# Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 18/05/2020 10:49

#### 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 <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.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	18/05/2020 10:42
Date Of Accident	06/05/2020 12:30
Exact Location Of Accident	AT JUNCTION OF WHITLEY RD & BT TIMAH RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMM560C
Insured/Policyholder	
Name Of Registered Owner	HENG LEASING PTE LTD
Co Reg No	201840603E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-31572626
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE HYBRID-1.5 (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	999993872
Cover Note Number	
Driver	
Name of Driver	GOH YEOW HENG
NRIC No	S6821315J
Date Of Birth	05/05/1968
	CUTDOOD

**OUTDOOR** 

13/10/1994

25 YEARS AND 6 MONTHS

Gender **MALE** 

(LOCAL) +65-94871117 Mobile Number

Fax Number

**Contact Number** 

**EMail Address NOEMAIL** 

Address 514 PASIR RIS ST 51 #06-99

Postcode 514514

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** DRY Road Surface

#### Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

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)

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name PASIR RIS NEIGHBOURHOOD POLICE CENTRE

2

NO

NO

NO

1

NO

Police Station Address ROAD: 1 PASIR RIS DRIVE 4, POSTCODE: 519457, COUNTRY: SINGAPORE

TEL NO: 1800-5852999 - FAX NO: 65855261 **Police Station Contact** 

Was notice of intended Prosecution given?

If Yes, against whom?

# **Circumstances of Accident**

# REFER TO POLICE REPORT

#### 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 SFG8188G

Vehicle Make/Model/Colour

**Details Of Properties** 

**Vehicle Category** PRIVATE CAR Name of Driver NRIC/Passport Number

**Contact Number** 

Address

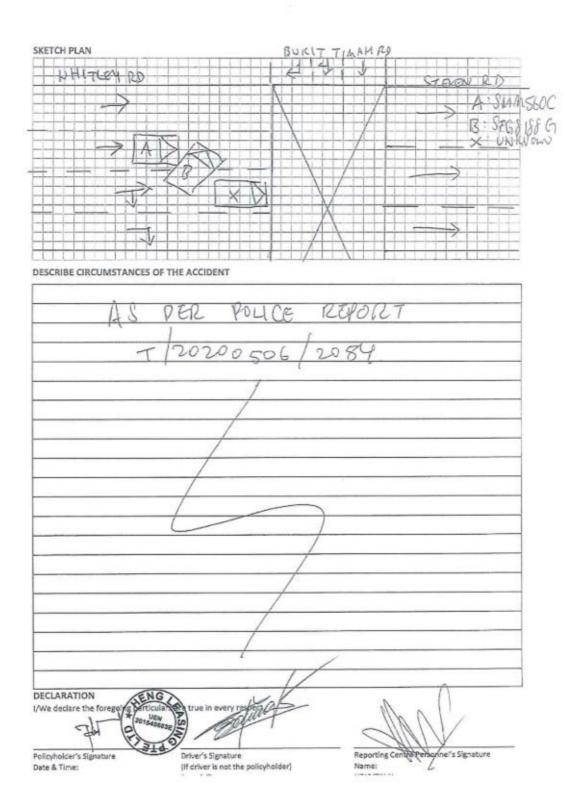
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **Accident Sketch Plan**



#### SKETCH PLAN

#### **IMPORTANT NOTICE**

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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.
- 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)
  - (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 dalms;
  - (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:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:





Police Station Of Origin:

Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457 Tel No: 1800-5852999

1 of 3 Report No. T/20200506/2054

REPORT O	F A TRAFFIC	ACCIDENT			
Date/Time Report Made: 06/05/2020 17:45		ade:	Vide Report No.:	Station Diary No.: 49	
Informa	nt's Particu	dars			
Name of	Informant: OW HENG		Address: APT BLK 514 PASIR RIS STREET 52 #06-99 SINGAPORE 510514		
ID Type	/ ID No.: O / S682131	15J	Contact No.: Home/Office: Mobile: 94871117		
National	CARL CO.	No. Acc	Email:		
Sex: Male	Age: 52	Date of Birth: 05/05/1968	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation:			Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 06/05/2020 12:30	Type of Location Straight Road
WHITLEY RO	OAD			rtoad opeod amin
Traffic Flow: One Way	20 4	Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
	sion:			Anyone conveyed by

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Details of Person involved	
Any Pedestrian Involved: No	The state Operation MA
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457 2 of 3 Report No. T/20200506/2054

Tel No: 1800-5852999

CONTINUATION OF REPORT

Name	GOH YEOW HENG		ID No.	S6821315J	
Related Vehicle	SMM560C (Car)		Contact No.	94871117	
Hospital/Clinic	NIL		r.	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	charge NIL	
No. of Days grant	ted Medical Leave	NIL	Degree o	f Injury NIL	

#### **Brief Details**

On 06/05/2020 at around 1228hrs, I was driving my Grab vehicle (SMM560C) on the fourth lane of the 5 lanes road along Whitley Road. It was towards Stevens Road and I was approaching the junction of Whitley Road and Bukit Timah Road. The weather was clear and the road surface was dry. While approaching the junction, the traffic light had just turned green and there was no vehicles in front of mine. As such I proceeded to continue driving. When I was about to cross the traffic light, a vehicle (SFG8188G) from the third lane suddenly cut abruptly into my lane and caused my vehicle to hit onto the left side of the vehicle's door.

There was no one injured during the accident. There were damages to both vehicles from the collision. No traffic police or ambulance attended to the scene. I requested to exchange particulars with the driver however he refused. He only came out of his vehicle and started to take pictures of the damages. He told me that I only needed to take the vehicle registration plate number and that it was sufficient. I had one passenger during that point of time that is willing to be my witness. He is James Hennah and his contact number is 81682030. I also have the footage of the incident stored in a thumbdrive if required.





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Report No. T/20200506/2054

Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457

Tel No: 1800-5852999

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.  G / Staff Sgt MOHAMAD ADHA BIN MOHAMAD ADAM	a golina de la companya de la compan
Signature Of Interpreter: Not applicable	Date/Time: 06/05/2020 17:45
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168  AdJ	



# 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) AND ROAD TRASPORT (AMENDMENT) ACT 2019

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.400

COMPREHENSIVE

COMMERCIAL MOTOR

POLICY EXCESS

S\$2500.00 (Sect | & II)

CERTIFICATE NO.

2) NAME OF INSURED

SMM560C

WINDSCREEN EXCESS

\$3100.00

(The below excess is subject to GST)

POLICY NO.

999993872

SUM INSURED

INSURING WITH COE/PARF

Market Value

SMM560C

Heng Leasing Pte Ltd

PURPOSES OF THE ACT

25 February 2020

1) VEHICLE REGISTRATION NO.

24 February 2021

4) DATE OF EXPIRY OF INSURANCE

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

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

552,500.00 Section I & S\$2,500.00 Section II Excess is applicable for driver who is between 26 years to 65 years old with minimum 2 years driving experience.

An additional excess of \$1,000.00 applies to Section II per accident is applicable in the event of an accident occurring outside Singapore.

The policy does not cover drivers who are below 26 years old and or with less than 2 year driving experience

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\*

- 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 fulfillor, 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

ORIGINAL

Not included

HIRE PURCHASE COMPANY

MAYBANK SINGAPORE LIMITED

\*Limitations rendered insperative by Section 8 of the Motor Vehicles (Third-Perty Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, 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 199) and Part IV of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019.

Issued in Singapore 21 Feb 2020

AIG Asia Pacific Insurance Pte. Ltd.

501295-000 Insure Link Pte Ltd 2 Kallang Ave #08-16 CT Hub Singapore 339407

AUTHORISED REPRESENTATIVE

SSPORC







Name: Goh Yeow Ken	7	NRIC: S6	8 2/3/5]
TEMPORARY TAXI DRIVER'S	VOCATIONAL LIC	ENCE	
You have passed the vocational licence cor	mpetency test and have bee	n granted a Taxi Driver's	Vocational Licence (TDVL).
TDVL Commencement Date:	0 5 NOV 2019		
2. You must display this Temporary TDVL	in your vehicle at all time	s while driving a taxi/cha	suffeured private hire car.
LTA will subsequently inform you to colle     You must collect your Vocational Licence thereafter. Otherwise, your TDVL may be	Card within 6 months of ti		
	TRANSPORTA	TION	
Kwan Mei Fong Assistant Registrar of Vehicles Land Transport Authority of Singapore	JOSHUA SC EXECUTIV	ON TO	
This Temporary TDVL is handed to you by _ (centre officer designation), of	(centre name).	re officer name),	

























