

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	22/04/2019 16:44
Date Of Accident	20/04/2019 14:25
Exact Location Of Accident	TANJONG KATONG RD TWDS GEYLANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ9167K
Insured/Policyholder	
Name Of Registered Owner	AUTOTREND LEASING ENTERPRISE
Co Reg No	53363236J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-94509218

Vehicle Particulars

Manufacturer	SUBARU
Model	IMPREZA 5D 1.5R AWD AT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	NO
Policy Number	5093812308-01
Cover Note Number	-

Driver

Name of Driver	LIANG XIAOLONG GLEN
NRIC No	S8840997C
Date Of Birth	26/10/1988
Occupation	OUTDOOR
Date Of Driving Pass	07/02/2009
Driving Experience	10 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97229219
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 328 AMK AVE 3 #08-2018
Postcode	560328
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 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: : SIYA MADAYYA GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	SJU5857H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NEO AIK HENG
NRIC/Passport Number	S1510539I
Contact Number	91192111
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LIANG XIAOLONG GLEN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJQ9167K

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN**IMPORTANT NOTICE**

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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.
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.

[Signature]

Policyholder's Signature / Date & Time



[Signature]

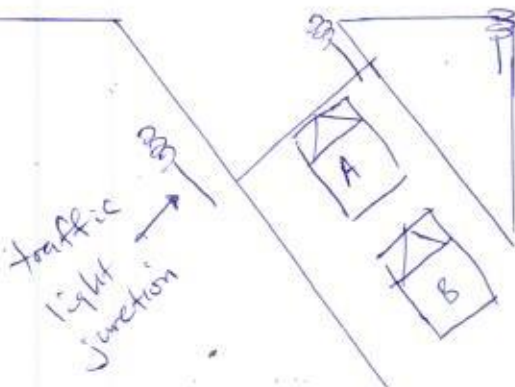
Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature]

Witnessed by Reporting Centre Personnel

Sketch Plan

Geylang Road



(A) SJQ 9167 K



(B) SJU 5857 H

Describe Circumstances of the Accident

Peter to Police Report NO: T/20190420/7011

Declaration

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
Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: 20 / 4 / 2019 (DD/MM/YYYY), TIME: 14 : 25 (HH:MM)

LOCATION: Tanjong Katong Road toward Geylang Rd.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJQ 9167 K
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5093812308-01
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: Subaru
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Crab / Gojek
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Auto Trend Leasing Enterprise (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S3363236-J CONTACT: 94509218
c) ADDRESS: BK1002, Toa Payoh Industrial park
#01-1439 S'319074

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Liang Xigolong, Glen (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8846997-C CONTACT: 97229219
c) ADDRESS: BK328 Ang Mo Kio Ave 3, #08-2018
S'560328

*d) DATE OF BIRTH: 26 / 10 / 1988 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 7/2/2009

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) NO

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hire

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) Liang xiaolong, Glen

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Traffic Police

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJU 5857 H MODEL: TOYOTA CAMRY
b) DRIVER'S NAME: Neo Aik Heng
c) NRIC/FIN/PASSPORT: S1510539-I CONTACT: 91192111

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passengers
(Including driver)
(2)

* No of passengers
(Including driver)
(1)

* No of passengers
(Including driver)
()

Passenger Girl — Siya Madayya

H/P 9183 6255

Email =

fax =



SINGAPORE POLICE FORCE



T/20190420/7011

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20190420/7011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/04/2019 19:18		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIANG XIAOLONG, GLEN			Address: APT BLK 328 ANG MO KIO AVENUE 3 #08-2018 SINGAPORE 560328		
ID Type / ID No.: NRIC NO / S8840997C			Contact No.: Home/Office: Mobile: 97229219		
Nationality: SINGAPORE CITIZEN			Email: glenliang1988@gmail.com		
Sex: Male	Age: 30	Date of Birth: 26/10/1988	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GOJEK DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/04/2019 14:25	Type of Location: Bend
Location: TANJONG KATONG ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJQ9167K	Car					0
SJU5857H	Car	OTHERS	Toyota	Gold	Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190420/7011

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20190420/7011

CONTINUATION OF REPORT

Driver			
Name	LIANG XIAOLONG, GLEN		ID No. S8840997C
Related Vehicle	SJQ9167K (Car)		Contact No. 97229219
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

Today at about 2.30pm @ City plaza beside the traffic light. Paya Lebar Road toward Guillemard Road

When the traffic light came to red light, i stop. A car (SJU5857H) Bang me from the rear.



**SINGAPORE
POLICE FORCE**



T/20190420/7011

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20190420/7011

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
20/04/2019 19:18

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE

LICENCE NUMBER: **S8840997C**

NAME: **LIANG XIAOLONG, GLEN**

Birth Date: **26 Oct 1988**
Issue Date: **22 Sep 2015**

002612000C

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8840997C**

NAME: **LIANG XIAOLONG, GLEN**

梁小龙

RACE: **CHINESE**

Date of birth: **26-10-1988**

Country/Place of birth: **SINGAPORE**

Sex: **M**

Land Transport Authority

VOCATIONAL LICENCE

Licence No: **S8840997C**

Name: **LIANG XIAOLONG, GLEN**

Please visit www.lta.gov.sg to check the status of this vocational licence

PDVL/TDVL
33 888 88888
267879

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg **07 Feb 2009**

Licence No: **S8840997C**

NP 428A

5652174

NRIC No: **S8840997C**

Date of issue: **23-09-2016**

Address: **APT BLK 328 ANG MO KIO AVENUE 3 #08-2018 SINGAPORE 560328**

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
13	PRIVATE HIRE CAR VL	21/06/2018

Driver: H/P 97229219

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)

Certificate Number: 5093812308-01

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SJQ9167K**
Chassis Number : **JF1GH3K558G016607**
2. Name of Policyholder : **AUTOTREND LEASING ENTERPRISE**
3. Effective Date of Insurance : **17 Dec 2018**
4. Expiry Date of Insurance : **16 Dec 2019**
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
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. Limitations as to Use#
(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) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency : **IVAN INSURANCE AGENCY PTE. LTD. (00000614519)**
Date of Issue : **12 Jun 2018 11:09 hr.**

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

The premium on this policy has not been collected.

Accident MT/1041202

Policy No.	5093812308-01	Vehicle No.	SJQ9167K	GST Registration No.	
Certificate No.					
Policyholder Name	AUTOTREND LEASING ENTERPRISE			Policyholder NRIC	533631
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	94509218	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
▼ Accident Details					
Report Date	22/04/2019 17:31	Accident Report Within 24 hrs	Yes	Accident Type	Collisio
Date of Accident	20/04/2019	Time of Accident hh:mm	14:25	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	TANJONG KATONG RD TWDS GEYLANG RD				
▼ Excess					
Own Damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
▼ Benefits					
▼ GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified		Yes	
Modification History					
▼ Policyholder Mailing Address					
Address 1	BLK 1002 #01-1439	Address 2	TOA PAYOH INDUSTRIAL PARK	Address 3	TOA PA
Address 4	SINGAPORE 319074	Address Type	Singapore address	Post Code	319074
Unit No.		Related Policy Number	5106435228		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LIANG XIAOLONG GLEN	Driver NRIC	S8840997C	Driver DOB	26/10/
Register Date of Driver License	07/02/2009	Driver Age	30	Driving Experience	10
Contact No.(Mobile)	97229219	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 328 #08-2018	Address 2	ANG MO KIO AVENUE 3	Address 3	ANG M
Address 4	SINGAPORE 560328	Address Type	Singapore address	Post Code	560328
Unit No.	08-2018				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Modification History					
Claim 001 New					
Claim Type *					
Contact No.(Mobile)		Insured Name	OD-MX	Insured Name	AUTOTREND LEASING ENTERPR
Email Address		Contact No. (Home)	NIL	Contact No. (Home)	
Claim Description		OT Vehicle Number		OT Vehicle Number	SJQ9167K
Preferred Workshop	0	Insured Liability	Not at Fault		
Report No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				22/04/2019 17:35	Claim Close Date
Report Taken By				LIOW SHAN HUI	
<input checked="" type="checkbox"/> Print AK letter					
Save Submit					
Attachment					
▼					
Accident No.		Claim No.			

Last Doc. Received

MT/1041202

001

☒ Yes ☐ No

Upload Date

22/04/2019 17:36

Path *

Category *

Confidential

Urgency *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

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Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Apr 2019 17:36	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Apr 2019 17:36	SAS	Normal	SAS 2019-4-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Apr 2019 17:36	Photos	Normal	Photos 2019-4-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Apr 2019 17:36	Photos	Normal	Photos 2019-4-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Apr 2019 17:35	Photos	Normal	Photos 2019-4-22
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Apr 2019 17:35	Photos	Normal	Photos 2019-4-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Apr 2019 17:35	Photos	Normal	Photos 2019-4-22

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<div>Display in New Window</div> <div>Scan and uploading</div>	