

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	12/08/2021 15:35 (SGT)
Date of Accident	09/08/2021 17:30 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS TUAS AFTER ADAM EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME9018K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HAMSTER CAR RENTAL PTE LTD
Company Reg No	2XXXXX175G
Email Address	lusiont96@gmail.com
Mobile Phone No	(Phone) +65-92313897
Alternative Phone No	(Office) +65-68354800

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Golf
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	999

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSNA00006262101
Cover Note Number	-

DRIVER

Name of Driver	TAN JIAN SHEN
NRIC No	SXXXX807F

Date Of Birth	23/05/1998
Occupation	Indoor
Date Of Driving Pass	27/03/2019
Driving experience	2 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92313897
Alt. Phone Number	-
Email Address	tan.jianshen@edgefield.sg
Address	BLK 117B RIVERVALE CRESCENT #10-64
Address complement	-
Postcode	542117
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?	Yes
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle 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

FOREIGN VEHICLE 1

Vehicle Registration Number	JRQ8135
Vehicle Category	Motorcycle

PASSENGER 1

Name	MS JESLYN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210810/7010

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	JRQ8135
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	MUNIANDY A/L PAIDATHALI
Contact Number	(Phone) +65-92751537
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	SLT2475C
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	MUNIANDY A/L PAIDATHALI
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	-
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

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)

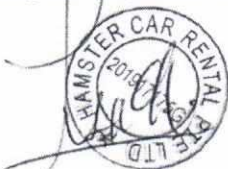
I understand, acknowledge, agree and consent that:

(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.



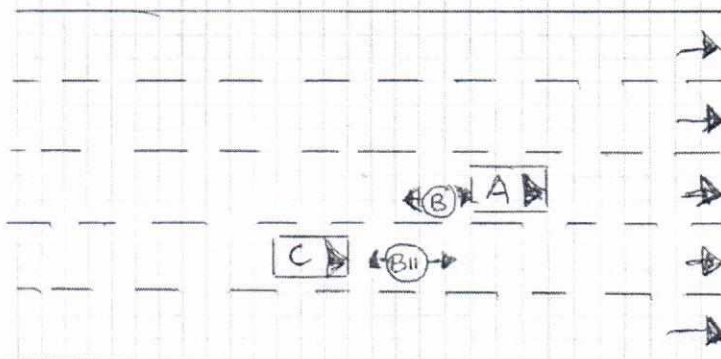
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

PIE Towards Tuas After Adam Exit



- * Veh A ⇒ SME 9018K
- * Veh B ⇒ JRG 8135
- * Veh C ⇒ SLT 2475C

Describe Circumstances of the Accident

Handwritten text across the lined area:


refer to police report
T/20210810/7010

Declaration

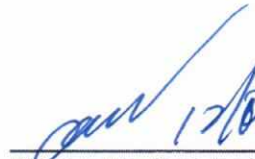
We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time

Policyholder's Signature / Date & Time


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

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


Witnessed by Reporting Centre Personnel

Witnessed by Reporting Centre Personnel

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 09/08/2021 (dd/mm/yy) Time of Accident: 17:30 (24-HR-FORMAT)
Vehicle No.: SME 9018 K Vehicle Make & Model / Engine (cc): Volkswagen Golf TSI 999cc Private Hire: (Y / N)
Exact location of Accident: PIE Towards Tuas After Adam Exit
Policyholder's Name / IC No.: HAMSTER CAR RENTAL PTE LTD 201917175G
Driver's Name / IC No.: Tan Jian Shen S9843807F (As Above) ☐
Driver's Contact No.: 9231 3897 Company Contact No / Owner Contact No: 6835 4800
Driver's Address: Blk 117B Rivervale Crescent #10-64 Singapore 542117
Owner Email address: lusiont96@gmail.com Insurance Company: China Taiping
Driver Email address: tan.jianshen@edgefield.sg

Relationship between Owner & Driver: (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

☒ Private use / ☐ Work purpose

***No. of Passengers (Including Driver):** 2

*Passanger Name: Ms. Jeslyn

Gender: Female

*Passanger Name: _____

Gender: _____

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: Muniandy A/L Paidathali

Injuries Sustain: _____ Injured Person in Which Vehicle: JRQ 8135

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: 10 Ulu Avenue 3 S(408865)

The Other Party(s) Details:

1. Driver's Name / IC No: Muniandy A/L Paidathali Vehicle No: JRQ 8135

Driver's Contact No: 9275 1537 Insurance Company: _____

2. Driver's Name / IC No (If Any): Benson Vehicle No: SLT 2475 C

Driver's Contact No: 9835 4632 Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____



**SINGAPORE
POLICE FORCE**



T/20210810/7010

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20210810/7010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/08/2021 13:14	Vide Report No.: E/20210809/0141	Station Diary No.:
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Informant's Particulars			
Name of Informant: TAN JIAN SHEN		Address: 117B RIVERVALE DRIVE #10-64 SINGAPORE 542117	
ID Type / ID No.: NRIC NO / S9843807F		Contact No.: Home/Office: Mobile: 92313897	
Nationality: SINGAPORE CITIZEN		Email: tan.jianshen@edgefield.sg	
Sex: Male	Age: 23	Date of Birth: 23/05/1998	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Civil Servant		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/08/2021 17:30	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
JRQ8135	Motorcycle					0
SLT2475C	Car					0
SME9018K	Car					0



**SINGAPORE
POLICE FORCE**



T/20210810/7010

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20210810/7010

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUNIANDY A/L PAIDATHALI	ID No.	NIL
Related Vehicle	JRQ8135 (Motorcycle)	Contact No.	92751537
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
Driver			
Name	TAN JIAN SHEN	ID No.	S9843807F
Related Vehicle	SME9018K (Car)	Contact No.	92313897
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On the stated date and time, I (SME 9018 K) was travelling straight in my lane along the stated venue. As front vehicle applied brake, I followed to brake too. Suddenly vehicle B (JRQ 8135) collided to the rear of my vehicle. After the collision, the motorist of vehicle B (JRQ 8135) fell down and vehicle C (SLT 2475 C) which was travelling straight on the other lane, able to avoid colliding to the motorist but vehicle C (SLT 2475 C) still collided onto his motorbike (Vehicle B - JRQ 8135). After the accident, I alighted from my vehicle to check on the motorist. Not long after that, the motorist was conveyed to hospital by ambulance. Then there was a traffic police who came to the scene and provided me an acknowledgement slip with ref report no: E/20210809/0141.



**SINGAPORE
POLICE FORCE**



T/20210810/7010

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20210810/7010

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
MOHAMED SUFIAN BIN MOHAMED JUNID
Contact No.: 65476247

Authentication Stamp
NP168

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

Date/Time:
10/08/2021 13:14

Classification Of Case:

Motor Hire Car

MZ406L/B

R SN

AN0214A

Cov. Type:C

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.

DMHCSNA00006262101

Engine No.: CHZC17113

Cha. No.: VVVWZZAUZJW304970

1. Index Mark and Registration
Number of Vehicle

SME9018K

AUTOSAFE
=====

2. Name of Policy Holder

HAMSTER CAR RENTAL PTE. LTD.

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

27/06/2021
(00:00:00)

Excess Sect. I. S\$2,000.00

Excess Sect. I (Outside Singapore) S\$3,000.00

Excess Sect. II S\$1,500.00

Excess Sect. II (Outside Singapore) S\$2,500.00

EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

26/06/2022

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.: HAMILTON CAPITAL 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: Chua Suat Lay Sally
Authorised Officer


Authorised Signatory