

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

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**IMPORTANT NOTICE**

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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.:

PIE

A: SMA9984S
B: SLV3VS

Diagram illustrating a collision scenario on a road with four lanes. The vehicles involved are A (SMA9984S) and B (SLV3VS). The diagram shows the vehicles positioned in the second lane from the top, moving towards each other and about to collide. Blue arrows on the right side of the road indicate the direction of traffic flow for each lane: the top lane flows right, the second lane flows left, the third lane flows left, and the bottom lane flows left. The top solid line is labeled 'PIE'.

Refer to Police Report T/ 20201127/ 2124

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

GPRMC SketchPlanForm V3

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

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



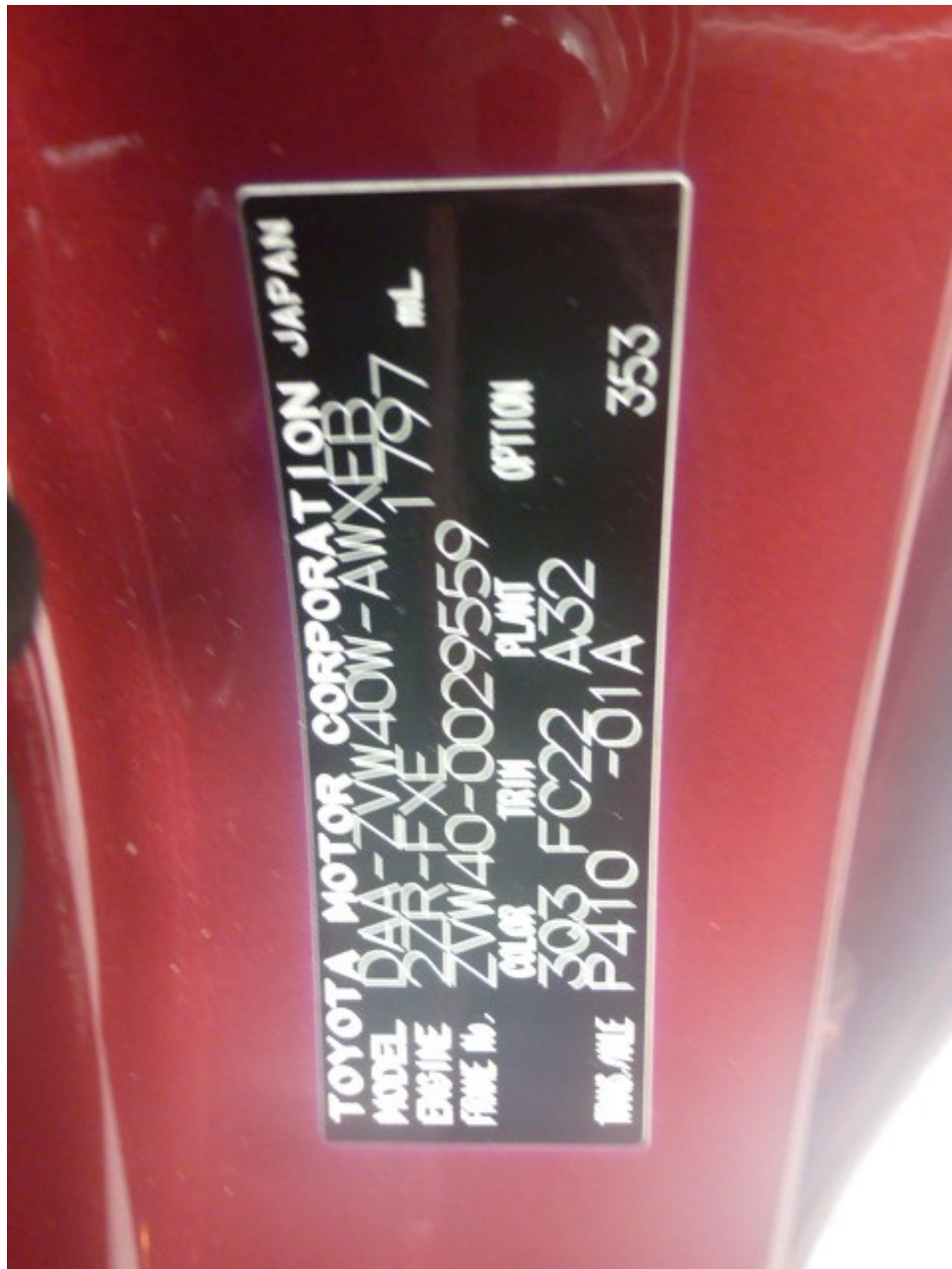














**SINGAPORE
POLICE FORCE**



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

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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

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

3 of 3

Report No. T/20201127/2124

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 Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
27/11/2020 21:13

Officer In Charge Of Case:
TP / AEIT /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.. 65476204

Classification Of Case:



SINGAPORE
POLICE FORCE
Authentication Stamp
NP168

SN 51

SIGNATURE

