

## 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	26/09/2020 12:28
Date Of Accident	25/09/2020 22:05
Exact Location Of Accident	PIE ENTERING CTE ANG MO KIO
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ5984J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LA RENTALS PTE LTD
Co Reg No	2XXXXX059Z
Email Address	JOEL@LAYAUTO.COM
Mobile Phone No	(LOCAL) +65-93874666
Alternative Phone No	OFFICE-96627004

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSNA00000481900
Cover Note Number	

### Driver

Name of Driver	LOH KOK WAH
NRIC No	SXXXX603F
Date Of Birth	17/01/1963
Occupation	OUTDOOR
Date Of Driving Pass	11/04/1983
Driving Experience	37 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93874666
Fax Number	
Contact Number	OTHERS-96627004
EEmail Address	JOEL@LAYAUTO.COM

Address	BLK 307 CHOA CHU KANG AVENUE 4 #06-693
Postcode	680307
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?	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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200925/7045

#### 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	SHC7330R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	YAP
NRIC/Passport Number	
Contact Number	98781809
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name LOH KOK WAH

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SMQ5984J

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

# Accident Sketch Plan

## SKETCH PLAN

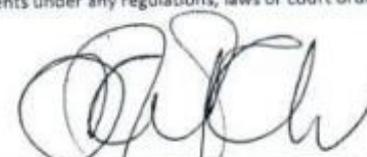
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8. **Consent under the Personal Data Protection Act (PDPA)**

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.

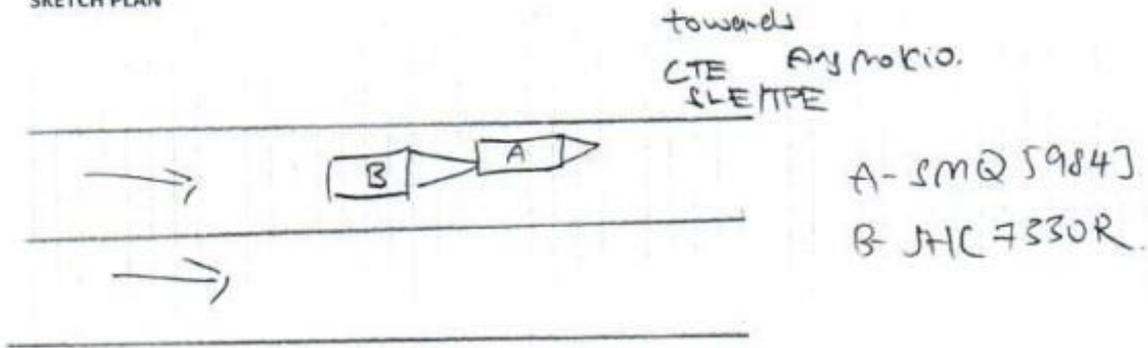
  
Policyholder's Signature  
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report. T/20200925/70457

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.:



Police Report



SINGAPORE  
POLICE FORCE



T/20200925/7045

2 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20200925/7045

CONTINUATION OF REPORT

Driver			
Name	LOH KOK WAH	ID No.	S1617603F
Related Vehicle	SMQ5984J (Car)	Contact No.	96627004
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On 25 September 2020 at about 2205 hrs I was driving my vehicle SMQ5984J along PIE entering CTE on lane 2. Suddenly I felt an impact coming from the rear of my vehicle . I got down my vehicle and realised that a vehicle SHC7330R Had collided onto the rear of my vehicle .

I sustained injuries from the above mentioned accident and was given 3 days of MC.

Police Report



**SINGAPORE  
POLICE FORCE**



T/20200925/7045

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20200925/7045

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / TPHQ / SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN Contact No.: 65476404

Authentication Stamp  
NP168

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 25/09/2020 23:56
Classification Of Case:

RENTAL AGREEMENT



**LA RENTALS PTE LTD**

21 TOH GUAN ROAD EAST #01-16/17 SINGAPORE 608609  
TEL: 6466-5828 FAX: 6468-1179 UEN NO 201838059Z

Rental Agreement Number : LA10062020

This agreement is made on (Date) 10/6/20, between (Name) LAY AUTO LEASING PTE LTD  
(Registration No.) 201310521C, a company incorporated in Singapore with its  
registered officer at 21 TOH GUAN ROAD EAST #01-16/17 TOH GUAN CENTRE S608609  
(hereinafter called the "OWNER") which expression shall where the context so admits, include the  
successor(s) in title and Loh kok wah, (hereinafter called the "HIRER") in  
respect of the hire of the motor vehicle ("THE VEHICLE") for the period ("THE PERIOD") at the rate of  
the hire rental ("THE RENTAL") set out in the schedule of this agreement ("THE SCHEDULE") and upon  
the terms and conditions stated hereunder.

**SCHEDULE OF AGREEMENT**

**1. PARTICULARS OF THE VEHICLE**

- a. Make/Model : Toyota wish
- b. Registration Number : SMA5984J
- c. Chassis Number : \_\_\_\_\_
- d. Engine Number : As per log card.



**2. COMMENCEMENT**

- a. Effective Date : 10-6-20
- b. Expiry Date : 8-10-20



**3. HIRE RENTAL**

- a. Security Deposit : \$ 300/-
- b. Monthly Hire Rates : \$ 55/-
- c. Additional Charges : Nil

**4. DRIVERS**

**1<sup>st</sup> Driver**

- Name : Loh kok wah
- D.O.B : 17/1/1963
- License No. : S1617603F
- Contact No. : 96627004

SIGNATORY OF HIRER :

[Signature]

John 96255478

**Intemedical 24 Hr Clinic**  
525 Ang Mo Kio Avenue 10, #01-2407  
Singapore 560525 Tel: 69192998

**Medical Certificate**

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Date : 25 Sep 2020  
MC No. : 0000045939

This is to certify that :

Name : LOH KOK WAH  
NRIC : S1617603F

is Unfit for Duty for 3 days  
from 25/09/2020 to 27/09/2020 inclusive.

**Intemedical 24-Hr Clinic**  
Bik 525 Ang Mo Kio Ave 10  
#01-2407  
Singapore 560525  
Tel: 69192998

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ONG SWEE SENG RAYMOND  
MBBS (SINGAPORE)

*\*This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*

Accident Photo



Accident Photo



**Accident Photo**



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



**Accident Photo**



Accident Photo



Accident Photo



Accident Photo

