

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 | 08/03/2021 16:25 (SGT) |
| Date of Accident | 07/03/2021 10:40 (SGT) |
| Exact Location of Accident | CTE, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SLE2200H |
|-----------------------------|----------|

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) +966-91998131 |
| Alternative Phone No | +65-91998131 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | Corolla |
| 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 | LEONG YEW KAI |
| NRIC No | SXXXX620G |
| Date Of Birth | 10/01/1968 |
| Occupation | Outdoor |

| | |
|--|---------------------------|
| Date Of Driving Pass | 18/05/2012 |
| Driving experience | 8 YEARS AND 10 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-96885330 |
| Alt. Phone Number | - |
| Email Address | PEIJIE@EXPRESSCAR.COM.SG |
| Address | BLK 98 WHAMPOA DR #05-128 |
| Address complement | - |
| Postcode | 320098 |
| 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 | Chain Collision |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 3 |
| 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) | 2 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------|--------|
| Name | - |
| Gender | Female |

DETAILS OF POLICE ACTION

| | |
|---|--|
| Was the accident reported to the police? | Yes |
| Police Station Name | Kampong Ubi Neighbourhood Police Post |
| Police Station Phone No | (Phone) +65-18007479999 |
| Alt. Police Station Phone No | (Fax) +65-67453410 |
| Police Station Address | Blk 9 Eunos Crescent #01-2687 Singapore 400009 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210308/2038

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 | SJQ2983S |
| 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) | - |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|---|-------------|
| Vehicle Registration Number | SLK2554E |
| 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 | LEONG YEW KAI |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | BODY |
| Injured person in which vehicle? | SLE2200H |
| 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:


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


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

SKETCH PLAN

A: SLE2022004

B: SJQ29835

C: SLK2J5FE

CTE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police Report T/20210308/2038

DECLARATION

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

Policyholder's Signature
Date & Time:



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

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



SINGAPORE POLICE FORCE



T/20210308/2038

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

1 of 3

Report No. T/20210308/2038

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|-------------------------|
| Date/Time Report Made: 08/03/2021 12:25 | Vide Report No.: | Station Diary No.: 9 |
|--|------------------|-------------------------|

Informant's Particulars

| | | | | |
|--|------------|------------------------------|---|----------------------------|
| Name of Informant: LEONG YEW KAI | | | Address: APT BLK 98 WHAMPOA DRIVE #05-128 SINGAPORE 320098 | |
| ID Type / ID No.: NRIC NO / S6801620G | | | Contact No.: Home/Office: Mobile: 96885330 | |
| Nationality: SINGAPORE CITIZEN | | | Email: | |
| Sex: Male | Age: 53 | Date of Birth: 10/01/1968 | Type of Informant: Driver | |
| Race: Chinese | | | Language: | Institution / School Name: |
| Occupation: PRIVATE HIRER DRIVER | | | Driving Licence Information: Class: 3A Date of Expiry: | |

General Information of the Accident

| | | | | |
|---|---------------|---------------------------------|---|---------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 08/03/2021 10:40 | Type of Location: Straight Road |
| Location: CENTRAL EXPRESSWAY | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: 90 Km/h | |
| 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 |
|-------------|------|--------|-------|-------|---------------------|-----------------|
| SJQ2983S | Car | HONDA | Vezel | | | 0 |
| SLE2200H | Car | TOYOTA | Altis | | Slightly Damaged | 1 |

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210308/2038

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

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Report No. T/20210308/2038

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|---|--|----------------------------------|
| Driver | | | |
| Name | LEONG YEW KAI | ID No. | S6801620G |
| Related Vehicle | SLE2200H (Car) | Contact No. | 96885330 |
| Hospital/Clinic | OUR FAMILY PHISYCIAN CLINIC AND SURGERY | Class of Driving Licence & Expiry Date | Class: 3A Date of Expiry: NIL |
| Date Treatment | 08/03/2021 | Date Discharge | 08/03/2021 |
| No. of Days granted Medical Leave | 05 | Degree of Injury | NIL |

Brief Details.

On 07/03/2021 @1040hrs, I was drove my vehicle SLE2200H along CTE towards PIE Changi. As I passed Braddel, the car in front of me jammed brake. I also immediately brake and when I came to a complete stop, I felt a bump from the rear of my vehicle. A few seconds later, I felt another bump from the rear of my vehicle. I then came down to make a check and discovered that a vehicle SJQ2983S, Honda Vezel, had hit onto the rear of my vehicle and there was another vehicle behind the rear of the Honda Vezel. The rear of my car was dented due to the impact. I went to the clinic on 08/03/2021 and was given 5 days medical leave.



**SINGAPORE
POLICE FORCE**



T/20210308/2038

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

3 of 3

Report No. T/20210308/2038

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:

G /

Sgt 2 SHAHRUL NIZAM BIN MOHD SHAFIEE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

08/03/2021 12:25

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID ALHINDUAN

Contact No.: 65476404

Classification Of Case:

Authentication Stamp
NP168



Motor Hire Car

MZ406L/B

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, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMHCSNA00001902000

Engine No.: 1ZRY213549

Cha. No.:MR053REH104539283

1. Index Mark and Registration
Number of Vehicle

SLE2200H

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.: LAKE VIEW CREDIT PTE LTD AS HP OWNER

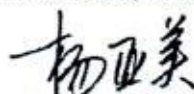
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

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: Tan Jia Hwei
Authorised Officer



Authorised Signatory

Date of Accident: 07/03/2021 Accident Time: 10:40am (24-HR-FORMAT)
 Accident Place: CTE towards PIE
 Vehicle Reg. No (Car plate No.): SLE2200H Vehicle Make/Model: Toyota AITIS
 Insurance Company: China Taiping Policy No: DH DMHCSNA00001902000
 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: Leong Yew Kai DRIVER'S NRIC No: S6801620G
 DRIVER'S Date of Birth: 10/01/68 DRIVER'S License Pass Date: 18/05/2012
 Relationship bet. Owner & Driver: Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Driver
 DRIVER'S Address: 98 Whampoa Drive #05-128 S(320098)
 DRIVER'S Contact No./ Alt No.: 1) 96885330 2) _____
 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): 1 Female 1 male 2 pax
 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>SJG 2983S</u> | Vehicle Reg No: <u>SLK 2554 E</u> |
| Vehicle Make/Model: <u>Honda Vezel</u> | Vehicle Make/Model: _____ |
| Name DRIVER: _____ | Name DRIVER: _____ |
| IC No. DRIVER: _____ | IC No. DRIVER: _____ |
| DRIVER'S Contact & add: _____ | DRIVER'S Contact & add: _____ |