin: Kim Keat NPP 231 Lorong 8 Toa Payoh #01-186 SINGAPORE 310231 Tel No: 1800-2529999 2 of 3 Report No. T/20190312/2139

#### CONTINUATION OF REPORT

Driver						
Name	YEO AH HENG		•	ID No		S1681882H
Related Vehicle	SGU7739M (Car)			Conta	ct No.	94551692
Hospital/Clinic	NIL:		-	Class Drivin Licend Expin	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL .		Date Disc	harde	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

#### Brief Details.

On 12/03/2019 at about 1422hrs, I received whatapps messages from my company(SG car for rent Pte Ltd) that my rented car (SGU7739M) was involved in a road traffic incident dated on 21/02/2019 and screenshot me a traffic police letter that required me to lodged a report vide TP/IP/13265/2019.

I recalled on 21/02/2019 at about 2015hrs, I was driving my car along Braddell Road towards Lorong Chuan and I was in the third right lane trying to filter into the middle lane which will lead me into Lorong Chuan.

In the midst of changing lane, I spotted a red colour taxi also trying to change into my lane and directly behind me through the side mirror. After which I felt an impact from my rear left side of my car however I spotted there are in-coming traffic as such I did not stop my car immediately.

I continue to drive until Lorong Chuan junction before came to a complete stop to make a check of my car damages and waited for the taxi. However, the taxi did not turn up after waiting for 10 minutes as such I proceed to drive on.

Due to the accident, my car's suffered multiple scratch line on my rear left bumper. I was not injured no police or ambulance came down to the scene. I have an in-car front camera but unsure whether it manages to capture the incident.

I am lodging this report as instructed by the traffic police.





Police Station Of Origin: Kim Keat NPP 231 Lorong 8 Toa Payoh #01-186 SINGAPORE 310231 Tel No: 1800-2529999 3 of 3 Report No. T/20190312/2139

CONTINUATION OF REPORT

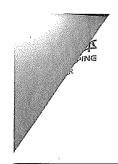
### Sketch Plan

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	e Report:	Signature Of Informant:
Sgt 2 CHUA JIN JUN	(m)	- Cynn
Signature Of Interpreter:		Date/Time:
Not applicable		12/03/2019 16:29
Officer In Charge Of Case;		Classification Of Case:
Staff Sgt WONG SIEU LUI	Maria Dakaran	A
Contact No.: 65476151	G & HARLION	SN 064
Authentication Stamp		
NP168		W Ture
<u> </u>	~	Control of the state of the sta

Scanned by CamScanner



## 中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.

MZ406L/BN SN B AN0472A Cov. Type: C AUTOSĀFE

Engine No :1NZC561615

## 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)

RTIFICATE No.	DMHCSN1710871700	Chassis No:NZE1416028235
dex Mark and Registration imber of Vehicle	SGU7739M	
ame of Policy Holder	SG CAR FOR RENT P	TE LTD
ffective date of the Commencement of Insurance for a purposes of the Regulations, Ordinance or ctment	6 FEBRUARY 2017 (15:22 HOURS)	EXCESS SECT I
ate of Expiry of Insurance	23 MAY 2018	21 01 11 15 11 10 10 10
ersons or Classes of Persons entitled to drive *		
AS PER NAMED DRIVER(S) STATED BELOW.		e to
# REGULATIONS TO DRIVE THE MOTOR VEHICL COURT OF LAW OR BY REASON OF ANY ENAC	E OR HAS BEEN SO E	NANCE WITH THE LICENSING OR OTHER LAWS OR ERMITTED AND IS NOT DISQUALIFIED BY ORDER OF A IN THAT BEHALF FROM DRIVING THE MOTOR VEHICLE.
(2) USE FOR SOCIAL DOMESTIC PLEASURE HIRED. THE POLICY DOES NOT COVER (1) USE FOR RACING, PACE-MAKING, RELI	PURPOSES AND BUSIN ABILITY TRIAL OR S	ECTION WITH THE POLICYHOLDER'S BUSINESS. ESS PURPOSES OF ANY PERSON TO WHOM THE VEHICLE IS PEED-TESTING. ER THAN FOR REWARD) OF ANY ONE DISABLED
HIRE PURCHASE CO.: INDEX CREDIT PTE  * Limitations rendered inoperative by Section and Section 95 of the Road Transport Act,	on 8 of the Motor Vehicles	s (Third-Party Risks and Compensation) Act (Chapter 189) 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). Please see reverse

CCL INSURANCE AGENCY PTE LTD BLK 9006 TAMPINES ST.93 #01-198 SINGAPORE 528840 TEL: 6344 9990 FAX: 6342 9088 / 6344 7554

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

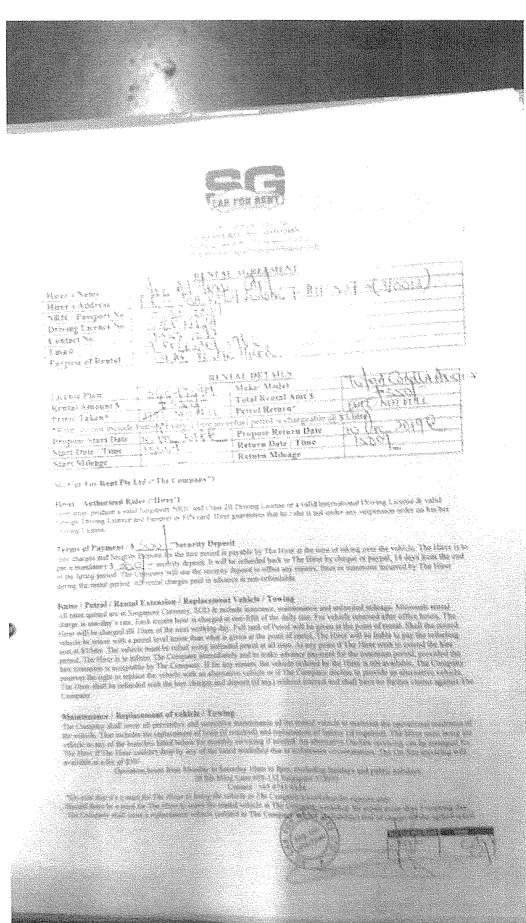
itersigned By:

Authorised Officer

Authorised Sighaton

#### RENTAL AGREEMENT PAGE 1 Pg. 1





#### RENTAL AGREEMENT PAGE 2 Pg. 1

