

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	19/11/2020 17:30
Date Of Accident	18/11/2020 16:05
Exact Location Of Accident	CRAWFORD STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN4129J
Insured/Policyholder	
Name Of Registered Owner	HENG LEASING PTE LTD
Co Reg No	201840603E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-82725558

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE 1.5 HYBRID
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	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999993872
Cover Note Number	

Driver

Name of Driver	LEE KIM CHAN
NRIC No	S2581568H
Date Of Birth	21/08/1964
Occupation	OUTDOOR
Date Of Driving Pass	09/12/1986
Driving Experience	33 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92334146
Fax Number	
Contact Number	
Email Address	RICHARDNG5558@GMAIL.COM

Address	BLK 317 ANCHORVALE ROAD #16-194
Postcode	543317
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 - CHANGE/CROSS LANE
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)	2
Passenger 1	NAME: : ALBERT
	GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TRAFFIC POLICE
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN / POLICE REPORT NO: T/20201119/7009

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	XE5679Z
Vehicle Make/Model/Colour	MAN / TGS
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MUHAMMAD WANDI
NRIC/Passport Number	S9635829F
Contact Number	97920362
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LEE KIM CHAN
Approximate Age	56
Injuries Sustain	
Injured person in which vehicle?	SMN4129J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 317C ANCHORVALE ROAD #16-194
Postcode	543317

SKETCH PLAN

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. 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:

19 NOV 2020

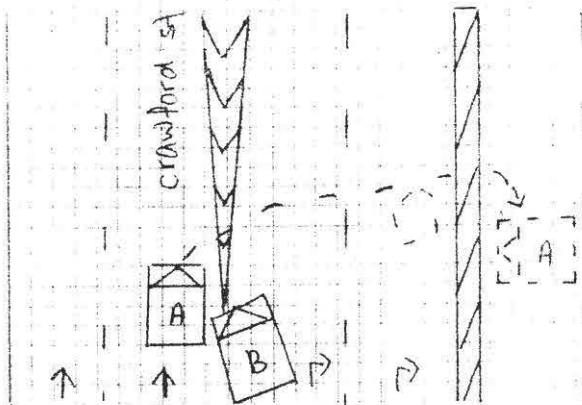
Driver's Signature
(If driver is not the policyholder)
Date & Time:

19 NOV 2020

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

Jenny Lim

SKETCH PLAN



① SMN 4129

② XE5679

Jenny Lim

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report attached T120201119/7009.

Jenny Lim

DECLARATION

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

Jenny Lim
Policyholder's Signature

Date & Time: 19 NOV 2020

Jenny Lim
Driver's Signature
(If driver is not the policyholder)

Date & Time: 19 NOV 2020

Jenny Lim
Reporting Centre Personnel's Signature

Name: Jenny Lim
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20201119/7009

1 of 3

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

Report No. T/20201119/7009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/11/2020 12:29		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LEE KIM CHAN			Address: 317C ANCHORVALE ROAD #16-194 SINGAPORE 543317		
ID Type / ID No.: NRIC NO / S2581568H			Contact No.: Home/Office: Mobile: 92334146		
Nationality: SINGAPORE CITIZEN			Email: bruceleekimchan@gmail.com		
Sex: Male	Age: 56	Date of Birth: 21/08/1964	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Chauffeur			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/11/2020 16:05	Type of Location: Y-Junction
Location: CRAWFORD STREET				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SMN4129J	Car	HONDA	SHUTTLE	Blue	Seriously Damaged	1
XE5679Z	Lorry	MAN	TGS	White	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20201119/7009

2 of 3

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

Report No. T/20201119/7009

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMN4129J	AIG ASIA PACIFIC INSURANCE PTE. LTD.	999993872	25/02/2020	24/02/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEE KIM CHAN		ID No. S2581568H
Related Vehicle	SMN4129J (Car)		Contact No. 92334146
Hospital/Clinic	HORIZON MEDICAL CENTRE		Class of Driving Licence & Expiry Class: 2B,3 Date of Expiry: NIL
Date	19/11/2020		Date 19/11/2020
No. of Days granted Medical Leave		03	Degree of Serious

Brief Details.

ON 18/11/2020 AT ABOUT 1605HRS, WHILE I WAS DRIVING MY MOTOR VEHICLE A SMN 4129J ALONG CRAWFORD STREET AT THE 2ND LANE FROM THE LEFT, HEADING TO BEACH ROAD.

KEEPING WITHIN MY LANE, WHEN I CROSSED OVER THE BRIDGE OF ROCHOR RIVER, SUDDENLY A MOTOR VEHICLE B XE 5679Z, WHICH WAS DRIVING ON MY RIGHT LANE, HE TRYING TO CHANGED HIS LANE TO MY LANE AND HIS FRONT LEFT PORTION HIT ONTO THE LEFT PORTION OF MY VEHICLE A. THE IMPACT WAS GREAT AND PUSHED MY VEHICLE A TO SKID AND LOST CONTROL AND HIS FRONT PORTION HIT MY RIGHT PORTION AGAIN WHEN MY VEHICLE A LOST CONTROL AND CAUSED MY VEHICLE A CROSSED OVER THE CENTER ROAD KERB AND LANDED ON THE OPPOSITE DIRECTION.

MY VEHICLE A WAS SERIOUS DAMAGED AND I HAVE ONE GRAB'S PASSENGER, MR ALBERT ONBOARD.

ON 19/11/2020 I FELT MY NECK AND BACK PAIN, I GO AND VISITED DOCTOR AND I GOT 3 DAYS MC.



**SINGAPORE
POLICE FORCE**



T/20201119/7009

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

3 of 3

Report No. T/20201119/7009

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 / TPIB /
MOHAMED SUFIAN BIN SUDIN
Contact No.: 65476395

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:
19/11/2020 12:29

Classification Of Case:



HOTLINE TEL: (65) 6419-3000

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1989

ROAD TRANSPORT ACT, 1987 (MALAYSIA) AND ROAD TRANSPORT (AMENDMENT) ACT 2019

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

M.E.400

COMPREHENSIVE		COMMERCIAL MOTOR		(The below excess is subject to GST)	
CERTIFICATE NO.	8MN4129J	POLICY EXCESS		S\$2500.00 (Sect I & II)	
POLICY NO.	999993872	WINDSCREEN EXCESS		S\$100.00	
1) VEHICLE REGISTRATION NO.		SUM INSURED	Market Value		
2) NAME OF INSURED		INSURING WITH COE/PARF	Yes		
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT		SMN4120J			
4) DATE OF EXPIRY OF INSURANCE		Heng Leasing Pte Ltd			
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*		25 February 2020			
		24 February 2021			
<p>Any person who is driving on the insured's order or with their permission.</p> <p>S\$2,500.00 Section I & S\$2,500.00 Section II Excess is applicable for driver who is between 26 years to 65 years old with minimum 2 years driving experience.</p> <p>An additional excess of \$1,000.00 applies to Section II per accident is applicable in the event of an accident occurring outside Singapore.</p> <p>The policy does not cover drivers who are below 26 years old and/or with less than 2 year driving experience.</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.</p> <p>2) Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.</p> <p>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 included			
HIRE PURCHASE COMPANY		MAYBANK SINGAPORE LIMITED			
<p>*Limitations rendered inoperative by Section 3 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.</p>					

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 21 Feb 2020

AIG Asia Pacific Insurance Pte. Ltd.

501295-000
 Insure Link Pte Ltd
 2 Kallang Ave
 #08-16 CT Hub
 Singapore 339407


 AUTHORIZED REPRESENTATIVE

ORIGINAL

SSPOEC

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Private Hire Decal



Odometer Reading







GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 – 17:00
 UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No : MLHM20102867 Vehicle Registration No: SMN 4129J
 Name(as shown in NRIC) : Lee Kim Chan NRIC/FIN/Passport No : SXXXX568H
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : Blk 317 Anchorvale Road #16-194 Singapore(543317)
 Contact (Tel) : _____ Mobile No. : 92334146
 Email Address : _____
 Date of Accident : 18/11/2020 Time of Accident : 16:05 hours
 Place of Accident : Crawford Street
 Insurance Company: AIG Asia Pacific Insurance Pte Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Injured Person: Lee Kim Chan (3 days MC).

Policyholder / Driver's Signature
 Date: _____


 Reporting Centre Personnel's Signature
 Name: Jenny Lim
 NRIC/FIN No.: _____
 Date: 19/11/2020