

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 Submission	08/12/2020 09:26 (SGT)
Date of Accident	27/11/2020 15:40 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE TWDS JURONG
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA9984S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ASIA EXPRESS CAR RENTAL PTE LTD
Company Reg No	2XXXXX882D
Email Address	PEIJIE@EXPRESSCAR.COM.SG
Mobile Phone No	(Phone) +65-91998131
Alternative Phone No	+65-91998131

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	DMHCSNA00001942000
Cover Note Number	-

DRIVER

Name of Driver	ENG CHON MENG
NRIC No	SXXXX877D
Date Of Birth	10/08/1968
Occupation	Outdoor

Date Of Driving Pass	11/07/1988
Driving experience	32 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98242233
Alt. Phone Number	-
Email Address	PEIJIE@EXPRESSCAR.COM.SG
Address	BLK 28C DOVER CRES #33-53
Address complement	-
Postcode	133028
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Dover Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007788999
Alt. Police Station Phone No	(Fax) +65-67762859
Police Station Address	Blk 3 Dover Road #01-368 Singapore 130003
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20201127/2124

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLV35S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ENG CHON MENG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SMA9984S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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: 27/11/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

Sketch Plan diagram showing a road layout with dashed lines and arrows indicating traffic flow. The diagram includes labels for vehicles A and B, and a label for the road (P1E).

A: SMA9984S
B: SLV355

P1E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/ 20201127/ 2124

DECLARATION

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

Policyholder's Signature

Date & Time: 27/11/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20201127/2124

Police Station Of Origin:
Dover NPP
3 Dover Road #01-368 SINGAPORE 130003
Tel No: 1800-7788999

1 of 3

Report No. T/20201127/2124

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/11/2020 21:13	Vide Report No.:	Station Diary No.: 22
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Informant's Particulars

Name of Informant: ENG CHON MENG			Address: APT BLK 28C DOVER CRESCENT #33-53 SINGAPORE 133028		
ID Type / ID No.: NRIC NO / S6825877D			Contact No.: Home/Office: Mobile: 98242233		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 52	Date of Birth: 10/08/1968	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Private Hirer 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: 27/11/2020 15:50	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
SLV35S	Car				No Damage	2
SMA9984S	Car				Seriously Damaged	2

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20201127/2124

Police Station Of Origin:

Dover NPP

3 Dover Road #01-368 SINGAPORE 130003

Tel No: 1800-7788999

2 of 3

Report No. T/20201127/2124

CONTINUATION OF REPORT

Driver			
Name	ONG LAY SAN	ID No.	S8214854Z
Related Vehicle	SLV35S (Car)	Contact No.	96626612
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
Driver			
Name	ENG CHON MENG	ID No.	S6825877D
Related Vehicle	SMA9984S (Car)	Contact No.	98242233
Hospital/Clinic	CENTRAL 24-HR CLINIC (CLEMENTI)	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	27/11/2020	Date Discharge	27/11/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the 27/11/2020 @ 1530hrs, while I was driving the said vehicle along PIE, towards Clementi, approaching Exit 26A, travelling along lane 2 of the road, while lane 1 was closed and having road works, vehicles travelling at the lane 1 was seen trying to lane changed and while I was driving along the said lane, and suddenly the vehicle in front of me brake, thus I also brake to stop, and suddenly the said vehicle SLV35S could not stop on time, thus collided onto the rear of my vehicle, causing damage to the rear of my vehicle and also sustained injury on my neck and giddiness and went to see doctor and was given three days mc.



**SINGAPORE
POLICE FORCE**



T/20201127/2124

3 of 3

Report No. T/20201127/2124

Police Station Of Origin:

Dover NPP

3 Dover Road #01-368 SINGAPORE 130003

Tel No: 1800-7788999

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:

D /

Staff Sgt YIP KUM HOONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Contact No.: 65476204

Signature Of Informant:

Date/Time:

27/11/2020 21:13

Classification Of Case:



SINGAPORE
POLICE FORCE

Authentication Stamp

NP168

SN 51

SIGNATURE

Motor Hire Car

MZ406LB

N SN

BR0085A

Cov. Type F

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1965
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMHCSNA00001942000

Engine No.: 2ZR0873877

Cha. No.: ZVW400029559

1. Index Mark and Registration
Number of Vehicle

SMA9984S

2. Name of Policy Holder

ASIA EXPRESS CAR RENTAL PTE. LTD.

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment.

25/03/2020

4. Date of Expiry of Insurance

24/03/2021

5. Persons or Classes of Persons entitled to drive*

As per Named Driver(s) stated below.

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. Limitations as to use:

- (1) Use for the carriage of passengers or goods in connection with the Policyholder's business.
(2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

The Policy does not cover

- (1) Use for 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.

HIRE PURCHASE CO. : MOTOR CREDIT PTE LTD AS HP OWNER

* 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).

Please see reverse.

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: Gan Li Jia Jesca
Authorised Officer


Authorised Signatory

Favordrive Car Rental
25 Kaki Bukit Road 4 #01-56 Synergy@KB Singapore 417800

Favordrive Car Rental
25 Kaki Bukit Road 4
#01-56 Synergy@KB
Singapore 417800

Vehicle Lease Agreement

This **VEHICLE LEASE AGREEMENT** (hereinafter referred to as 'The Agreement' is made on

Between

Favordrive Car Rental
(Business Registration No.: 53356674J)
Having its office at:
25 Kaki Bukit Road 4 #01-56 Synergy@KB Singapore 417800
Hereinafter referred to as 'The Owner' of the one part

And

Name: Eng Chon Meng
Nric No: S6825877D
Having his residential address at: **Blk 28C Dover Crescent #33-53, Singapore 133028**
Tel. (Residential) : 9824 2233
Next of Kin Contact : 8299 2797 (SON - MR HUANG RUI HUNG)
Hereinafter also known at the 'The Hirer' of the other part

Additional Driver

Name:
Nric No:
Having his residential address at:
Tel. (Residential) :
Next of Kin Contact :
Hereinafter also known as the "Additional Hirer" of the other part

Hereby agrees that The Owner will lease to The Hirer and/or the Additional Hirer the vehicle with the below details, hereinafter referred to as 'The Vehicle' with the terms & conditions set out in The Agreement Contained herein: -

VEHICLE AND LEASE PERIOD

Make & Model: Toyota Prius Alpha

Registration No: SMA9984S

Effective from: 30/07/2020 - 01/02/2021

Period : 6 Months Contract

The Owner's Initial & Stamps]

The Hirer and/or Additional Hirer Initial & Stamps
28-Jul-2020

Date of Accident : 27/11/2020 Accident Time: 1540hrs (24-HR-FORMAT)
 Accident Place : PIE towards Jurong
 Vehicle Reg. No (Car plate No.) : SMA 9984S Vehicle Make/Model: Toyota prius Alpha
 Insurance Company : china Taiping Policy No. DMHCSNA 00001942000
 Name of Registered Owner : Company / Individual ASIA Express Car Rental Pte Ltd
 ID of Registered Owner : Co Reg No: 201116882D Owner's NRIC No: _____
 : Co Contact No: 91998131 Owner's Contact No: _____
 DRIVER'S Name : Eng Chon Meng DRIVER'S NRIC No: S6825877D
 DRIVER'S Date of Birth : 10/08/1968 DRIVER'S License Pass Date 11/07/1988
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Driver
 DRIVER'S Address : Blk 28C Dover Crescent #33-53 C (133028)
 DRIVER'S Contact No./ Alt No. : 1) 9824 2233 2) 8299 2797
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
 Email Address : peijie @ expresscar.com.sg
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (including Driver): 2 males 1 Female

Was the accident reported to the police? YES \ NO

Was there any video Captured by car camera: YES \ NO

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>SLV35S</u>	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: _____