

# 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 ..... 19/12/2020 12:15 (SGT)  
Date of Accident ..... 18/12/2020 15:37 (SGT)  
Exact Location of Accident ..... Venus Dr, Singapore  
Additional Location Information ..... ISLAND CLUB ROAD JUNCTION  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMD6389P

### 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) +65-91198131  
Alternative Phone No ..... +65-91155526

### VEHICLE PARTICULARS

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

### 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 ..... PANG CHEE HWA (PAN ZHIHUA)  
NRIC No ..... SXXXX714B  
Date Of Birth ..... 27/07/1974  
Occupation ..... Outdoor

|  |                                 |
|--|---------------------------------|
| Date Of Driving Pass .....   | 22/02/1995                      |
| Driving experience .....   | 25 YEARS AND 10 MONTHS          |
| Gender .....   | Male                            |
| Mobile Number .....  | (Phone) +65-91155526            |
| Alt. Phone Number .....  | -                               |
| Email Address .....  | peijie@expresscar.com.sg        |
| Address .....  | BLK 684A CHOA CHU KANG CRESCENT |
| Address complement .....   | #05-308                         |
| Postcode .....   | 681684                          |
| 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 - Major/Minor Rd |
| Weather Conditions ..... | AFTER RAIN                 |
| Road Surface .....       | Wet                        |

#### 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) .....   | 1   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... | No  |

#### DETAILS OF POLICE ACTION

|   |   |
|---|---|
| Was the accident reported to the police? .....  | Yes   |
| Police Station Name .....                       | Choa Chu Kang Neighbourhood Police Centre             |
| Police Station Phone No .....                   | (Phone) +65-18007659999                               |
| Alt. Police Station Phone No .....              | (Fax) +65-67644104                                    |
| Police Station Address .....                    | No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286 |
| Was notice of intended Prosecution given? ..... | No  |
| If yes, against whom? .....                     | -   |

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20201218/2142

#### 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 ..... | GBG1493T           |
| Vehicle Manufacturer .....        | Toyota             |
| Vehicle Model .....               | -                  |
| Vehicle Variant .....             | -                  |
| Vehicle Colour .....              | -                  |
| Vehicle Category .....            | Commercial vehicle |
| Name of Driver .....              | LIM KOON SENG      |
| NRIC No .....                     | SXXXX661D          |

|   |                      |
|---|----------------------|
| Contact Number .....                          | (Phone) +65-90905853 |
| Address .....                                 | -                    |
| Address complement .....                      | -                    |
| Postcode .....                                | -                    |
| Insurance Company Name .....                  | -                    |
| Nature Of Damage .....                        | -                    |
| Details of property damaged in accident ..... | -                    |
| No. Of Passenger (Including Driver) .....     | 1                    |

## INJURED PERSONS DETAILS

### INJURED 1

|   |               |
|---|---------------|
| Name of injured person .....                              | PANG CHEE HWA |
| Address .....   | -             |
| Address Complement .....                                  | -             |
| Post Code .....   | -             |
| Approximate Age Years Old .....                           | -             |
| Injuries Sustained .....                                  | SLIGHT INJURY |
| Injured person in which vehicle? .....                    | SMD6389P      |
| 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.

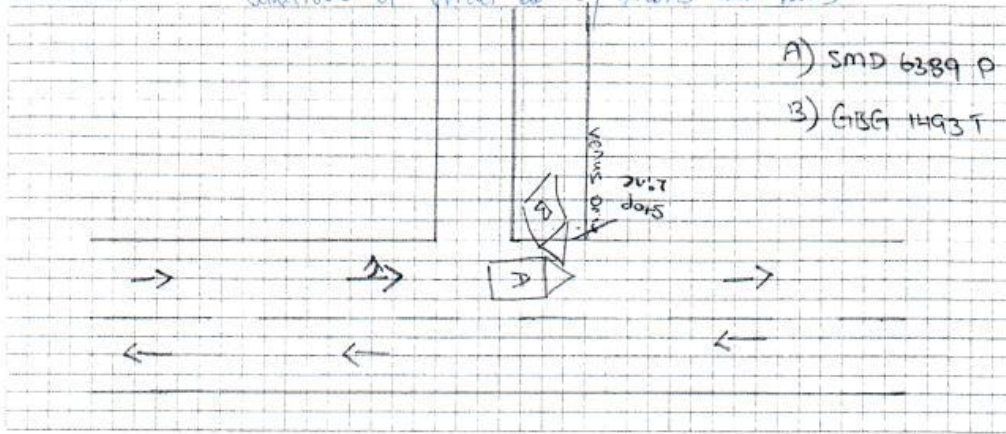
  
 Policyholder's Signature  
 Date & Time: 18/12/20

  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 18/12/20

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

SKETCH PLAN

JUNCTION OF VENUS DRIVE / ISLAND CUBA ROAD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 7/20201218/2142

DECLARATION

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

Policyholder's Signature  
Date & Time: 18/12/20

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 18/12/20

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

GIA 924C SketchPlanForm 1/3































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: Pang Chee Hwa (Pan ZhiHua)**  
**Nric No: S7423714B**  
Having his residential address at: Blk 684A Choa Chu Kang  
Crescent #05-308, Singapore 681684  
Tel. (Residential) : 9388 0882  
Next of Kin Contact : 8186 1435 (Annie – Wife)  
Hereinafter also known as the 'The Hirer' of the other part

Additional Driver **Name: Yap Yan Ni**  
**Nric No: S7972250B**  
Having his residential address at: : Blk 684A Choa Chu Kang  
Crescent #05-308, Singapore 681684  
Tel. (Residential) : 8186 1435  
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 Noah               |
| Registration No: SMD6389P               |
| Effective from: 11/08/2020 – 18/02/2021 |
| Period : 6 Months Contract              |



[The Owner's Initial & Stamps]

The Hirer and/or Additional Hirer Initial & Stamps  
07-Aug-2020



**Unihealth Clinic (Bedok)**  
214 BEDOK NORTH STREET 1 #01-171, SINGAPORE 460214  
Tel1: 69043488 Fax: 62419388

### Medical Certificate

Date : 18 Dec 2020 MC No. : 0000012853

This is to certify that :

Name : PANG CHEE HWA  
NRIC : S7423714B

is Unfit for Duty for 5 days  
from 18 Dec 2020 to 22 Dec 2020 inclusive.

DR TAN WEI MING  
MBBS (SINGAPORE)  
GDFM (SINGAPORE)

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

**Unihealth Clinic (Bedok)**  
214 BEDOK NORTH STREET 1 #01-171, SINGAPORE 460214  
Tel1: 69043488 Fax: 62419388

GST Reg No : 201886325H

Co Reg No : 201836325H

### TAX INVOICE

PANG CHEE HWA  
684A CHOA CHU KANG CRESCENT  
#05-308  
S(681684)

Invoice No. : 11048  
Our Reference : 65374  
Date : 18 Dec 2020

Patient : PANG CHEE HWA(S7423714B)  
Attending Doctor : DR TAN WEI MING

| DESCRIPTION                                      | QTY        | FEE     |
|--|------------|---------|
| ARCOXIA 90MG                                     | 10.00 tabs | \$26.00 |
| PANACO   | 20.00 tabs | \$10.00 |
| KENHANCER PLASTER                                | 1.00 pkts  | \$7.00  |
| CONSULTATION                                     |            | \$28.00 |
| Sub-Total  |            | \$71.00 |
| Add GST 7.0%                                     |            | \$4.97  |
| Rounding Adjustment                              |            | -\$0.07 |
| Total Amount Payable                             |            | \$75.90 |
| Receipt No. 16410 - CREDIT CARD Payment Received |            | \$75.90 |
| Outstanding Balance                              |            | \$0.00  |

All Cheques should be crossed and made payable to :  
**Unihealth Clinic (Bedok)**

This is a computer generated invoice which does not require a signature