

SN09211 R0009

MA210 1138		Invoicing Information		Date	
Driver/Owner:		1) All: Accident Reporting (\$30);	INC (\$50)	30	
Contact No:		2) DA: Damage Assessment (\$100);	\$40/\$45		
Damaged Portion:		3) TP: Towing Fee	\$120		
QC Checked by (Bugs-In-Charge):		4) FT: Follow-Through Survey	\$30		
		5) PT: Follow-Through Survey (Re-survey)	\$75		
		For claim against INC Only (over 10 Jan 2003)			
		6) TR: Re-inspection	\$160		
		7) NI: Idao DA + SMRT Survey			
		8) NTUC Additional Services:-			
		ON:			
		*NS: Courtesy Car / Tpl Allowance	\$3		
		*NG: Repair Co-ordination	\$10		
		*NT: Post Repair Inspection	\$25		
		*NB: DV / Collect Excess Coordination	\$3		
		*NI: TP (Non INC) against INC	\$20		
		9) NI2: Idao Mobile	\$0		
		Invoice dated	Fee Charged		
		Invoice dated	Fee Charged		

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	27/01/2021 14:18 (SGT)
Date of Accident	26/01/2021 14:30 (SGT)
Exact Location of Accident	Alexandra Rd, Singapore
Additional Location Information	OPP ARC
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ5633X
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	LOTUS TRAVEL NOTE PTE LTD
Company Reg No	-
Email Address	A.KIATLIANG93@GMAIL.COM
Mobile Phone No	(Phone) +65-85333712
Alternative Phone No	+65-85333712

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vellfire
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 - Reporting only
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DHOM110176342000
Cover Note Number	-

DRIVER

Name of Driver	ANG KIAT LIANG
NRIC No	SXXXX3171
Date Of Birth	27/11/1993
Occupation	Outdoor

Date Of Driving Pass	15/05/2018
Driving experience	2 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96870397
Alt. Phone Number	-
Email Address	A.KIATLIANG93@GMAIL.COM
Address	BLK 6 GHIM MOH ROAD #05-192
Address complement	-
Postcode	270006
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	Nanyang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007929999
Alt. Police Station Phone No	(Fax) +65-67912972
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210126/2107

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	SMW766Z
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)	-

SKETCH PLAN

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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.

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.



Policyholder's Signature / Date & Time

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

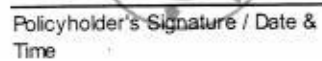
Witnessed by Reporting Centre Personnel

Sketch Plan

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REFER TO POLICE REPORT T20210126/2107

We declare the foregoing particulars are true in every respect.



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**SINGAPORE
POLICE FORCE**



T/20210126/2107

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Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20210126/2107

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/01/2021 20:57	Vide Report No.:	Station Diary No.: 101
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Informant's Particulars

Name of Informant: ANG KIAT LIANG			Address: APT BLK 6 GHIM MOH ROAD #05-192 SINGAPORE 270006	
ID Type / ID No.: NRIC NO / S93443171			Contact No.: Home/Office:	Mobile: 96870397
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 27	Date of Birth: 27/11/1993	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: DELIVERY			Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 26/01/2021 14:30	Type of Location:
Location: ALEXANDRA ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control:	Traffic Volume: Moderate	
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
SKQ5633X	Car				Slightly Damaged	0
SMW766Z	Car				Slightly Damaged	0

Details of Person Involved

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



Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20210126/2107

CONTINUATION OF REPORT

Driver				
Name	ANG KIAT LIANG		ID No.	S93443171
Related Vehicle	SKQ5633X (Car)		Contact No.	96870397
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
Driver				
Name	TAN HEE SOON, MIDSEAN		ID No.	S87395351
Related Vehicle	SMW766Z (Car)		Contact No.	90661775
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

Brief Details.

On 26/01/2021 @1430hrs, I was stopped at a red traffic light behind car SMW766Z on the above road. I was driving car SKQ5633X on the leftmost lane. When the lights turned green, I started moving forward however, the car in front SMW766Z was still stationary. I could not stop in time and collided the front of my car SKQ5633X with the rear of car SMW766Z.

There was only light damage on car SMW766Z, only a small dent on the centre of the rear bumper of SMW766Z. My car SKQ5633X only sustained damage on the front license plate cover.

There was no ambulance or Traffic Police at scene. No government property was damaged. I am making this report for insurance purposes.



**SINGAPORE
POLICE FORCE**



T/20210126/2107

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Report No. T/20210126/2107

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

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:

J /

SC2 RIZQULLAH RASYIDDIN 

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA / SINGAPORE

Staff Sgt **WONG SIEU LUI**

Contact No.: 65476151

Authentication Stamp

NP168


SIGNATURE

Signature Of Informant:



Date/Time:

26/01/2021 20:57

Classification Of Case:

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)
 Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE NO.	DHOM110176342000	Excess:	\$800/-ALL DRIVERS \$3000/-APPL TO <25 YRS & OR <3YRS EXP \$100/-WINDSCREEN DAMAGE CLAIM
Type of Cover	COMPREHENSIVE		
Vehicle Number	SKQ5633X		
Name of Insured	LOTUS TRAVEL NOTE PTE LTD		
Restricted Driver(s)	NOT APPLICABLE		

Period of Insurance 9 December 2020 to 8 December 2021

Engine# 2AZJ108266
Chassis# ATH208045092

Private Car-Office [MX 4]

AUTHORISED DRIVER

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

LIMITATIONS AS TO USE

Use only for social domestic and pleasure purposes and for the Insured's business

THE POLICY DOES NOT COVER

- (1) Use for hire or reward or pace-making reliability trial or speed-testing
- (2) Use for the carriage of goods other than samples in connection with any trade or business
- (3) Use for any purpose in connection with the Motor Trade

Provided that the person 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.

*Limitation 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).

UNITED OVERSEAS INSURANCE LTD

FCADJ Date : 03/12/2020

For the Company

ACCIDENT STATEMENT

ACCIDENT DATE: (26 / 1 / 2021) (DD/MM/YYYY), TIME: (14 : 30) (HH:MM)

LOCATION: PASIR PINTANG OPP ARC

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKQ 5633 X
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota vellfire hybrid 2.4x
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: work
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Lotus travel note Pre L+d (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 85333712
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 96870397
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMW 766 Z MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = a.kiatliang93@gmail.com

fax =

VIDEO = NO