

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	01/07/2020 16:21
Date Of Accident	30/06/2020 05:30
Exact Location Of Accident	8A ADMIRALTY STREET CARPARK ENTRANCE/EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLW4080D
Insured/Policyholder	
Name Of Registered Owner	MAJULAH CAR LEASING PTE LTD
Co Reg No	2XXXXX815C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98295439
Alternative Phone No	OFFICE-98295439
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE HYBRID-1.5 (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	999993824
Cover Note Number	
Driver	
Name of Driver	ZHENG JUNYI CALVIN
NRIC No	SXXXX022J
Date Of Birth	15/10/1991
Occupation	OUTDOOR
Date Of Driving Pass	26/04/2019
Driving Experience	1 YEAR AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98295439
Fax Number	
Contact Number	OTHERS-98295439
EMail Address	NOEMAIL

Address	BLK 67 MARINE XDRIVE #05-208
Postcode	440067
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	WET

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
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: : DAVID POH GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS DIVISION HQ
Police Station Address	ROAD: 1 WOODLANDS STREET 12 , POSTCODE: 738622 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT L/20200630/7041

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	SKU4793C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	91135878

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ZHENG JUNYI CALVIN
Approximate Age
Injuries Sustain NECK,BACK AND CHEST PAIN
Injured person in which vehicle? SLW4080D
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

SKETCH PLAN

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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.

*



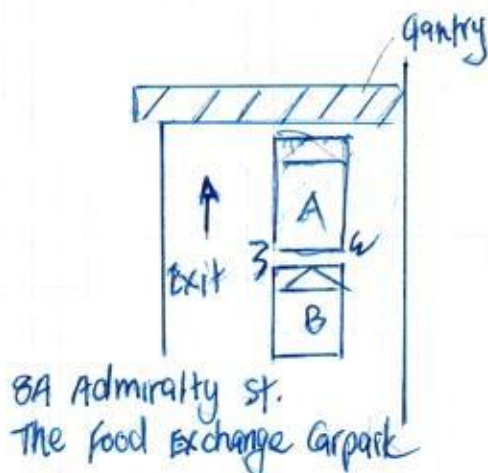
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Handwritten signature and date 01/07/2020
Handwritten signature

SKETCH PLAN



(A) SLW4080D
(B) SKU 4793C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30/06/2020 at about 17:35. I was driving my vehicle (A) along 3A Admiralty St. while when I driving out from the carpark. I was stopped my vehicle before carpark gantry and waiting in front car moving out. suddenly I felt an impact from my vehicle's behind. after accident happen. I alighted and realized that. the vehicle (B) hitteed onto my vehicle's rear portion.

(A) SLW4080D

(B) SKU 4793C

POLICE REPORT 4/20200630/9041

DECLARATION

I/We declare the foregoing particulars are true in every respect.

*



Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Signature

Signature 01/07/2020

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE:	30/06/2020	TIME:	17:35	(hh:mm) 24 hrs Format
LOCATION	8A ADMIRALTY STREET, THE FOOD EXCHANGE CAR PARK ENTRANCE / EXIT			
VEHICLE NUMBER	SLW 4080D			
INSURED NAME	MAJULAH CAR LEASING PTE LTD			
NRIC / FIN	202098150	CONTACT:		
MAKE	HONDA	MODEL	SHUTTLE HYBRID 1.5 AUTO	
Are you claiming under your own insurance policy for repair to your vehicle?				
() Yes, If No, Pls Select : (<input checked="" type="checkbox"/>) Third Party () Reporting Only				
INSURANCE COMPANY	AIG			
TYPE OF POLICY	(<input checked="" type="checkbox"/>) COMPREHENSIVE () THIRD PARTY () TPFT			
POLICY NUMBER :	999993824			
NAME DRIVER :	ZHENG JUNYI CALVIN		() SAME AS INSURED	
NRIC / FIN	S9137022J	CONTACT:	98295439	
DATE OF BIRTH:	15-10-1991			
DRIVING PASS DATE:	26-04-2010			
OCCUPATION :	() INDOOR (<input checked="" type="checkbox"/>) OUTDOOR			
GENDER :	(<input checked="" type="checkbox"/>) MALE () FEMALE			
EMAIL ADDRESS:	(<input checked="" type="checkbox"/>) NO EMAIL			
ADDRESS OF DRIVER:	BLK 67 MARINE DRIVE #05-208, SINGAPORE 440067			
Number Of Passenger Include Driver:	2.	PASSENGER:	DAVID FOH 9780 8648 (M)	
Was driver an employee of the Insured's Company? () YES (<input checked="" type="checkbox"/>) NO				
If No, Relationship Of The Driver With The Insured				
() Owner () Spouse () Friend () Relative () Children () Sibling (<input checked="" type="checkbox"/>) Others HIRE				
Does The Driver Own Any Other Vehicle? : () YES () NO				
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:				
Insurance Company Of Driver's Own Vehicle				
Weather Conditions: (<input checked="" type="checkbox"/>) Clear () Raining () Drizzling () Others				
Road Surface : () Dry (<input checked="" type="checkbox"/>) Wet () Others				
Was Any Foreign Vehicle Involved In This Accident? () YES (<input checked="" type="checkbox"/>) NO				
Was Anybody Injured In The Accident? (<input checked="" type="checkbox"/>) YES () NO				
If YES, Injured details : ZHANG JUNYI CALVIN (M) @ SLW4080D				
Convey By Ambulance: () YES (<input checked="" type="checkbox"/>) NO				
Was There Any Video Capture By Car Camera? () YES (<input checked="" type="checkbox"/>) NO				
Was There Accident Reported To The Police? (<input checked="" type="checkbox"/>) YES () NO If Yes Attach Police Report				
Police Report Number (if any) L/20200630/7041				
Details Of 3rd Party	Name / NRIC	No. of Paxs (incl' driver)	Contact	
Veh B	SKU 4793C	() / Not Sure ()	9113 5878	
Veh C		() / Not Sure ()		
Veh D		() / Not Sure ()		
Veh E		() / Not Sure ()		
Veh F		() / Not Sure ()		
Veh G		() / Not Sure ()		



POLICE REPORT (NP299)

Report No. L/20200630/7041

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

Date/Time Report Made 30/06/2020 20:55	Vide Report No.		Station Diary No.
Name Of Informant ZHENG JUNYI CALVIN	Address APT BLK 67 MARINE DRIVE #05-208 SINGAPORE 440067		
ID Type / ID No. NRIC NO / S9137022J	Contact No. Home/Office: Mobile: 98295439		
Nationality SINGAPORE CITIZEN	Email Address calvinzheng91@gmail.com		
Occupation GRAB DRIVER	Sex Male	Age 28	Date of Birth 15/10/1991
Institution/School Name	Race Chinese		
Date/Time Of Incident 30/06/2020 05:30	Language English		
	Location Of Incident 8A ADMIRALTY STREET FOOD XCHANGE @ ADMIRALTY SINGAPORE 757437		

Brief details.

on the mention date and time i was in my vehicle SLW4080D, i was moving out of the gantry suddenly i felt an impact from my rear i alighted and saw vehicle SKU4793C have rear ended my vehicle.

as i have passager onboard so after exchange particulars i still proceed on to my passager location at bedok. when i have arrive customers location i felt my neck chest back discomfort i when to near by clinic unihealth (bedok) to seek for medical check i was given 5 day of mc.

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: 30/06/2020 20:55
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



SINGAPORE
POLICE FORCE



L/20200630/7041

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20200630/7041

Subjects Involved			
Victim			
Person Name	ZHENG JUNYI CALVIN		
ID Type	NRIC NO	ID No	S9137022J
Gender	Male	Age	28
Race	Chinese	Language	English
Occupation	GRAB DRIVER	Address Type	
Address	APT BLK 67 MARINE DRIVE #05-208 SINGAPORE 440067		Mobile No
Is Informant A Victim?	Yes		
Person Name	ZHENG JUNYI CALVIN (Informant)		

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: 30/06/2020 20:55
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



HOTLINE TEL: (65) 6419-3000

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 169)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1968

ROAD TRANSPORT ACT, 1987 (MALAYSIA) and Road Transport (Amendment) Act 2010

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

M 2-400

		(The below excess is subject to GST)	
COMPREHENSIVE	COMMERCIAL MOTOR	POLICY EXCESS	REFER TO ITEM 5
CERTIFICATE NO.	SLW4080D	WINDSCREEN EXCESS	S\$100.00
POLICY NO.	999993024	SUM INSURED	MARKET VALUE
		INSURING WITH COE/PAIF	YES
1) VEHICLE REGISTRATION NO.		SLW4080D	
2) NAME OF INSURED		MAJULAH CAR LEASING PTE LTD	
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT		15 May 2020	
4) DATE OF EXPIRY OF INSURANCE		14 May 2021	
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*			
Any person who is driving on the Insured's order or with their permission.			
S\$2,000.00 Section I & S\$2,000.00 Section II Excess is applicable for driver who is between 21 years to 65 years old with minimum 2 years driving experience.			
An additional section II excess of \$1,000.00 per accident is applicable in the event of an accident occurring outside Singapore.			
Accident repair has to be carried out at AIG appointed list of workshop.			
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 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 any one disabled mechanically propelled vehicle. 3) Use for any purpose in connection with the Motor Trade.			
LEASEE USE		HIRE PURCHASE COMPANY	
		UNITED OVERSEAS BANK LIMITED	

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169) and Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2010, 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 169) and Part IV of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2010.

Issued in Singapore 28 May 2020

AIG Asia Pacific Insurance Pte. Ltd.

504631-000
B.A.S. Insurance Agency
No 30 Kaki Bukit Road 3
#05-06
Singapore 417819



AUTHORISED REPRESENTATIVE

ORIGINAL

SSPOEC

Enquire Vehicle Registration Details

Owner Particulars

NRIC/Passport /Company Cert No.: 201209815C
 Owner ID Type: Company
 Owner Name: MAJULAH CAR LEASING (PTE. LTD.)
 Registered Address: 101 KITCHENER ROAD #03-03 JALAN BESAR PLAZA SINGAPORE 208511
 Mailing Address: -
 Birth Date: -

Vehicle Particulars

Vehicle No.: SLW4080D
 Previous Vehicle No.: -
 Effective Date of Ownership: 09 Feb 2018
 Original Regn Date: 09 Feb 2018
 Registration Date: 09 Feb 2018
 Year of Manufacture: 2017
 Vehicle Type: Private Hire (Chauffeur) Motor Car
 Vehicle Scheme: -
 Vehicle Attachment 1: No Attachment
 Vehicle Attachment 2: -
 Vehicle Attachment 3: -
 Vehicle Make: HONDA
 Vehicle Model: SHUTTLE HYBRID 1.5 AUTO
 Primary Colour: White
 Secondary Colour: -
 Passenger Capacity: 4
 Chassis No.: GP71109737
 Engine No.: LEB6311803
 Motor No.: H13611843
 Engine Capacity /Power Rating: 1496 cc / 22.0 kW
 Maximum Power Output: 101.0 kW (135 bhp)

Propellant:	Petrol-Electric
Max Unladen Weight:	1190 kg
Maximum Laden Weight:	1465 kg
Open Market Value:	\$20,738.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	08 Feb 2028
Minimum PARF Benefit:	\$2,500.00
No. of Transfers:	0
IU Label No.:	1128079638
COE No.:	2018030103001137K
COE Expiry Date:	08 Feb 2028
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Registration Category:	B - Car above 1600cc or 97kW (130bhp)
Quota Premium (QP) / Prevailing Quota Premium:	\$42,322.00 / -
Actual QP Paid:	\$42,322.00
QP (Regn Cat):	\$42,322.00
OPC Cash Rebate Eligibility:	No
QP during COE Bidding Exercise:	\$42,322.00
Additional Registration Fee Rate:	First \$25,000.00 @ 100% (Next \$75,000 @ 150%)
Actual ARF Paid:	\$5,000.00
Vehicle Lifespan Expiry Date:	No Lifespan
CO2 Emission:	87.00 (g/km)
CEV/VES Rebate Utilised Amount:	\$16,034.00
CO Emission:	0.006000 (g/km)
HC Emission:	0.003000 (g/km)
NOx Emission:	0.007000 (g/km)
PM Emission:	0.300000 (mg/km)
Message:	To renew the COE, the Prevailing Quota Premium payable is that of Category B. This is a public service vehicle.