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Owner / Driver: (	UWC - U.V.		cl:			
Policy No: ( )	Period: (	. ) Co	ver Type: (		<del>/</del>	
Confirmed by : (		Dater.	Timer	1000/1		
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## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

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 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.

or or ordered.	
BOOK BOOK BOOK BOOK BOOK BOOK BOOK BOOK	ACCIDENT STATEMENT
Date Of Report	10/12/2019 16:47
Date Of Accident	09/12/2019 21:35
Exact Location Of Accident	RAFFLES QUAY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMG3916Y
Insured/Policyholder	
Name Of Registered Owner	BUDGET LEASING PTE LTD
Co Reg No	201818180W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87811050
Alternative Phone No	OFFICE-87811050
Vehicle Particulars	
Manufacturer	тоуота
Model	COROLLA ALTIS-1.6 L (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE, LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994091/100876867
Cover Note Number	
Driver	
Name of Driver	CHEANG HEE HONG
NRIC No	S1454937D
Date Of Birth	15/08/1960
Occupation	OUTDOOR
Date Of Driving Pass	14/04/1998
Driving Experience	21 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87811050
Fax Number	
Contact Number	OTHERS-87811050

NOEMAIL

Address BLK 569A CHAMPIONS WAY

#06-300

Postcode 731569

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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

NO

ambulance?

e de la

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:

: PASSENGER

GENDER:

: MALE

**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 - SINGAPORE CITY

Police Station Address

Police Station Contact

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

Was notice of intended Prosecution given?

TEL NO: 65470000 - FAX NO:

vvas riblice of litterioca i

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20191210/7021

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH OWNER

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

UNKNOWN

Vehicle Make/Model/Colour

**Details Of Properties** 

TAXI

Vehicle Category 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

- 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. 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
- 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.
- 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:

Reporting Centre

Name:

NRIC/FIN No .:

SKETCH PLAN 4 V.B) UNKNOWN TAXI 納 Rolles Quay DESCRIBE CIRCUMSTANCES OF THE ACCIDENT time n date vehicle SIMF 39 164 460 stated was and and lane travelling travelling straight My stuted I was venue to turnunu turn Sudd only intention while signal right portion stop taxi vehicle I camp colliding my rear my and ran all did rehule the taxi not at howevar Stop Im -for purpose. filmer this Insurance claim report MOMBIN PALICK DECLARATION I/We declare the foregoing particulars are true in every respect. Reporting Centre Personnel's Signatu Name: NRIC/FIN No.: Driver's Signature Policyholder's Signature (If driver is not the policyholder) Date & Time: NRIC/FIN No .: Date & Time:

# Personal Particulars of Owner & Driver (Vehicle A)

	Accident: 21 : 35 (24-HR-FORMAT)
Vehicle No : SM 639169 Vehicle Make & Mode	1: Toyota AHIS
Exact location of Accident:	
Policyholder's Name / IC No. : BUDGET LEASING	PTE. CTD 201818180W
Driver's Name / IC No .: Che any thee t	
Driver's Contact No. : 8781 1050 Comp.	any Contact No:
	-06 GOLDEN MILE TOWER S'PORE 199589
Insurance Company. Atti Email ad	dress (if any):
Relationship between Owner & Driver: HIRER	or Others specify:
What do you wish to claim? (Please TICK one only)	
Own Insurance / Other Vehicle (The one you want to	claim against) / Reporting (For Record Purpose)
Exact purpose for which the vehicle Was being used at time of accident?  Occu	pation (nature of job) Indoor/ Outdoor
Private use / Work purpose No.	of Passengers (Including Driver):
Passenger Name: Grab Pussenger - 978 Passenger Name:	Gender: Walk
Weather condition & Road conditions? (On the day of acc	dent)
Clear & Dry / Raining & Wet / After-Rain &	
Was there any video captured by your Car Camera?	Yes / No With Warkshop
Anv Injuries: Yes / No (If YES) Injured Person	Name:
Injuries Sustain:	Injured Person in Which Vehicle:
Police Report filed: Yes / No (If YES) Which	Police Station:
The Other I	Party(s) Details: To be Advise
1. Driver's Name / IC No:	Vehicle No:
Driver's Contact No:Insu	rance Company (If any):
2. Driver's Name / IC No:	Vehicle No:
Driver's Contact No:Insur	rance Company (If any):
*Independent Witness (If Any):	Contact No:
	Contact No:

<sup>\*</sup>If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.





1 of 3

Report No. T/20191210/7021

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

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/12/2019 16:16		Made:	Vide Report No.:	Station Diary No.:		
Informa	nt's Particu	ulars				
Name of Informant: CHEANG HEE HONG			Address: APT BLK 569A CHAMPIONS WAY #06-300 SINGAPORE 731569			
ID Type / ID No.: NRIC NO / S1454937D			Contact No.: Home/Office:	Mobile: 87811050		
Nationality: SINGAPORE CITIZEN		EN	Email: cheang.john@icloud.com			
Sex: Male	Age: 59	Date of Birth: 15/08/1960	Type of Informant: Driver			
Race: Chinese			Language: Institution / School N			
Occupation: Grab Driver			Driving Licence Information: Class: Date of Expiry:			

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 09/12/2019 21:35	Type of Location
Location: RAFFLES QU	JAY	Road Surface:	1	Donal Consult in the
			15.	Road Speed Limit:
Weather: Clear Traffic Flow:		Dry Traffic Control:		Fraffic Volume:

Details of V	emore mvo	IVEU	THE REAL PROPERTY.			
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SMG3916Y	Car	TOYOTA	ALTIS	× 11111   100 - 10		0

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





2 of 3

Report No. T/20191210/7021

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

#### CONTINUATION OF REPORT

Driver				355 56		
Name	CHEANG HEE HONG		ID No	**	S1454937D	
Related Vehicle	SMG3916Y (Car)		Conta	ct No.	87811050	
Hospital/Clinic	NIL		Class Drivin Licent Expin	g	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL Date Disc			harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL	

## Brief Details.

ON THE STATED DATE AND TIME, I VEHICLE SMG 3916 Y WAS TRAVELLING ON RAFFLES QUAY. I WAS TRAVELLING STRAIGHT IN MY LANE AND SIGNAL MY INTENTION TO TURN RIGHT, WHILE TURNING, SUDDENLY A TAXI CAME COLLIDING MY VEHICLE REAR PORTION. I STOPPED MY VEHICLE, HOWEVER THE TAXI DID NOT STOP AT ALL AND RAN AWAY, I TRIED TO CHASE HIM HOWEVER UNABLE TO FIND HIM. I HAVE A IN-CAR CAMERA RECORDING THIS ACCIDENT. IM FILING THIS REPORT FOR INSURANCE CLAIM PURPOSE.





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

3 of 3 Report No. T/20191210/7021

CONTINUATION OF REPORT

Sketch Plan					
Informant is	not able	to	provide	sketch	pla

NP168

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.
Signature Of Interpreter: Not applicable	Date/Time: 10/12/2019 16:16
Officer In Charge Of Case:	Classification Of Case:
Authentication Stamp	



HOTLINE TEL: (65) 8419-3000

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES [THIRD-PARTY RISKS AND COMPENSATION] ACT(CHAPTER 185) MOTOR VEHICLES [THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.400

COMPREHENSIVE COMMERCIAL MOTOR

CERTIFICATE NO. 999994091/100876867

OWN DAMAGE EXCESS S\$1,500.00 (1) WINDSCREEN EXCESS

5\$100.00

(for policies with effect from 1st November 2002)

SUM INSURED S\$1.00

INSURING WITH COE/PARF Yes

SMG3916Y

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

Budget Leasing Pte Ltd

3) EFFECTIVE DATE OF THE COMMENCEMENT 5 Jun 2019 OF INSURANCE FOR THE PURPOSES OF THE ACT

4) DATE OF EXPIRY OF INSURANCE

4 Jun 2020

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE \*

Any person who is driving on the Insured's order or with their permission.

This Policy will indemnify the Policyholder or any authorised driver only if he/she is 22 to 65 years old with at east 2 years relevant driving experience.

When the Vehicle is used for the carriage of passenger for hire or reward, such authorised driver must be registered with an intermediary which facilitates the carriage of passengers for hire or reward,

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) LIMITATION AS TO USE .

Use for social, domestic, pleasure purposes and business purposes of any person to whom the Vehicle is hired.

Use for the carriage of passengers for hire or reward by any person to whom the Vehicle is hired.

This Policy does not cover

1) use for driving 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 anyone disabled using a mechanically propelled vehicle: and

use for any purpose in connection with Motor Trade.

In the event of an accident claim, the repair can be carried out at Any workshop.

LOSS OF USE NOT INCLUDED

\* NAMED DRIVER N/A

HIRE PURCHASE COMPANY AL AUTOCAR PTE LTD

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

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 26 Jun 2019

AIG ASIA PACIFIC INSURANCE PTE. LTD

500257-000

NG EE PIN KENNETH

AIG BUILDING 78 SHENTON WAY #07-16 SINGAPORE 079120 ANSP-NONLIFE

Authorised Representative

ORIGINAL

SSCANA