





## 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	26/10/2020 16:18
Date Of Accident	26/10/2020 08:40
Exact Location Of Accident	SLE TOWARDS BKE AFTER UPPER THOMSON ROAD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ3940M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ACE FLEET MANAGEMENT PTE LTD
Co Reg No	2XXXXX914N
Email Address	LEECHUANHENG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92323494
Alternative Phone No	OFFICE-92323494

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS ALPHA HYBRID-1.8 S CVT (A)
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	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	999993781
Cover Note Number	

### Driver

Name of Driver	LEE CHUAN HENG (LI QUANXING)
NRIC No	SXXXX574E
Date Of Birth	13/05/1972
Occupation	INDOOR
Date Of Driving Pass	25/03/1996
Driving Experience	24 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92323494
Fax Number	
Contact Number	OTHERS-92323494

Address	BLK 513 WOODLANDS DRIVE #06-209
Postcode	730513
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	CHAIN COLLISION
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	3
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD2229D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passengers (Including Driver)	

Vehicle Registration Number	UNKNOWN
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	LEE CHUAN HENG (LI QUANXING)
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLZ3940M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



## SKETCH PLAN

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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.

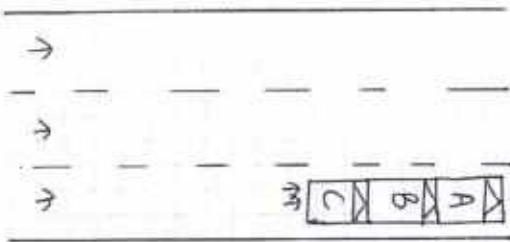


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



Vehicle A : SLZ3940M  
Vehicle B : SHD2229D  
Vehicle C : SMC2(unknown)

SLE Towards BKE after Upper Thomson Exit

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, vehicle A (SLZ3940M) was travelling along the stated location. As the infront car slowed down and came to a stop, I followed suit. Suddenly, vehicle B (SHD2229D) collided onto the rear of my vehicle, when I alighted, I realized that there were a total of 3 vehicles involved in the accident.

## DECLARATION

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



Policyholder's Signature  
Date & Time:

*[Signature]*

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

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



Date of Accident: 26/10/2020 Accident Time: 0840hrs (24-HR-FORMAT)

Accident Place: SLE Towards BKE after Upp Thomson exit

Vehicle Reg. No (Car plate No.): SLZ 3940M Vehicle Make/Model: Toyota Alpha 1.8

Insurance Company: Alfa Policy No. 999993781

Name of Registered Owner: Company / Individual ACE FLEET MANAGEMENT PTE LTD

ID of Registered Owner: Co Reg No: 201710914N Owner's NRIC No: -

Co Contact No: 92323494 Owner's Contact No: -

DRIVER'S Name: LI QUAN XING / Lee Chun Heng DRIVER'S NRIC No: S7221574E

DRIVER'S Date of Birth: 13-05-1972 DRIVER'S License Pass Date: 25 Mar 1996

Relationship bet. Owner & Driver: Spouse / Parents / Children / Sibling / Employee / Other: Hirer

DRIVER'S Address: Blk 513 Woodlands Drive 14 #06-209 S (730513)

DRIVER'S Contact No / Alt No: 1) 9180 1141 2) -

DRIVER'S Occupation: INDOOR / OUTDOOR (eg. working inside or outside of an org)

Email Address: leechuanheng@gmail.com

Weather & Road Surface: CLEAR & DRY / RAINY & WET / AFTER RAIN & WET

Reporting Type: Reporting Only / Claim Other Party / Claim Own Insurance

Number of Passengers (including Driver): 01 Passenger Name: \_\_\_\_\_ Gender: M/F

Was the accident reported to the police? YES / NO Passenger Name: \_\_\_\_\_ Gender: M/F

Was there any video captured by car camera: YES / NO Any Injuries: YES / NO Injured Name: Lee Chun Heng

Injured Name: \_\_\_\_\_

Exact purpose for which vehicle was being used at the time of accident: Private use / Work purpose

#### Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SAD 2229D</u>	Vehicle Reg No: <u>SMG (unknown)</u>
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

#### Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

# ACE FLEET MANAGEMENT PTE LTD

237 ALEXANDRA ROAD #02-03 THE ALEXCIER S(159929)

## RENTAL AGREEMENT

Kindly fill up all of the details below

CAR MODEL: Toyota Alpha 1.8s CARPLATE: SLZ 3940M

HIRER'S NAME: Lee Chuan Heng	
NRIC/PASSPORT NO.: S722574E	DOB: 13/05/1972
NEXT OF KINS: wife	Tel: 97889044
ADDRESS: 513 Woodlands Drive 14 #06-209 S730513	
CONTACT NO.: 91801141	
RENTAL DEPOSIT: \$1000/-	
DATE OF COMMENCE: 30/4/18 - (End 30/4/2024)	
EMAIL: Leechuanheng@gmail.com	
RENTAL PER DAY: \$85 + \$7 = \$92 (maintenance fee)	
BANK/ ACCOUNT NO.: 542 108 576 PASB SAVING	
*All Payments will be transferred to you every Thursday. You will only transfer us your earnings every Thursday at 2pm. Hence, we will only be able to process your payout after we receive their payment. Thank you.	
CONTRACT VAILITY: LTO 60 mths	
1)INSURANCE 1 <sup>ST</sup> PARTY EXCESS \$2500 2)INSURANCE 3 <sup>RD</sup> PARTY EXCESS \$2500 3)INSURANCE EXCESS FOR OVERSEA WILL BE DOUBLED 4)INSURANCE EXCESS FOR DRIVING LICENCE LESS THEN 2 YEAR AND BELOW 22 YEAR OLD WILL BE DOUBLED 5)WINDSCREEN EXCESS \$200	

Left Side



Right Side

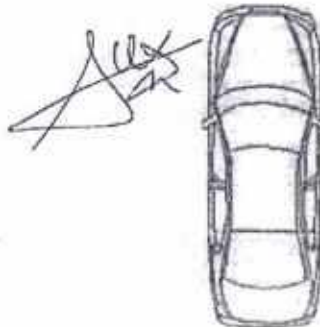
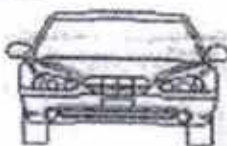


REMARKS:

Back



Front

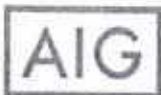


Top



D=DENT S=SCRATCHES C=CHIPS R=RUST M=MISS



**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 TRANSPORT (AMENDMENT) ACT 2019

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1989 (MALAYSIA)

M.Z.400

Comprehensive Commercial Motor

CERTIFICATE NO. SLZ3940M

POLICY NO. 999993781

(The below excess is subject to GST)

POLICY EXCESS S\$2,000.00 (I)

POLICY EXCESS S\$2,000.00 (II)

WINDSCREEN EXCESS S\$100.00

SUM INSURED Market Value

INSURING WITH COE/PARF Yes

SLZ3940M

1) VEHICLE REGISTRATION NO.

2) NAME OF POLICYHOLDER

Ace Fleet Management Pte Ltd

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE  
FOR THE PURPOSES OF THE ACT

31 July 2020

4) DATE OF EXPIRY OF INSURANCE

30 July 2021

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

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

Authorised Drivers must be age 22 to 65 years old with at least 2 years Driving Experience

This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

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.

LOSS OF USE

Not Applicable

HIRE PURCHASE COMPANY

MAYBANK

\*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) and Road Transport (Amendment) Act 2019.

Issued in Singapore 05 Aug 2020

AIG Asia Pacific Insurance Pte. Ltd.

0504650-000

All Ins Agency Pte Ltd

22 Sin Ming Lane

#05-78 Midview City

Singapore 573969

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPIUS