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 <u>truthful and accurate</u> 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

| aforesaid. | |
|--|---|
| | ACCIDENT STATEMENT |
| Date Of Report | 30/03/2020 17:32 |
| Date Of Accident | 28/03/2020 22:15 |
| Exact Location Of Accident | PUNGGOL CENTRAL TWDS PUNGGOL WAY |
| Country/State of Loss | SINGAPORE |
| D | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SKC2646C |
| Insured/Policyholder | |
| Name Of Registered Owner | ASIA EXPRESS CAR RENTAL PTE LTD |
| Co Reg No | 2XXXXX882D |
| Email Address | PEIJIE@EXPRESSCAR.COM.SG |
| Mobile Phone No | (LOCAL) +65-91998131 |
| Alternative Phone No | OFFICE-68424992 |
| Vehicle Particulars | |
| Manufacturer | TOYOTA |
| Model | ALTIS |
| 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 | THIRD PARTY |
| Vehicle Category | PRIVATE HIRE |
| Insurance Company | |
| Name of Insurance Company | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | DMHCSNA00001902000 |
| Cover Note Number | |
| Driver | |

Name of Driver TENG KEE KENG
NRIC No SXXXX794B
Date Of Birth 05/02/1972
Occupation OUTDOOR
Date Of Driving Pass 03/06/2004

Driving Experience 15 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91164398

Fax Number

Contact Number

EMail Address NOEMAIL

BLK 946 JURONG WEST ST 91 Address

#08-669

Postcode 640946

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

COLLISION - HEAD TO REAR Type Of Accident

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

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 1

YES

NO

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name **EUNOS NPP**

ROAD: 629 BEDOK RESERVOIR ROAD #01-1620, POSTCODE: 470629, Police Station Address

COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20200330/2052

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

WITH WORKSHOP Remarks/ Reasons:

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

YK8582E Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE 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 TENG KEE KENG

Approximate Age

Injuries Sustain BACK

Injured person in which vehicle? SKC2646C

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
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 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 disciosure 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:
 - 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.

th

Policyholder's Signature Date & Time: 30 05 20

12.15 FM

Driver's Signature

(If driver is not the policyholder)

1315PM

Date & Time: 30 0メンロ

Reporting Centre Personne Name:

30/01/20

NRIC/FIN No.:

CIAPAIC SteachPlanForm_V3

Accident Sketch Plan

| | Division Ford |
|-------------------------------|--|
| | Phinggot East |
| SKC2645C | |
| 210201136 | |
| 4K8582E | |
| 11. 42.0% | (|
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| | 28. 6 |
| | |
| DESCRIBE CIRCUMSTANC | ES OF THE ACCIDENT |
| On 28 Mayrs 20: | 10, I was travelling on Phinggy (Pintrai at about 2210 hours, |
| dayed dillery and | trood to crack an pale of believe the dead 2210 HOMIS, |
| depresent design | stopped to assect my right add before making atturn but got hit |
| YK8582E from th | L DOLLE. |
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| DECLARATION | |
| /We declare the foregoing par | ticulars are true in every respect. |
| 197 | // |
| F Co Rec No | |
| 137 \ \\ | A sym 20/03/1 |
| Co Rec No. 3 | Driver's Signature (If driver is not the policyholder) Reporting Centre Personnel's Signature Name: |

Individual Statement





Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

2 of 3 Report No. T/20200330/2052

CONTINUATION OF REPORT

| Driver | · · · · · · · · · · · · · · · · · · · | Comment of Comment | STATE OF THE PARTY NAMED IN | 0 34 EV | · · · · · · · · · · · · · · · · · · · |
|-------------------|---------------------------------------|--------------------|---|-------------|---------------------------------------|
| Name | TENG KEE KENG | | ID No. | | S7287794B |
| Related Vehicle | SKC2646C (Car) | | Contact No. | | 91164398 |
| Hospital/Clinic | APEX CLINIC & SURGERY | | Class of Driving Licence & Expiry Date | | Class: 2B,3 Date of Expiry: NIL |
| Date Treatment | 29/03/2020 | harge | NIL | | |
| | | | e of Injury Slight | | |
| Driver | | | AND SAFE | RESPONSE OF | COLUMN TO A STREET THE |
| Name | RAMSAMY VIRUTHACHALAM | | ID No. | | F8012572X |
| Related Vehicle | YK8582E (Lorry) | | Contac | t No. | NIL |
| Hospital/Clinic | NIL | | Class of Driving Licence Expiry | e & | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Disch | | NIL | |
| No. of Days grant | ted Medical Leave NIL | Degree of | | NIL | |

Brief Details.

On the 28/03/20202 at about 2210hrs, I was driving my vehicle SKC2646C along the left lane of Punggol Central. At the junction of Punggol Central and Punggol Way, I wanted to make a left turn, as such stopped my vehicle to check on my right side before proceeding to make the turn. When I was about to move off, I felt a large impact from the rear of my vehicle. A lorry YK8582E had collided with the rear of my vehicle. We moved our vehicles forward before stopping, and I exchanged details with the driver of the lorry. There were several other foreign workers seated at the back of the lorry, however no one involved in the accident was visibly injured. The rear of my vehicle was badly damaged however still able to drive off. We agreed to settle via insurance and moved off.

On the 29/03/2020, I felt some pain from my back due to the accident, and went to see a doctor at Apex Clinic & Surgery. I was given a medical certificate of 3 days.













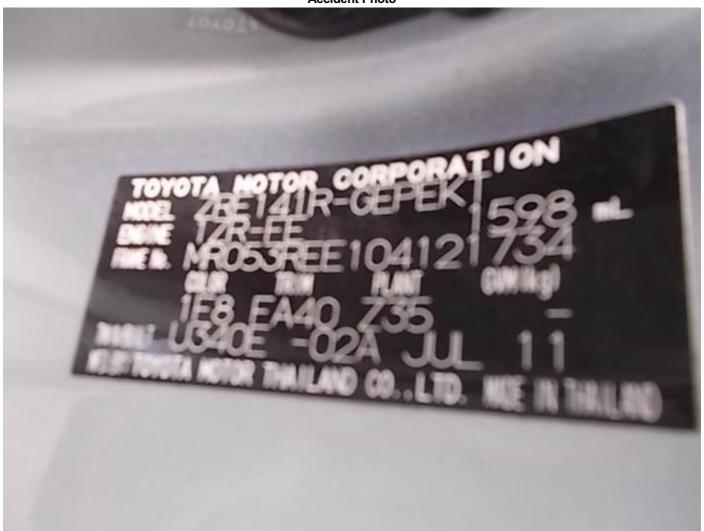














Police Report





Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449298

1 of 3 Report No. T/20200314/2088

Tel No: 1800-4428999

REPORT OF A TRAFFIC ACCIDENT

| Date/Tim 14/03/20 | | Made: | Vide Report No.: | Station Diary No.: |
|--|-------------------------|---------------------------|---|----------------------------|
| Informar | t's Partic | ulars | | A COUNTY OF THE PARTY OF |
| NG SIEW | Informant / LING, AL | | Address: APT BLK 10 JALAN BATU | #06-16 SINGAPORE 431010 |
| | / S88313 | 220 | Contact No.: Home/Office: Mobile: 93628852 | |
| Nationalit SINGAPO | y: ORE CITIZ | EN. | Email: | |
| Sex: Female | Age: 31 | Date of Birth: 31/08/1988 | Type of Informant: Vehicle Owner | |
| Race: Chinese | | | Language: | Institution / School Name: |
| Occupation: Other finance and insurance clerks (eg credit clerk) | | nsurance clerks | Driving Licence Information Class: | Date of Expiry: |

| Type of Accident: | Non-Injury Hit and Run | Drink Drive: No | Date/Time of Accident: 14/03/2020 00:00 | Type of Location |
|---|---------------------------|-----------------------|---|------------------|
| Location: Along Road 1 JALAN BATU B/10 islan hat | | | | |
| | | Rosc Surface: | R | oad Speed Limit: |
| | | | | |
| Traffic Flow: | | Traffic Control: | T | reffic Volume: |

| Vehicle No. | Type | Make | Model | Color | Condition | Ale of Barrens |
|--------------|------|------|-----------|-------|-----------|-----------------|
| CALL SECTION | - A | | Interacti | 000 | CONTRACTO | No of Passenger |
| SLU5746X Car | | | Seriously | 0 | | |
| | | | | | Damaged | 201 |

| Details of Vehicle Insurance | | | | |
|------------------------------|------------------|-------------------------------|--|--|
| Insurance Company | Insurance No | Effective | Expiry Date | |
| ETIQA INSURANCE BERHAD | DMPPHQ19- | | empiry botto | |
| 1 | nsurance Company | nsurance Company Insurance No | nsurance Company Insurance No Effective ETIQA INSURANCE BERHAD DMPPHQ19- | |

Police Report





Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449299

Report No. T/20200314/2068

Tel No: 1800-4428999

CONTINUATION OF REPORT

Brief Details.

On 12.03.2020 at about 1030pm , I parked my car (SLU5764X) at the open space car park of B/10 Jalan Balu, Lot number 53. That was the last time I saw everything was infact and I am the only person driving the said car. I did not drive my car from 12.03.2020 till 14.03.2020.

On 14.03.2020 at about 0945hrs, I went to my car and discovered that there is a dent on the front left bumper , front left head light cracked , the front left fender dented and cracked .

There is no note left at my car and this is first time such incident happened. I would like to state that my in car camera is not recording.

I called the workshop, company, and sent them some photos and they informed me the estimated to be more then SGD5000/- plus.

Police Report





Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296

3 of 3 Report No. T/20200314/2068

Tel No: 1800-4428999

CONTINUATION OF REPORT

| Sk | 100 | | | |
|---------|-------|-------|----------|-----|
| 25 BC (| orne: | PO 16 | 47 D. O. | en. |
| | | | | |

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 85474885 stating the report number as reference.

| Signature Of Officer Recording The Report: G / Staff Sgt SALINA BINTE ISMAIL | Signature Of Informant: |
|--|--------------------------------|
| Signature Of Interpreter: Not applicable | Date/Time: 14/03/2020 13:48 |
| Officer in Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No.: 65476902 | Classification Of Case: |
| Authentication Stamp NPIGE | |