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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 12/04/2021 16:17 (SGT) Date of Accident 09/04/2021 17:40 (SGT) Exact Location of Accident 100 Bukit Timah Rd, Singapore 229899 Additional Location Information DROP OFF POINT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

1798

Vehicle Registration Number SMQ544D

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner ACE FLEET MANAGEMENT PTE Company Reg No 2XXXXX914N Email Address spoon vins@hotmail.com Mobile Phone No (Phone) +65-92323494 Alternative Phone No +65-93399616

VEHICLE PARTICULARS

Manufacturer

Model Prius Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private hire Transmission Auto

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Nο Policy Number 999993781 Cover Note Number

DRIVER

CC

Name of Driver HONG BOON KIA NRIC No. SXXXX854I

Date Of Birth 12/10/1958 Occupation Outdoor Date Of Driving Pass 26/10/1979 Driving experience 41 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-93399616 Alt. Phone Number Email Address spoon_vins@hotmail.com Address 50 LORONG 40 GEYLANG #03-08 Address complement Postcode 398074 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 Hit and run / Vandalism / Damaged whilst parked Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) 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 **Bedok Division Headquarters** Police Station Phone No (Phone) +65-18002440000 Alt. Police Station Phone No (Fax) +65-64443009 Police Station Address 30 Bedok North Road Singapore 469676 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT G/20210410/7036 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SI G8678M Vehicle Manufacturer Vehicle Model

Private hire

Vehicle Variant
Vehicle Colour
Vehicle Category

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

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process,
- 2. This Formmust 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.
- 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. The 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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' law yers/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' law yers/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 law yers/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 (# driver is not the policyholder) / Date

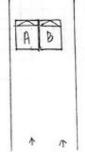
Witnessed by Reporting Centre Personnel

Sketch Plan

KK Woman 's and Children's Haspital Drop 149 Bing

Vehide A: SMQ 544D

Vehicle B: SLGB678M



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Declaration

We declare the foregoing particulars are true in every respect.

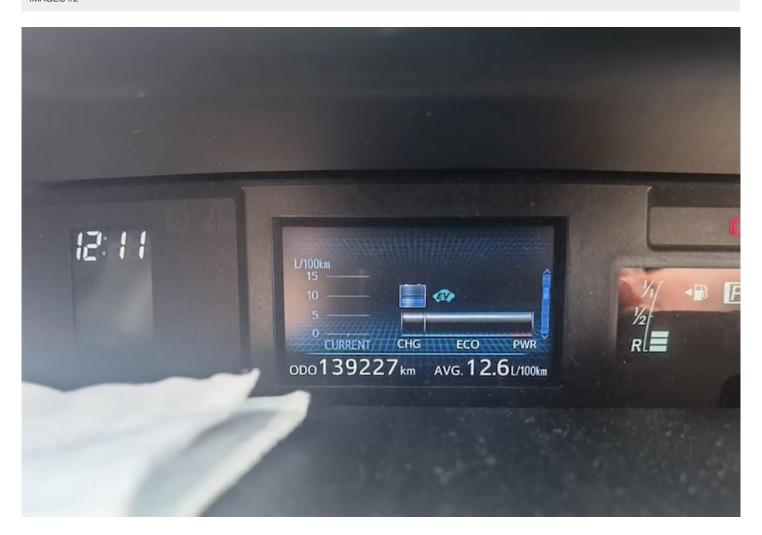


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

























1 of 2

POLICE REPORT (NP299)

Police Station Of Origin Bedok Division HQ 30 Bedok North Road SINGAPORE 469676 Tel No:1800-2440000

Report No. G/20210410/7036

Date/Time Report Made	Vide Re	Station Diary No.						
10/04/2021 15:02								
Name Of Informant	Address							
HONG BOON KIA	50 LOR	ONG 40 GEYLANG #03-08 SINGAPORE 398074						
ID Type / ID No. NRIC NO / S1294854I	Contact Home/O							
Nationality SINGAPORE CITIZEN	Email Address BKALEX8157@YAHOO.COM.SG							
Occupation	Sex	Age	Date of Birth	Race				
Grab driver	Male	62	12/10/1958	Chinese				
Institution/School Name	Language English							
Date/Time Of Incident 09/04/2021 17:40 - 09/04/2021 17:45	Location Of Incident 50 LORONG 40 GEYLANG #03-08 SINGAPORE 398							
Brief details.								

I got a Grab job to pick up passenger from L1 lobby, KK Women's and children's hospital. I drove from Bukit Timah turns right to the Kampong Java.

I joined the car queue that already lined up along the left driveway lane towards lobby pick up lane. Suddenly, one car appeared on my right side. It was a Private hired car, the driver dash through the outer lane of driveway. However, his front left side mirror hit the front right side of my mirror. I signal him to stop but he pretended nothing happened and keeps going. I thus wind down window and shouted : You don't run! I took a picture immediately.

The driver just ignored and drove away after his passenger boarded the car.

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this
Not applicable	report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 10/04/2021 15:02
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20210410/7036

I then quickly took a short video clip before he disappeared.

Later, I reported the above hit and run incident to the Grab and my car rental company.

Signature Of Officer Recording The Report:

Not applicable

Signature Of Informant:
The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:
10/04/2021 15:02

Officer In-Charge Of Case:

Classification Of Case:



CAR MODEL: To I DI	CARPLATE: SMA544D
MAIN HIRER NAME:	Charles and the Control of the Contr
NRICIPASSPORT NO .: Sing & on Kig	DOB.
S12948541 NEXT OF KINS: (80n) Hong	12 10 1958 TEL: 04.01.00
ADDRESS	#03-08 (5398074)
CONTACT NO.: 93399616	1 #08-08 (38 8077)
RENTAL DEPOSIT: \$1000	
DATE OF COMMENCE: 31/10/202	
RELIEF DRIVER:	TEL:
ADDRESS:	
RENTAL PER DAY: #721-	AND THE RESERVE OF THE PARTY OF
EMAIL ADDRESS: bkalex 8151 @ gaha	com.sq
CONTRACT VAILDITY: abuthe	
1)INSURANCE 1" PARTY EXCESS #1360	
2)INSURANCE 3™ PARTY EXCESS <u>∦ 1900</u> 3)INSURANCE EXCESS FOR OVERSEA WI	LL BE DOUBLED
YEAR OLD AND OLDER THEN 65/YEAR OL	ENCE LESS THEN 2 YEAR AND BELOW 24 LD WILL BE DOUBLED
5)WINDSCREEN EXCESS _ &200	
Left Side Right Side	
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Back	NEMAKKO (III 3)
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