

## 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	11/08/2020 12:36
Date Of Accident	10/08/2020 13:20
Exact Location Of Accident	JUNCTION BETWEEN DEVONSHIRE ROAD & EXETER ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH9535E
<b>Insured/Policyholder</b>	
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	MAZDA
Model	3-1.5 L 4-DOOR SEDAN SP.6EAT (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	REPORTING ONLY
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	NG LEH CHEN
NRIC No	S7202769H
Date Of Birth	29/01/1972
Occupation	OUTDOOR
Date Of Driving Pass	21/04/1992
Driving Experience	28 YEARS AND 3 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-82543979
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	BLK 62 GEYLANG BAHRU #08-3399
Postcode	330062
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	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?	YES
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: : NA Gender: : Female

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KOLAM AYER NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 72 GEYLANG BAHRU #01-3038 , <b>POSTCODE:</b> 330072 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2969999 - <b>FAX NO:</b> 62937659
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

ON THE 10/08/2020 AT ABOUT 1315HRS, I WAS DOING A GRAB TRIP IN MY VEHICLE, REGISTRATION NO.SLH9535E AND HAD A FEMALE PASSENGER ON THE BACK SEAT. THE TRIP DESTINATION WAS ION ORCHARD AND I WAS TRAVELLING ALONG DEVONSHIRE ROAD, I APPROACHED THE JUNCTION AND I LOOKED RIGHT AND OBSERVED THERE WAS NO VEHICLES APPROACHING AND I DECIDED TO MOVE FORWARD AND HIT THE REAR END OF VEHICLE, REGISTRATION NO, SKR5300B, THE CAR HAD NOT MOVED OFF YET AND I DID NOT REALIZE IT. THE PASSENGER AND DRIVER OF THE VEHICLE IN FRONT OF ME, REGISTRATION NO SKR5300B, WERE NOT INJURED AND DID NOT REQUIRE MEDICAL ASSISTANCE. HOWEVER, MY FEMALE PASSENGER FELL TO THE SIDE OF THE VEHICLE UPON IMPACT. I ASKED MY FEMALE PASSENGER IF SHE WANTED TO MEDICAL ASSISTANCE AND SHE AGREED TO IT AFTER 5 MINUTES. AMBULANCE SERVICES WERE NOT CALLED UPON. ANOTHER VEHICLE WHO THEN SAW THIS ACCIDENT THEN DECIDED TO STOP HIS VEHICLE, REGISTRATION NO, SLF5877E, AND HELPED US OUT. A MALE DRIVER AND A MALE PASSENGER FROM THE VEHICLE DECIDED TO HELP MY FEMALE PASSENGER TO THE NEAREST HOSPITAL. THE DRIVER FROM THE CAR I COLLIDED WITH HAD REFUSED TO EXCHANGE PARTICULARS WITH ME AS WELL. I

WISH TO STATE THAT MY VEHICLE IF FROM A RENTAL COMPANY. THAT IS ALL.

**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 SKR5300B  
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 PASSENGER  
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**



**SINGAPORE  
POLICE FORCE**



T/20200810/2037

Police Station Of Origin:  
Kolam Ayer NPP  
72 Geylang Bahru #01-3038 SINGAPORE  
330072  
Tel No: 1800-2969999

1 of 3

Report No. T/20200810/2037

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/08/2020 15:54	Vide Report No.:	Station Diary No.: 31
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**Informant's Particulars**

Name of Informant: NG LEH CHEN		Address: APT BLK 62 GEYLANG BAHRU #07-3399 SINGAPORE 330062	
ID Type / ID No.: NRIC NO / S7202769H		Contact No.: Home/Office:                      Mobile: 82543979	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 48	Date of Birth: 29/01/1972	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3	Date of Expiry:

**General information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/08/2020 13:20	Type of Location: Y-Junction
Location: Along Road 1 DEVONSHIRE ROAD  Along Devonshire rd, Junction between Devonshire rd and Exeter Rd				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 30 Km/h
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKR5300B		BMI	218I ACTIVE TOURER D/AB LED DSC ABS NAV	Brown	Slightly Damaged	1
SLH95353E		MAZDA	MAZDA 3 2017	Red	Slightly Damaged	1



**SINGAPORE  
POLICE FORCE**



T/20200810/2037

Police Station Of Origin:  
Kolam Ayer NPP  
72 Geylang Bahru #01-3038 SINGAPORE  
330072  
Tel No: 1800-2969999

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Report No. T/20200810/2037

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	NG LEH CHEN	ID No.	S7202769H
Related Vehicle	NIL	Contact No.	82543979
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the 10/08/2020 at about 1315hrs, I was doing a Grab trip in my vehicle, Registration No.SLH95353E, and had a female passenger on the back seat. The trip destination was ION orchard and I was travelling along Devonshire Road, I approached the junction and I looked right and observed there was no vehicles approaching and I decided to move forward and hit the rear end of a vehicle, Registration No. SKR5300B, The car had not moved off yet and I did not realize it.

The passenger and driver of the vehicle in front of me, Registration No. SKR5300B, were not injured and did not require medical assistance. However, my female passenger fell to the side of the vehicle upon impact. I asked my female passenger if she wanted to medical assistance and she agreed to it after 5 minutes. Ambulance services were not called upon.

Another vehicle who then saw this accident then decided to stop his vehicle, Registration No. SLF5877E, and helped us out. A male driver and a male passenger from the vehicle decided to help my female passenger to the nearest hospital.

The driver from the car I collided with had refused to exchange particulars with me as well.

I wish to state that my vehicle is from a rental company. That is all.

**Accident Sketch Plan**



**SINGAPORE  
POLICE FORCE**



T/20200810/2037

Police Station Of Origin:  
Kolam Ayer NPP  
72 Geylang Bahru #01-3038 SINGAPORE  
330072  
Tel No: 1800-2969999

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Report No. T/20200810/2037

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: A / Sgt 1 RISHIDARAN S/O SUNTHAR 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 10/08/2020 15:54
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:



**Accident Sketch Plan**

## SKETCH PLAN

### IMPORTANT NOTICE

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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. 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) 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/mall 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.

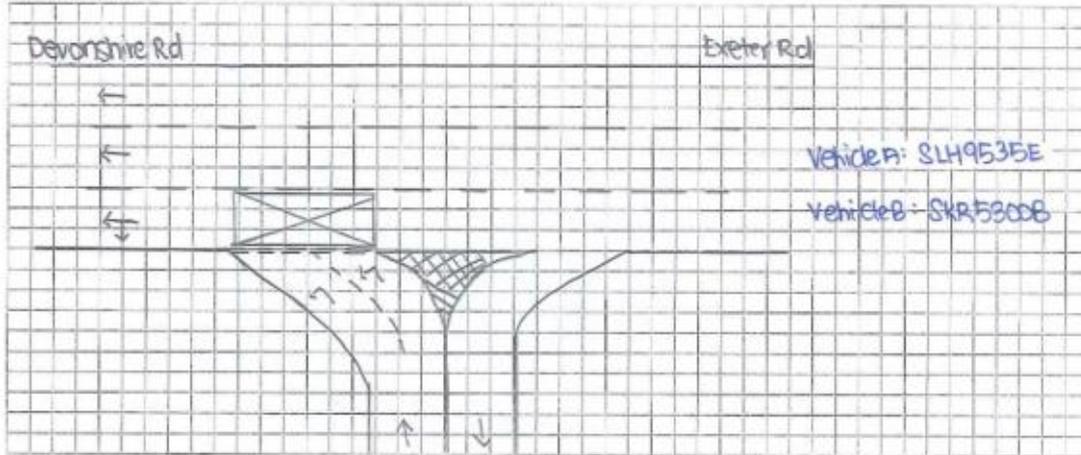


Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN



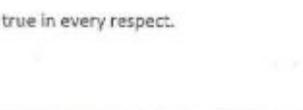
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report T/20200810/2037. \*Driver uncontactable after accident. Report lodged by owner in accordance to driver's police report left in the car.

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.:



HOTLINE TEL: (65) 6415-3000  
FAX: (65) 6415-3723

## 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), Road Transport (Amendment) Act 2019

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1969 (MALAYSIA)

14.2.400

COMPREHENSIVE COMMERCIAL MOTOR		(The below excess is subject to GST)	
CERTIFICATE NO.	SLH9535E	POLICY EXCESS	S\$3000.00 (I)
POLICY NO.	999994047	POLICY EXCESS	S\$3000.00 (II)
		WINDSCREEN EXCESS	S\$100.00
		SUM INSURED	Market Value
		INSURING WITH COE/PARF	Yes
1) VEHICLE REGISTRATION NO.		SLH9535E	
2) NAME OF INSURED		Popular Rent A Car Pte Ltd	
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT		01 August 2020	
4) DATE OF EXPIRY OF INSURANCE		31 July 2021	
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*			
<p>Any Person who is driving on the Insured's Order or with their permission.            Authorized Drivers must be age within 23 to 65 years old with at least 2 years relevant driving experience.            This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.</p>			
<p>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.</p>			
6) LIMITATION AS TO USE*			
<p>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.</p>			
<p>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.</p>			
LOSS OF USE		Not Applicable	
HIRE PURCHASE COMPANY		N.A	



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

Issued in Singapore 03 Aug 2020

AIG Asia Pacific Insurance Pte. Ltd.

000064-000  
Direct Clients  
78 Shenton Way  
#07-16  
SINGAPORE 079120

*M. Marib*

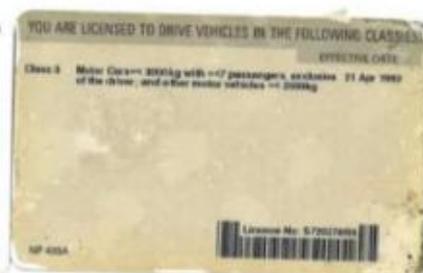
ORIGINAL

AUTHORISED REPRESENTATIVE

SSPIUS

### Identification Card





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



**Accident Photo**



Accident Photo



**Accident Photo**



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