SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 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

	ACCIDENT STATEMENT
Date Of Report	21/10/2019 15:36
Date Of Accident	18/10/2019 16:50
Exact Location Of Accident	ECP TOWARDS CHANGI AIRPORT NEAR FORT ROAD EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
/ehicle Registration Number	SMJ7108X
nsured/Policyholder	
Name Of Registered Owner	BIS MOTORING PTE LTD
Co Reg No	201735055D
Email Address	DENNIS.DENG@MUNICHAUTOCARE.COM.SG
Mobile Phone No	
Alternative Phone No	Office-96826300
/ehicle Particulars	
Manufacturer	KIA
Model	CARENS 1.7 DCT DIESEL 5DR FWD
exact Purpose for which vehicle was being used at ime of accident	WORK PURPOSE
Are you claiming under your own insurance policy or repair to your vehicle?	NO
f No, Please state action to be taken	THIRD PARTY
/ehicle Category	PRIVATE HIRE
nsurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999994322
Cover Note Number	
Driver	
Name of Driver	YEO TECK HOR DERRICK
NRIC No	S1581142J
Date Of Birth	08/11/1963

OUTDOOR

16/04/1983

36 YEARS AND 6 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-98326894

Fax Number

Contact Number

EMail Address NOEMAIL

BLK 569 PASIR RIS STREET 51 Address

#13-64

Postcode 510569

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

4

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

YES

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 Name: : RENNE

Gender: : Female

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

THOMSON NPP 25 SIN MING ROAD

ROAD: 25 SIN MING ROAD #01-180, POSTCODE: 570025, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT: T/20191021/2103.

Attachment(s)

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

Was there any video captured by Car Camera? YES

Remarks/ Reasons: VIDEO - THIAM HENG HUAT PTE LTD

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLL7650Y

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE HIRE Vehicle Category

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

SKN2910G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE HIRE

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 3

Vehicle Registration Number SKN850J

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name YEO TECK HOR DERRICK

55 Approximate Age

Injuries Sustain

Injured person in which vehicle? SMJ7108X

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

BLK 569 PASIR RIS STREET 51 Address

Postcode #13-64 510569

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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 daims 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: 2 1 0CT 2019

Reporting Centre Personnel's Signature

Name:

Poh Kwee Choo NRIC/FIN No.:

, <u> </u>		B: SKN 29109
	←	D: SKN 250]
	_ _ _ _ _ _ _	
 -		* * * * * * * * * * * * * * * * * * * *
DESCRIBE CIRCUMSTANC	ES OF THE ACCIDENT	
Vehicle NO: SMJ=	108 X	
Place of Accident.	ECP TOwards AirPort.	
Time: 1650	Accident Date: 18.10.2019	
3th Party : SLL7	650Y	
Refer to Poli	ice report: 7/20191021/3	403
DECLARATION	ticulars are true in every respect.	
DECLARATION		2





Date of Expiry:

Police Station Of Origin:

Thomson NPP

Occupation: Gojek Driver

25 Sin Ming Road #01-180 SINGAPORE

570025

Tel No: 1800-4529999

REPORT OF A TRAFFIC ACCIDENT

T/20191021/2103	
	1 of 3

Report No. T/20191021/2103

Station Diary No .: Date/Time Report Made: Vide Report No .: 31 21/10/2019 15:17 Informant's Particulars Name of Informant: Address: APT BLK 569 PASIR RIS STREET 51 #13-64 SINGAPORE YEO TECK HOR DERRICK 510569 Contact No.: ID Type / ID No.: NRIC NO / S1581142J Home/Office: Mobile: 98326894 Email: Nationality: SINGAPORE CITIZEN Type of Informant: Date of Birth: Sex: Age: 55 08/11/1963 Driver Male Institution / School Name: Race: Language: Chinese English

Driving Licence Information:

Class: 2B,3

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/10/2019 16:50	Type of Location Straight Road
	T EXPRESSWAY	t Road exit	F	Road Speed Limit:
Clear		Dry		NAMES OF STREET OF STREET STRE
T 10 FI		Traffic Control: Not Controlled	107	raffic Volume: Noderate
Traffic Flow: Dual Carriage	e Way			

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SKN2910G	Car	HYUNDAI	ELANTRA 1.6 AT ABS D/AB 2WD 4DR	White		0
SLL7650Y	Car	MAZDA	MAZDA3 4- DOOR SEDAN 1.5L SP.6EAT	Grey		0



Tel No: 1800-4529999



Report No. T/20191021/2103

2 of 3

Police Station Of Origin: Thomson NPP 25 Sin Ming Road #01-180 SINGAPORE 570025

CONTINUATION OF REPORT

Details of V	ehicle Invo	lved			A 52 55 50	
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SMJ7108X	Car	KIA	CARENS 1.7 DCT DIESEL 5DR FWD		Seriously Damaged	

Details of Perso	n Involved				1190		
Any Pedestrian I	nvolved: No						
No. of Pedestriar	ns Injured: NIL		Use of Pe	destriar	Cross	sing: NA	
Driver			经验的 在例如19				
Name	YEO TECK HOR DE	ERRICK		ID No		S1581142J	
Related Vehicle	SMJ7108X (Car)			Conta	ct No.	98326894	
Hospital/Clinic	CHANGI GENERAL HOSPITAL			Class of Driving Licence & Expiry Date		Class: 2B,3 Date of Expiry: NIL	
Date Treatment	19/10/2019		Date Disc			/2019	
No. of Days gran	ted Medical Leave	04	Degree of	Injury	Slight		

Brief Details.

On 18/10/2019 at about 1650hrs, I was driving along the first lane of East Coast Expressway (towards Changi Airport). As I neared Fort Road exit, the vehicle travelling in front of me - SKN2910G slowed down, so I followed suit. As my vehicle was slowing down, I felt an impact from the rear. The impact caused my vehicle to surge forward and collide with the rear of SKN2910G. My vehicle came to a stop then I felt a second impact from the rear. I checked and discovered that SLL7650Y collided on to the rear of my vehicle twice. There is a camera installed in my vehicle, but it was faulty.

All of us were rushing to Changi Airport to send our passengers, so we agreed to meet at Terminal 2 afterwards, but my vehicle broke down just as I dropped off my passenger. So I was not able to meet up with them.

My passenger's details are as follows:

1) Renne, HP: 97702095





Police Station Of Origin: Thomson NPP 25 Sin Ming Road #01-180 SINGAPORE 570025 Tel No: 1800-4529999 3 of 3 Report No. T/20191021/2103

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: Signature Of Informant: Sgt 2 LOKMAN BIN ABDUL GHANI Signature Of Interpreter: Date/Time: Not applicable 21/10/2019 15:17 Classification Of Case: SN 070 Officer In Charge Of Case: TP / AEIT / SINGAPORE POLICE FORCE Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436 Authentication Stamp NP168 SIGNATURE

CERTIFICATE OF INSURANCE



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, 1999 (MALAYSIA)

M.Z.400

(The below excess is subject to GST) COMPREHENSIVE COMMERCIAL MOTOR POLICY EXCESS S\$1500.00 (Sect I & Sect II) WINDSCREEN EXCESS CERTIFICATE NO. SMJ7108X \$\$100.00

999994322 POLICY NO.

SUM INSURED Market Value INSURING WITH COE/PARF YES

1) VEHICLE REGISTRATION NO. SMJ7108X

2) NAME OF INSURED BIS MOTORING PTE LTD

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT

18 March 2019 4) DATE OF EXPIRY OF INSURANCE 25 December 2019

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Any person who is driving on the insured's order or with their permission. Authorised driver must be between age 23 to 70 with at least 2 years driving experience.

cident repair can be carried out at Munich Auto Care in the condition that all repairs have to be surveyed, appointed by AVG surveyors before proceeding with

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 disqualificate or for a Court of Law or by reason of any exactment or regulation in that behalf from driving the Motor Vehicle.

6) LIMITATION AS TO USE

- 1) Use for social, domestic, pleasure purposes and business purposes of Insured
 2) Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.
 3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

The Policy does not cover: 1) Use for tuition, driving test, racing, pace-making, reliability trial or speed-testing. 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. 3) Use for any purpose in connection with the Motor Trade:

LOSS OF USE Not Included

HIRE PURCHASE COMPANY DBS BANK LIMITED

Limitations rendered inoperative by Section 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1997.
Malaysia), are not 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).

Issued in Singapore 19 Mar 2019

500656-000 Cowell Insurance (Agency) Pte. Ltd. 8 Burn Road #09-09 Trivex Singapore 369977

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

ORIGINAL