

## 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             | 03/09/2020 12:04                            |
| Date Of Accident           | 22/10/2019 22:30                            |
| Exact Location Of Accident | BACK LANE OF TAI HO HOTEL OF KITCHENER ROAD |
| Country/State of Loss      | SINGAPORE                                   |

### DETAILS OF OWN VEHICLE

|                             |                             |
|-----------------------------|-----------------------------|
| Vehicle Registration Number | SKE2684G                    |
| <b>Insured/Policyholder</b> |                             |
| Name Of Registered Owner    | SRS AUTO HOLDINGS PTE. LTD. |
| Co Reg No                   | 2XXXXX236H                  |
| Email Address               | ABSRENTAL.SALES@GMAIL.COM   |
| Mobile Phone No             | (LOCAL) +65-87898858        |
| Alternative Phone No        | OFFICE-81135321             |

### Vehicle Particulars

|  |                    |
|--|--------------------|
| Manufacturer   | MAZDA              |
| Model  | 3                  |
| 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   | COMMERCIAL VEHICLE |

### Insurance Company

|                           |  |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage          | THIRD PARTY                            |
| Fleet Policy              | NO                                     |
| Policy Number             | 5107955103                             |
| Cover Note Number         |  |

### Driver

|                      |                           |
|----------------------|---------------------------|
| Name of Driver       | TAN SEOW KHIAN            |
| NRIC No              | SXXXX597C                 |
| Date Of Birth        | 12/11/1959                |
| Occupation           | INDOOR                    |
| Date Of Driving Pass | 13/03/1980                |
| Driving Experience   | 39 YEARS AND 7 MONTHS     |
| Gender               | MALE                      |
| Mobile Number        | (LOCAL) +65-87898858      |
| Fax Number           |                           |
| Contact Number       | OTHERS-81135321           |
| EEmail Address       | ABSRENTAL.SALES@GMAIL.COM |

|   |                                       |
|---|---------------------------------------|
| Address   | BLK 726 TAMPINES STREET 71<br>#06-183 |
| Postcode  | 520726                                |
| 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 | -<br>-<br>-                           |
| Insurance Company of Driver's Own Vehicle           | -<br>-<br>-                           |

#### General Information of the Accident

|                    |                          |
|--------------------|--------------------------|
| Type Of Accident   | COLLIDED INTO PEDESTRIAN |
| Weather Conditions | RAINING                  |
| Road Surface       | WET                      |

#### Other Information

|   |     |
|---|-----|
| Was any foreign vehicle involved in this accident?  | NO  |
| Number of vehicles (including own vehicle) involved in the accident                         | 1   |
| 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)   | 1   |

#### Details of Police Action

|   |  |
|---|--|
| Was the accident reported to the police?  | YES  |
| If Yes, Please state which Police Station |  |
| Police Station Name                       | ROCHOR N.P.C. 11 KAMPONG KAPOR ROAD, SINGAPORE 208678                                    |
| Police Station Address                    | <b>ROAD:</b> 11 KAMPONG KAPOR ROAD , <b>POSTCODE:</b> 208678 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> - <b>FAX NO:</b>  |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191023/2014

#### 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 |            |
| Vehicle Make/Model/Colour   |            |
| Details Of Properties       | PEDESTRIAN |
| Vehicle Category            | NA/UNKNOWN |
| Name of Driver              | UNKNOWN    |
| NRIC/Passport Number        |            |
| Contact Number              |            |
| Address                     |            |
| Postcode                    |            |
| Insurance Company Name      |            |

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name UNKNOWN PEDESTRIAN

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

# Accident Sketch Plan

## SKETCH PLAN

### IMPORTANT NOTICE

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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/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.

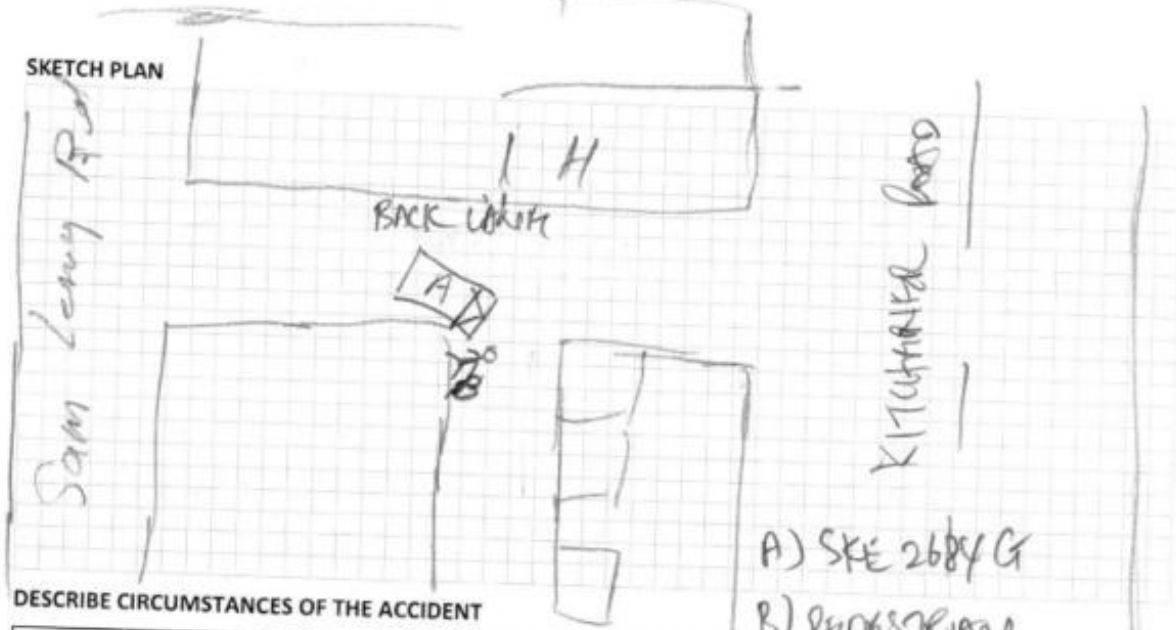
Policyholder's Signature  
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT  
7/2019/1023/2014

- A) SKE 2684 G
- B) PROHIBITED

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]* 03/09/2020  
Roshdi

**POLICE REPORT**



**SINGAPORE  
POLICE FORCE**



T/20191023/2014

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

Certified True Copy  
pursuant to Sec. 78 of the  
Evidence Act, Cap 97.

1 of 3

Report No. T/20191023/2014

*Siti Rohayah Kasmani*  
Siti Rohayah Kasmani (MX)  
Traffic Police  
Date: 1 JUN 2020

**REPORT OF A TRAFFIC ACCIDENT**

|  |                                     |                         |
|--|-------------------------------------|-------------------------|
| Date/Time Report Made:<br>23/10/2019 01:48 | Vide Report No.:<br>A/20191022/0132 | Station Diary No.:<br>8 |
|--|-------------------------------------|-------------------------|

**Informant's Particulars**

|  |            |  |                              |
|--|------------|--|------------------------------|
| Name of Informant:<br>TAN SEOW KHIAN     |            | Address:<br>APT BLK 726 TAMPINES STREET 71 #06-183 SINGAPORE<br>520726 |                              |
| ID Type / ID No.:<br>NRIC NO / S1353597C |            | Contact No.:<br>Home/Office: Mobile: 81135321                          |                              |
| Nationality:<br>SINGAPORE CITIZEN        |            | Email:   |                              |
| Sex:<br>Male                             | Age:<br>59 | Date of Birth:<br>12/11/1959   | Type of Informant:<br>Driver |
| Race:<br>Chinese                         |            | Language:<br>English   | Institution / School Name:   |
| Occupation:<br>F&B MANAGER               |            | Driving Licence Information:<br>Class: Date of Expiry:                 |                              |

**General Information of the Accident**

|  |                                 |                                    |   |   |
|--|---------------------------------|------------------------------------|---|---|
| Type of Accident:  | Injury<br>Conveyed By Ambulance | Drink<br>Drive:<br>No              | Date/Time of<br>Accident:<br>22/10/2019 22:30 | Type of Location:<br>T-Junction         |
| Location:<br>Along Road 1<br>KITCHENER ROAD<br><br>Along the back lane of Tai Ho Hotel of Kitchener Road, LP R12F. |                                 |                                    |   |   |
| Weather:<br>Raining  |                                 | Road Surface:<br>Wet               |   | Road Speed Limit:                       |
| Traffic Flow:<br>Two Way   |                                 | Traffic Control:<br>Not Controlled |   | Traffic Volume:<br>No Traffic           |
| Type of Collision:<br>Moving Vehicle Against - Pedestrian  |                                 |                                    |   | Anyone conveyed by<br>ambulance:<br>Yes |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make  | Model   | Color | Condition    | No of Passenger |
|-------------|------|-------|---------|-------|--------------|-----------------|
| SKE2684G    | Car  | MAZDA | Mazda 3 | Grey  | No<br>Damage | 0               |

**Details of Person Involved**

|                               |                                      |
|-------------------------------|--------------------------------------|
| Any Pedestrian Involved: Yes  |                                      |
| No. of Pedestrians Injured: 1 | Use of Pedestrian Crossing: Not Used |

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20191023/2014

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

2 of 3

Report No. T/20191023/2014

CONTINUATION OF REPORT

|                                   |                |  |                                 |
|-----------------------------------|----------------|--|---------------------------------|
| Driver                            |                |  |                                 |
| Name                              | TAN SEOW KHIAN | ID No.                                 | S1353597C                       |
| Related Vehicle                   | SKE2684G (Car) | Contact No.                            | 81135321                        |
| Hospital/Clinic                   | NIL            | Class of Driving Licence & Expiry Date | Class: 3<br>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 22/10/2019 at 2230hrs, as I was driving along the back lane of Kitchener Road. I was making a right turn when I sudden heard a loud sound on the front right of my vehicle and I immediately reversed to make a check and saw a Indian male in front of my vehicle requesting me to call for police assistance. I called for police assistance and for ambulance assistance. I observed that there was a large puddle of water at the area of the junction as such the Indian Male could have tried to avoid the water by walking near to the junction area.

I was not able to exchange particulars with the Indian male. I was informed that the Indian male was conveyed to Tan Tock Seng Hospital.

Traffic police was at the incident and was issued a case card, #A/20191022/0132 to me and told me to make a police report.

Certified True Copy  
pursuant to Sec. 78 of the  
Evidence Act, Cap 97.

*Siti Rohsiyah Kasmani*  
Siti Rohsiyah Kasmani (MAX)  
Traffic Police  
Date :

11 JUN 2020

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20191023/2014

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

3 of 3

Report No. T/20191023/2014

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Certified True Copy  
pursuant to Sec. 78 of the  
Evidence Act, Cap 97.

  
.....  
Siti Rohalyah Kasmani (MX)  
Traffic Police  
Date :

11 JUN 2020

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 2 JACKY CHEONG HEEN HOE

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Sgt 3 RASHIDAH BINTE AZMAN  
Contact No.: 65476216

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
23/10/2019 01:48

Classification Of Case:



SALES AGREEMENT



ABS RENTAL PTE LTD

Gold Mile Tower, 6001 Beach Road #22-04A Singapore 199587  
 Office: 6475 3423 Fax: 6475 3424 Email: abrental@igmail.com

SALES AGREEMENT

To: Messr

By this agreement, I/We D2 Motors Pte Ltd Nric No. /Co.Reg No: 2012301892  
 of/having our register address at \_\_\_\_\_ Tel: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_

hereby agree to purchase from ABS Rental Pte Ltd the Motor REGISTRATION NUMBER SKB 2846  
 for the sum of Singapore Dollars: \$1050

Particular of Motor Vehicle detailed in the schedule below:  
 Make / Model: MAZDA3 1.6L Registration Date: 20/11/09 PARF: YES / NO  
 Engine No.: 2681475 Chassis No.: JF16BL62JA915614 Engine Capacity: \_\_\_\_\_  
 Color: \_\_\_\_\_ YOM: \_\_\_\_\_ OMY/ COE \$: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

|  |                          |
|--|--------------------------|
| Selling Price:                                       | \$1050                   |
| Registration Fee/ Transfer Fee                       |                          |
| Roadtax [ ] months                                   |                          |
| Insurance Premium - 3rd Party / TPFT / Comprehensive |                          |
| Advance Instalment                                   |                          |
| Document Fee   |                          |
| Other  |                          |
|  | Total: \$1050            |
| Initial Payment/ Deposit                             | Less:                    |
| Pre-Purchase Load Amount                             | Less:                    |
|  | Total Amount Due: \$1050 |

Pre-Purchase Agreement No. \_\_\_\_\_

|                  |                       |
|------------------|-----------------------|
| Make / Model:    |                       |
| Purchase Price:  |                       |
| Full Settlement: |                       |
|                  | Purchase Balance:     |
|                  | Contra Sales Balance: |
|                  | Total Amount Due:     |

This Purchase financed by \_\_\_\_\_ at \_\_\_\_\_ % for \_\_\_\_\_ months  
 Remarks: \_\_\_\_\_  
 Sold by: \_\_\_\_\_

Sign for and on behalf of ABS RENTAL PTE LTD



Buyer's Signature

I/ We confirmed that the above vehicle is delivered to us / we in satisfactory condition on \_\_\_\_\_ @ am / pm and  
 I/ We shall be responsible for any traffic offences and illegal acts arising from the use thereof.