

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	19/03/2020 13:27
Date Of Accident	13/03/2020 14:30
Exact Location Of Accident	JALAN BOON LAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDR5188S
Insured/Policyholder	
Name Of Registered Owner	AUTO ALLIANCE LEASING PTE LTD
Co Reg No	2XXXXX807W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64661009

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3 1.6L SDN LUX
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5110688602
Cover Note Number	

Driver

Name of Driver	CHING KAH WEI, JESMOND
NRIC No	SXXXX698J
Date Of Birth	28/05/1985
Occupation	OUTDOOR
Date Of Driving Pass	24/10/2008
Driving Experience	11 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84090874
Fax Number	
Contact Number	OFFICE-84090874
E-Mail Address	NOEMAIL

Address	BLK 504 CHOA CHU KANG STREET 51 #13-175
Postcode	680504
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 - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	PDV1092 (COMMERCIAL VEHICLE)
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)	3
Passenger 1	NAME: : CHUNG MOOI HOK GENDER: : FEMALE
Passenger 2	NAME: : CHING LEE KIM 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 - SINGAPORE CITY
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

REFER TO POLICE REPORT - T/20200313/7035. VEHICLE HAS BEEN SCREAPPED.

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	PDV1092
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE

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	CHING KAH WEI, JESMOND
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SDR5188S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	CHUNG MOOI HOK
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SDR5188S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	CHING LEE KIM
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SDR5188S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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:

AUTOALLIANCE LEASING PTE LTD
Co. Reg. No.: 201903807W
210 Turf Club Road, Lot No. (03/04/05/07)
CARMART @ The Grand Stand S287995
Tel: +65 6466 1009 Fax: +65 6466 0109



Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20200313/7035

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

1 of 3

Report No. T/20200313/7035

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/03/2020 22:07		Vide Report No.: J/20200313/0085		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHING KAH WEI, JESMOND			Address: 504 CHOA CHU KANG STREET 51 #13-175 SINGAPORE 680504		
ID Type / ID No.: NRIC NO / S8516698J			Contact No.: Home/Office:		Mobile: 84090874
Nationality: SINGAPORE CITIZEN			Email: jesmond88@gmail.com		
Sex: Male	Age: 34	Date of Birth: 28/05/1985	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Other computer operations clerks			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/03/2020 14:30	Type of Location: Straight Road
Location: Jalan Boon lay				
Lamp Post Number: 160				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PDV1092	Lorry	VOLVO		Blue	Slightly Damaged	0
SDR5188S	Car	MAZDA	3	Grey	Totally Damaged	4

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20200313/7035

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

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Report No. T/20200313/7035

CONTINUATION OF REPORT

Driver			
Name	CHING KAH WEI, JESMOND	ID No.	S8516698J
Related Vehicle	SDR5188S (Car)	Contact No.	84090874
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	13/03/2020	Date Discharge	13/03/2020
No. of Days granted Medical Leave	03	Degree of Injury	Serious
Passenger			
Name	CHUNG MOOI HOK	ID No.	S1388604J
Related Vehicle	SDR5188S (Car)	Contact No.	98423217
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/03/2020	Date Discharge	13/03/2020
No. of Days granted Medical Leave	03	Degree of Injury	Serious
Passenger			
Name	CHING LEE KIM	ID No.	S1749027C
Related Vehicle	SDR5188S (Car)	Contact No.	83157766
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/03/2020	Date Discharge	13/03/2020
No. of Days granted Medical Leave	03	Degree of Injury	Serious

Brief Details.

I was driving straight along Jalan Boon Lay. Out of a sudden a vehicle (PDV1092) collided onto the side of my vehicle. Me and my passenger felt pain and when to see a doctor. I was given 3 days MC. My passenger Ching Kim Lee and Chung Mooi Hok was given 3 days MC each too.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200313/7035

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

3 of 3

Report No. T/20200313/7035

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 / TPHQ / MARIAH BINTE ZAKARIA Contact No.: 65476433

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 13/03/2020 22:07
Classification Of Case:

Authentication Stamp
NP168

Scrap Letter



Thank You!

You have successfully deregistered your vehicle.

Please send your deregistered vehicle to a LTA-appointed scrapyard or EPZ immediately, or upload your export/reregistration document by 18 Apr 2020.

Vehicle to be deregistered

Vehicle number: SDR5188S	Make/Model: MAZDA/MAZDA3 1.6L SDN LUX
Engine Number: Z6856918	Chassis Number: JM6BL10Z1A0145284
First Registration Date: 13 Jul 2010	Propellant: Petrol

Transaction Details

Business Transaction Ref. No.: 20200318125119847797	Business Transaction Date: 18 Mar 2020
Business Transaction Time: 12:51:19	

Printed on 18 Mar 2020 12:51:26

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Scrap Letter

3/18/2020

Vehicle Hub

Enquire Transaction History

Transaction History Details

Log Date/Time:	18 Mar 2020 / 12:51:21
Receipt No.:	-
Asset Type:	Vehicle
Transaction Amount:	-
Asset ID:	SDR51885
Channel:	Internet
Transaction Type:	06.12 Deregister Temp Transfer (AA) or PARF-Eligible Vehicle (Internet)
Business Transaction Reference No.:	20200318125119847797
CorpPass UID (Last 5 Characters):	8723J
Previous Vehicle No.:	SDR51885
Current Vehicle No.:	SDR51885
IU Label No.:	1123894601
Chassis No.:	JM6BL10Z1A0145284
Engine No.:	Z6856918
Motor No.:	-
Vehicle Type:	Z10 - Private Hire (Chauffeur) Motor Car
Vehicle Scheme:	Normal
First Registration Date:	13 Jul 2010
Original Registration Date:	13 Jul 2010
Deregistration Reason:	Apply PARF
Deregistration Date:	18 Mar 2020
Storage Expiry Date:	-
Update Disposal Details Expiry Date:	18 Apr 2020
Chassis Disposal Date:	-
Chassis Disposal Type:	-
Engine Disposal Date:	-
Engine Disposal Type:	-
Motor Disposal Date:	-
Motor Disposal Type:	-
Total Refund Amount:	\$234.00
Licence Start Date:	13 Jan 2020
Licence End Date:	18 Mar 2020
PARF Rebate No./Amount:	2064821QP0000 / \$10,381.00
COE Rebate No./Amount:	2064821QC0000 / \$931.00
OPC-Plus Cash Rebate Refund Start Date:	-
OPC-Plus Cash Rebate Refund End Date:	-
OPC-Plus Cash Rebate Refund Amount:	-
Un-granted Period(s)/Amount(s):	-
Submitter ID Type:	-
Submitter Country/Region:	-
Submitter ID:	-
Submitter Name:	-
Submitter Contact:	-

Information displayed is correct as at the log date and time.

OK

YASEEN TRADERS SINGAPORE

BUSINESS REG NO: 53253938M

THIS LETTER IS TO STATE THAT THE VEHICLE NO: SDR5188S, CHASSIS NO:
JM6BL10Z1A0145284 , ENGINE NO: Z6856918 HAVE BEEN SCRAPPED BY YASEEN
TRADERS ON 17/03/2020 .



A handwritten signature in black ink, appearing to be "Yaseen".

YASEEN TRADERS SINGAPORE
53253938M