MAII19171404 / Auto Insure Pte Ltd - HQ ENTRY DATE & TIME: 30/12/2019 17:00 SUBMITTED BY: Ngiaw Jie Ling

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.
- nort to the inont to the ort at the

7. By the lodgement of this report to the insurers, you hereby conse aforesaid.	nt to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	30/12/2019 17:00
Date Of Accident	27/12/2019 23:00
Exact Location Of Accident	PASIR RIS DRIVE 4 & DRIVE 3 JUNCTION
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLR7624S
Insured/Policyholder	
Name Of Registered Owner	POPULAR RENT A CAR PTE LTD
Co Reg No	199608195Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-31572626
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS-1.5 E CVT (A)
Exact Purpose for which vehicle was being used at time of accident	
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	YES
Policy Number	999994047
Cover Note Number	
Driver	
Name of Driver	CHEW CHEE KHUAN
NRIC No	S0203985J
Date Of Birth	18/10/1953

OUTDOOR

18/06/1975

44 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97894235

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 128 GEYLANG EAST AVE 1 #08-113

Postcode 380128

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 - CROSS JUNCTION

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

NO

2

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: : NA

Gender: : Male

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name GEYLANG N.P.C

Police Station Address ROAD: 132 PAYA LEBAR ROAD, POSTCODE: 409014, COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT T/20191228/2001

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

SMQ3193M

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 INJURED PERSON 1

Name DRIVER

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode

Accident Sketch Plan

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.
- 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>.
- 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.
- 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:
 - 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.

11

Wyholder's Signature

Driver's Signature

(If driver is not the policyholder) Date & Time: Reporting Cent

Personnel's Signature

Name:

NRIC/FIN No.







Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

1 of 3 Report No. T/20191228/2001

28/12/2	Date/Time Report Made: 28/12/2019 01:32		Vide Report No.:	Station Diary No.	
Informa	ent's Partic	culars	44569 Line 2011 Line 2011	10	
Name of CHEW	f Informant CHEE KHU / ID No.:	IAN	Address: APT BLK 128 GEYLANG EA SINGAPORE 380128	STAVENUE 1 #08-113	
NRIC NO / S0203985J Nationality: SINGAPORE CITIZEN		85J	Contact No.: Home/Office:	Mobile: 97894235	
		EN	Email:		
Sex: Male	Age: 66	Date of Birth: 18/10/1953	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupati GRAB DI	ecupation: RAB DRIVER		Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Injury Conveyed By Am	Injury Conveyed By Ambulance		Date/Time of Accident:		Type of Location	
Location:			Drive: No	27/12/2019 23:0	0	T-Junction	
Along Road 1 PASIR RIS DI Junction Pasir Weather: Clear	-		Surface:		Pond	C	
ologi	De		2		Road Speed Limit:		
MICH IN AMERICAN STREET		-			100000	Speed Limit:	
Traffic Flow:	on: g Vehicles - Head To 8	Traffic	Control:			: Volume:	

Vehicle No.	Туре	Make	Make					
SLR7624S	Car	IVIGAB	Model	Color	Condition	No of Passenge		
01100					Slightly	O		
SMQ3193M	Car						Damaged	
	li constanti	1			Slightly	0		

	Daniaged
Details of Person Involved	NAME OF THE PARTY
Any Pedestrian Involved: No	《
No. of Pedestrians Injured: NIL	
Sections injured. NIL	Use of Pedestrian Crossing: NA
	aroosing. IVA





Police Station Of Origin: Geylang N.P.C 132 Pava Lebar Road SINGA

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

T/20191228/2001

Report No. T/20191228/2001

Driver		THE PROPERTY AND ADDRESS.	Name and Address of the Owner, where	
Name	CHEW CHEE KHUAN		ID No.	S0203985J
Related Vehicle	SLR7624S (Car)		Contact No.	97894235
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc		
No. of Days grant	ted Medical Leave NIL	Degree of		

CONTINUATION OF REPORT

Brief Details.

On the 27/12/2019 at about 2300hrs, I was driving on Pasir Ris Drive 3 T-Junction of Pasir Ris Drive 4, I was on the middle lane wanting to proceed straight forward. As the traffic light indicated red, I stop at the junction and remain till the light changes to green.

When the light turns green, I proceed forwarded however suddenly I felt an impact from the right side of my vehicle causing my vehicle to swerve to the left. I managed to exit my vehicle to make a check and discovered a black car had hit onto my right side of my vehicle. I made a check with the driver and he claims that I was on the left lane which resulted in him hitting onto my vehicle. I wish to state that the 3 lanes arrows indication are as follow: 1st lane to go straight, 2nd lane to go straight and turn left and 3rd is only for left turn.

The other party called for police and ambulance and the other party was conveyed to the hospital for his injury. I wish to state that I do not have an in-car camera. The other party claimed that he has in car camera.





Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

3 of 3 Report No. T/20191228/2001

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: G / Sgt 3 HAIDER YAHYA	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 28/12/2019 01:32
Officer In Charge Of Case: TP / GIT / SI YEO CHUN JIAN Contact No. 95476213	Classification Of Case:











CERTIFICATE OF INSURANCE

MCTOR VEHICLES (THRO-PARTY RISKS AND COMPCHSATION) ACT (CHAPTER 699) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES. 1950 ROAD TRANSPORT ACT, 1917 (MALATSIVA, Road Transport (Acresidents), Act 2019

MOTOR VEHICLES (THIRD-PARTY RISKS) RIALES, 1989 (MALAYSM)

W.Z.400

COMPREHENSIVE COMMERCIAL MOTOR CERTIFICATE NO. 999994047

(The below excess is audject to GST POLICY EXCESS WINDSCREEN EXCESS

\$\$3000.00 (1 & II) 5\$100.00

Market Value

SUM INSURED INSURING WITH COE/PARE Yes

SLR7624S

Popular Rent A Car Pte Ltd

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE

FOR THE PURPOSES OF THE ACT

01 August 2019

4) DATE OF EXPIRY OF INSURANCE

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

31 July 2020

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE

Any Pleason who is driving on the inquired's Circol or with their permission.

Authorised Drivers must be age within 22 to 55 years old with et least 2 years relevant driving reperience.

Previous that the person deleng is penalties in accordance with the consists or other laws or regulations to drive the fidure Website or has been so permitted and is not circulated by other of a Dout of Low or by respect of any anastralet or regulations in that behalf from driving the fidure Vehicle.

6 | LIMITATION AS TO USE"

- Use for social, domestic, pleasure purposes and bunkers purposes of instant.
 Use for social, domestic, pleasure purposes and business purposes of any portion whom the vehicle is historia.
- 3). Use far the curriage of possenge's far tire of reward by any person to whom the with the is hired

The Policy does not over ") Use far Latins, during last, earny, page-stakins, inhabity that or appead searny. 2) Use write, drawing a trailer except the livering to not make its angle of the many purpose in connection with the Moter Trade.

LOSS OF USE

Not Applicable

HIRE PURCHASE COMPANY

DBS BANK LTD

"Limitations rendered account veity Section 8 of the Motor Vehicles (Third-Party Relia and Compression)) Art (Chapter 1871) and Anction 96 of the Rical Transport Act, 1887 (Malaysia), are not to be included under these headings.

17 We havely Carify that the policy to which this Carthoda relates is as and in accordance with the provisions of the fidore Vehicles (Thirst-Porty Rises and Compressions) Act (Chapter 180) and Part IV of the Road Thamport Act, 1957 (Malaysia), Make Transport (Amendment) Act 2019

Issued in Singapore 11 Sep 2019

AIG Asia Pacific Insurance Pte. Ltd.

000064-008 Direct Clients 78 Sherton Way 407-15 SINGAPORE 079120

AUTHORISED RIPPRESENTATIVE

SEPILIS

OR GINAL

Accident Photo











Accident Photo



















Accident Photo

