

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 08/02/2021 18:16 (SGT)
Date of Accident 06/02/2021 05:45 (SGT)
Exact Location of Accident Boon Lay Way, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLU3663P

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 DMHCSNA00001902000
Cover Note Number -

DRIVER

Name of Driver SIMON GOH HWEE HENG
NRIC No SXXXX189E
Date Of Birth 26/03/1974
Occupation Outdoor

| | |
|--|-----------------------------------|
| Date Of Driving Pass | 27/06/1995 |
| Driving experience | 25 YEARS AND 8 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-97126748 |
| Alt. Phone Number | - |
| Email Address | PEIJIE@EXPRESSCAR.COM.SG |
| Address | BLK 494 JURONG WEST ST 41 #03-124 |
| Address complement | - |
| Postcode | 640494 |
| 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) | 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 | Jurong West Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18002689999 |
| Alt. Police Station Phone No | (Fax) +65-62672438 |
| Police Station Address | 700 Corporation Road Singapore 649818 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210206/2105

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 | GBE3258D |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| 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 | SIMON GOH HWEE HENG |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | BODY |
| Injured person in which vehicle? | SLU3663P |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

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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: 06/02/21
11:25am

Driver's Signature

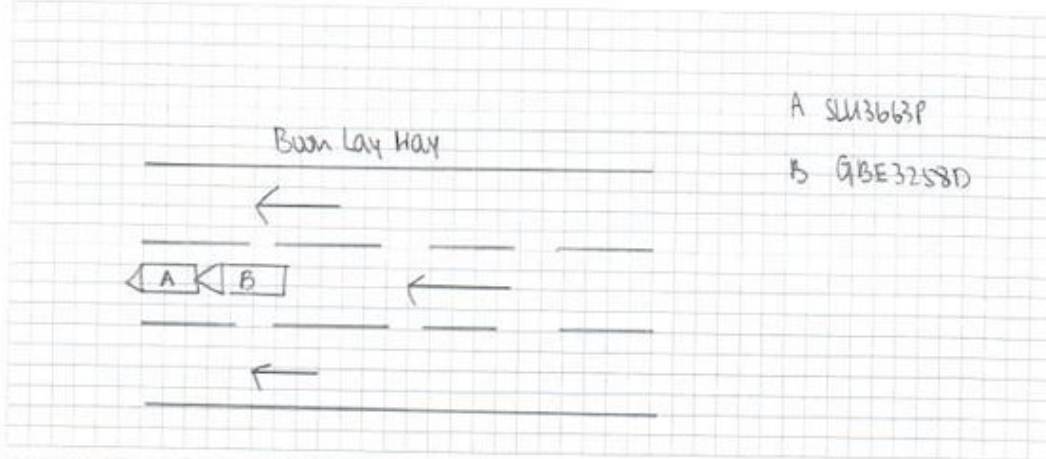
(If driver is not the policyholder)

Date & Time: 06/02/21
11:25am

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police report. T/ 20210206 / 2105

DECLARATION

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

Policyholder's Signature

Date & Time: 06/02/21
11:25am

GLANC SketchPlanForm V3

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

Date & Time: 06/02/21
11:25am

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:





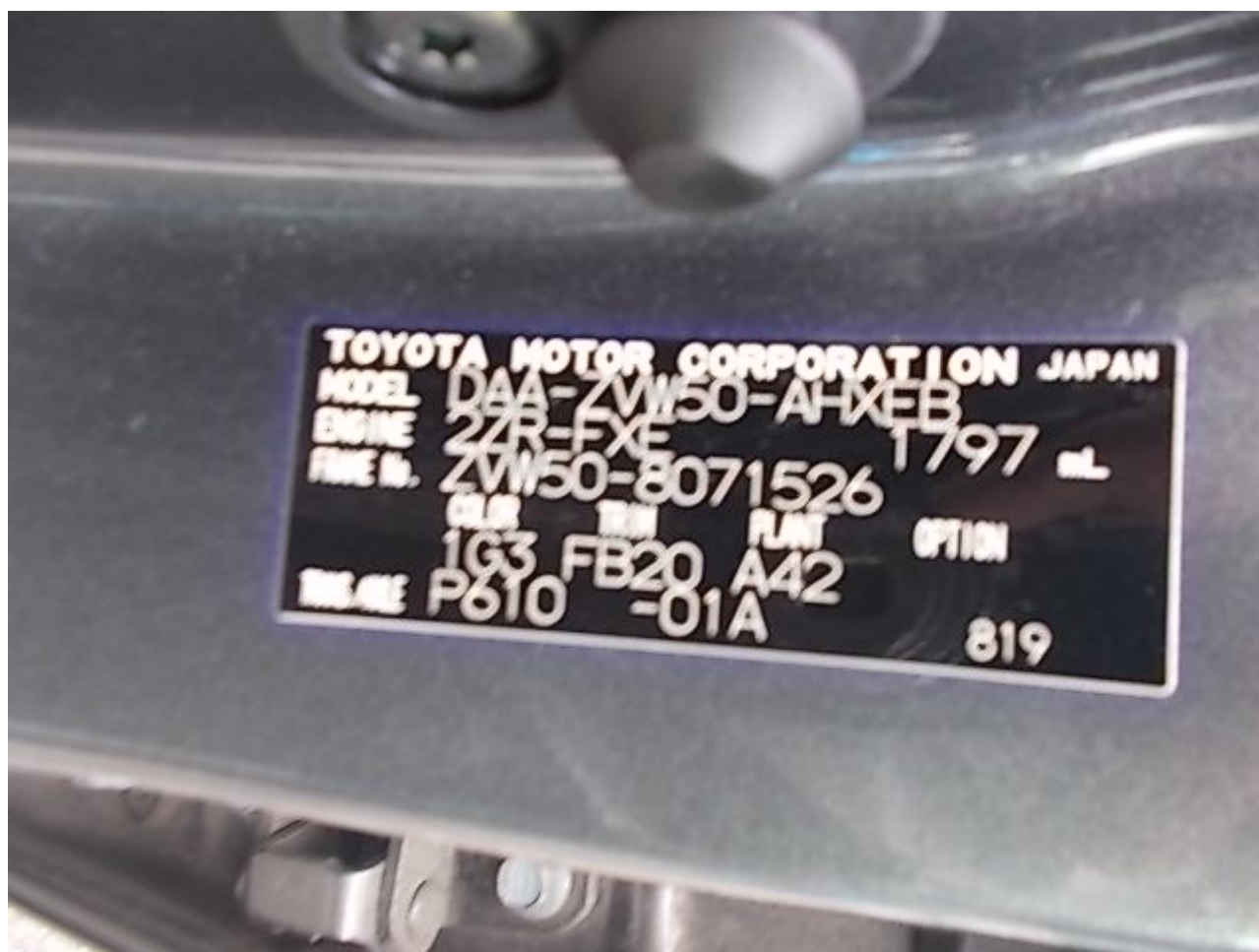













**SINGAPORE
POLICE FORCE**


T/20210206/2105

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20210206/2105

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|---------------------------|
| Date/Time Report Made: 06/02/2021 17:46 | Vide Report No.: | Station Diary No.: 119 |
|--|------------------|---------------------------|

Informant's Particulars

| | | | | |
|---|------------|------------------------------|---|----------------------------|
| Name of Informant: SIMON GOH HWEE HENG | | | Address: APT BLK 494 JURONG WEST STREET 41 #03-124 SINGAPORE 640494 | |
| ID Type / ID No.: NRIC NO / S7410189E | | | Contact No.: Home/Office: Mobile: 97126748 | |
| Nationality: SINGAPORE CITIZEN | | | Email: ; | |
| Sex: Male | Age: 46 | Date of Birth: 26/03/1974 | Type of Informant: Driver | |
| Race: Chinese | | | Language: | Institution / School Name: |
| Occupation: GRAB DRIVER | | | Driving Licence Information: Class: 3 Date of Expiry: | |

General Information of the Accident

| | | | | |
|--|----------------------|---|--|-------------------------------------|
| Type of Accident: | Non-Injury Others | Drink Drive: No | Date/Time of Accident: 06/02/2021 05:45 | Type of Location: T-Junction |
| Location: BOON LAY WAY | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: | | Traffic Control: Traffic Light - Working | | Traffic Volume: No Traffic |
| 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 |
|-------------|------|------|-------|-------|-------------------|-----------------|
| GBE3258D | Car | | | | Seriously Damaged | 0 |
| SLU3663P | Car | | | | Seriously Damaged | 0 |

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999



T/20210206/2105

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Report No. T/20210206/21

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|---------------------------------------|------------------|---|
| Driver | | | |
| Name | SIMON GOH HWEE HENG | | ID No. S7410189E |
| Related Vehicle | SLU3663P (Car) | | Contact No. 97126748 |
| Hospital/Clinic | OUR FAMILY PHYSICIAN CLINIC & SURGERY | | Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL |
| Date Treatment | 06/02/2021 | Date Discharge | 06/02/2021 |
| No. of Days granted Medical Leave | 05 | Degree of Injury | Slight |
| Driver | | | |
| Name | LIU YONGHUA | | ID No. G2208271Q |
| Related Vehicle | NIL | | Contact No. 86964655 |
| 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 06/02/2021 at about 0545hrs, I was driving along Boon Lay Way on the 2nd lane. As I was approaching the junction of Jurong West St 61 and Boon Lay Way, I noticed the traffic light was red and thus, I came onto a stationary stop. Moments later, I heard a loud thud from the rear and my car jerked forward. I went down to make a check and noticed a lorry had collided onto the rear of my car. From the collision, my rear bumper had came off and there were dents as well. We took photos of the scene and exchanged particulars. I had informed my rental company and my car is currently at the workshop. I had seek medical attention as I felt pain on my neck and also my lower back. I was given 05 days of MC.

I wish to state that I have an in-car camera installed in my car.



**SINGAPORE
POLICE FORCE**



T/20210206/2105

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Report No. T/20210206/2105

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 /

Sgt 2 CHEW WEI XIANG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No: 65476151

SN 126

Authentication Stamp

NP168

Signature :

Singapore Police Force

Signature Of Informant:

Date/Time:

06/02/2021 17:46

Classification Of Case:

