

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	16/09/2021 11:16 (SGT)
Date of Accident	15/09/2021 18:40 (SGT)
Exact Location of Accident	Upper Changi Rd E, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM2275M
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	AP AUTOMOTIVE SERVICES PTE LTD
Company Reg No	2XXXXX890H
Email Address	mota@apautomotive.services
Mobile Phone No	(Phone) +65-96317879
Alternative Phone No	(Office) +65-67844465

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00076572100
Cover Note Number	-

DRIVER

Name of Driver	WAN KHOI ZHI
NRIC No	SXXXX298D

Date Of Birth	29/12/1998
Occupation	Outdoor
Date Of Driving Pass	10/12/2019
Driving experience	1 YEAR AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96317879
Alt. Phone Number	-
Email Address	mota@apautomotive.services
Address	BLK 212 JURONG EAST STREET 21 #18-291
Address complement	-
Postcode	600212
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LEE GUO JING BRYAN
Gender	Male

PASSENGER 2

Name	BRYAN GOH ZHI BING
Gender	Male

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 SKETCH PLAN AND POLICE REPORT T/20210916/7027

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	PC3031K
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	WAN KHOI ZHI
Gender	Male
Phone No	(Phone) +65-96327879
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMM2275M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	LEE GUO JING BRYAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMM2275M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	BRYAN GOH ZHI BING
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	-
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.



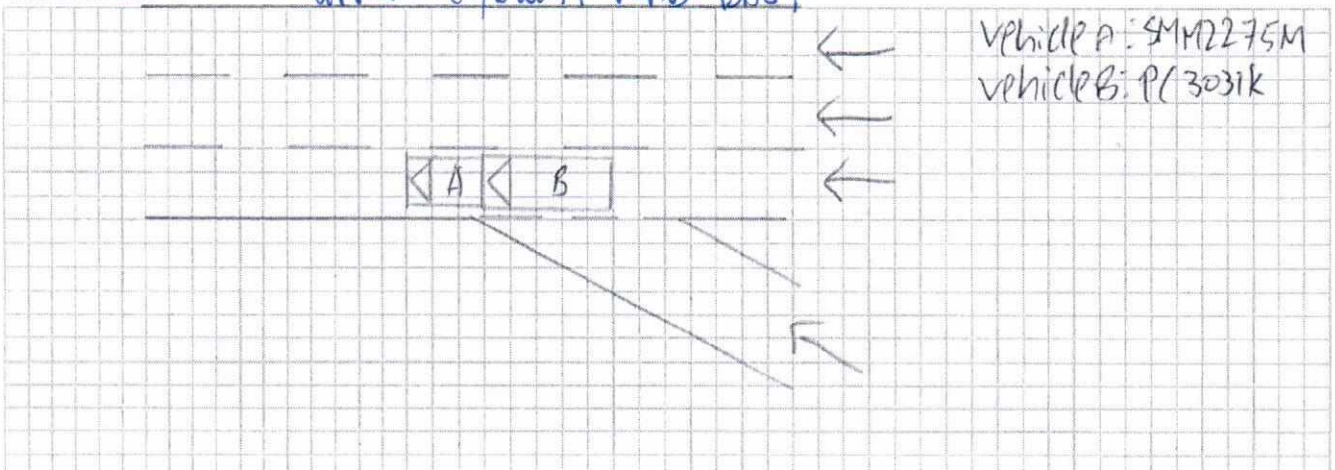
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

UPPER CHANGI ROAD E887



Describe Circumstances of the Accident

On the stated date and time, I was travelling along the stated location on my vehicle A. Suddenly I felt a hard impact to the rear of my vehicle. Vehicle B had collided into my vehicle rear portion with its vehicle front portion.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

[Signature] 16/09/2021
Witnessed by Reporting Centre Personnel

Date of Accident : 15/09/2021 Accident Time: 1840 (24-HR-Format)
Accident Place : Upper Changi rd East
Vehicle. No. (Car Plate No.) : SYM2275M Make/Model: Honda Fit hybrid
Insurance Company : China Taiping Policy No: DMPCSNW00076572100
Owner or Company Name /IC No. : AP Automotive Services Pte Ltd / 202027890H
Owner or Company Contact No. : _____ Owner's Hp 67844465 Company Tel
DRIVER'S Name / IC No. : Wan Khoi ZH / 59871298D
DRIVER'S Date Of Birth : 29/12/1998 DRIVER'S License Pass Date 10/12/19
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : Jurong East St 21 blk 212 #18-291 S600212
DRIVER'S Contact No./ Alt No. : 1) 76317879 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : mota@apautomotive.services
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): 3
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
Any Injury (If YES, Pls state): Neck, back, shoulder, head, wrist, ankle, chest, knee

Other Party Driver's Particular (if any)

Vehicle. No: P(303)K	Vehicle. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender: Lee Guo Jing Bryan (M)
Bryan Goh Zhi Bing (M)



**SINGAPORE
POLICE FORCE**



T/20210916/7027

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

1 of 4

Report No. T/20210916/7027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/09/2021 20:31		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: WAN KHOI ZHI			Address: 212 JURONG EAST STREET 21 #18-291 SINGAPORE 600212		
ID Type / ID No.: NRIC NO / S9871298D			Contact No.: Home/Office: Mobile: 96317879		
Nationality: SINGAPORE CITIZEN			Email: wankhoizhi@gmail.com		
Sex: Male	Age: 22	Date of Birth: 29/12/1998	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Rental company staff			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/09/2021 18:40	Type of Location:
Location: UPPER CHANGI ROAD EAST				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
PC3031K	Bus/Coach/Minibus					0
SMM2275M	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210916/7027

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

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Report No. T/20210916/7027

CONTINUATION OF REPORT

Driver				
Name	WAN KHOI ZHI		ID No.	S9871298D
Related Vehicle	SMM2275M (Car)		Contact No.	96317879
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	15/09/2021		Date	15/09/2021
No. of Days granted Medical Leave	05	Degree of	Slight	
Passenger				
Name	BRYAN GOH ZHI BING		ID No.	S9636998J
Related Vehicle	SMM2275M (Car)		Contact No.	NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	15/09/2021		Date	15/09/2021
No. of Days granted Medical Leave	05	Degree of	Slight	
Passenger				
Name	LEE GUO JING BRYAN		ID No.	S9937657J
Related Vehicle	SMM2275M (Car)		Contact No.	NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	15/09/2021		Date	15/09/2021
No. of Days granted Medical Leave	05	Degree of	Slight	

Brief Details.

On the stated date and time I was driving along the stated location as the driver of vehicle SMM2275M when I was involved in an accident. As I was driving my vehicle straight and within my lane I suddenly felt a large impact from the rear of the vehicle. I realised bus PC 3031 K had rear ended my car. The bus collided into the rear portion of my vehicle with its vehicle front portion. The hard impact from the accident caused me to experience sharp pain in my neck, back, and shoulders, dull pain in my wrists, elbows, ankles, head, chest, and ringing in my ears. I proceeded to seek medical attention at Mount alvernia hospital, was given 5 days of MC, and was referred for follow up. I would also like to state that I had to keep to the extreme left of the road as I was experiencing problems with my vehicle. The vehicle behind me was driving recklessly and did not maintain a safety distance at all times.



**SINGAPORE
POLICE FORCE**



T/20210916/7027

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

3 of 4

Report No. T/20210916/7027

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20210916/7027

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

4 of 4

Report No. T/20210916/7027

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 /
SYED ZAYID MUHAMMAD BIN SYED ABDUL
WAHID ALHINDUAN
Contact No.: 65476404

NP168

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

Date/Time:
16/09/2021 20:31

Classification Of Case:



Motor Private Car

MX4F

N SN

AN0397A

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.

DMPCSNW00076572100

Engine No.: LEB1449146

Cha. No.:GP51340471

1. Index Mark and Registration
Number of Vehicle

SMM2275M

AUTOSAFE
=====

2. Name of Policy Holder

AP AUTOMOTIVE SERVICES PTE LTD

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

13/04/2021
(17:33:50)

Named Drivers Ex Sect. I S\$500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 S\$3,000.00

Ex Sect. I - Age >= 26 S\$500.00

* Age as at date of accident

EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

20/06/2022

5. Persons or Classes of Persons entitled to drive*

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

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:

Use for social, domestic and pleasure purposes and for the Policyholder's business. The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade. Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled. One time Waiver of Excess for the first S\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO. : INDEX CREDIT PTE LTD

* 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: INDEX AGENCY PTE LTD
Authorised Officer

Authorised Signatory

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	890H

Vehicle Details

Vehicle No.:	SMM2275M
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Oct 2021
Vehicle Make:	HONDA
Vehicle Model:	FIT HYBRID 1.5 AUTO
Primary Colour:	Yellow
Manufacturing Year:	2018
Engine No.:	LEB1449146
Chassis No.:	GP51340471
Maximum Power Output:	101.0 kW (135 bhp)
Open Market Value:	\$18,393.00
Original Registration Date:	21 Jun 2019
First Registration Date:	21 Jun 2019
Transfer Count:	1
Actual ARF Paid:	\$8,393.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	20 Jun 2029
PARF Rebate Amount:	\$6,294.00

Intended COE Rebate Details

COE Expiry Date:	20 Jun 2029
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$42,564.00
COE Rebate Amount:	\$32,514.00
Total Rebate Amount:	\$38,808.00

The information contained herein is correct as at 16 Sep 2021

OK

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

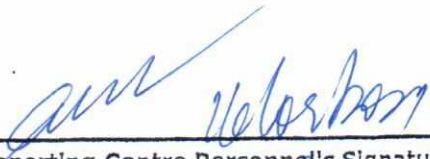
Original Report No: SN0821960001 Vehicle Registration No: 9MM2275M
Name (as shown in NRIC): Wan Ho Zhi NRIC/FIN/Passport No: SXXXX298D
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 96317879
Email Address: _____
Date of Accident: 15/01/2021 Time of Accident: 18:40
Place of Accident: Upper Macao Road Park
Insurance Company: China Tonghai

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Insured name is AP Automotive Services Pte Ltd

Policyholder / Driver's Signature
Date:


Reporting Centre Personnel's Signature
Name: Alph

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

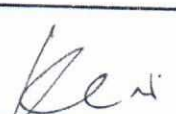
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

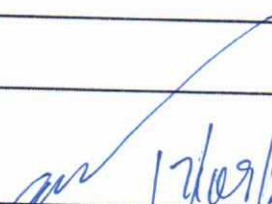
Original Report No : SN0821960001-01 Vehicle Registration No: 8mm 2275m
Name (as shown in NRIC) : Wan Khoi Zhi NRIC/FIN/Passport No : S9871298D
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 212 Jurong East St 21 # 18-291 Singapore (600212)
Contact (Tel) : _____ Mobile No. : 9631 7579
Email Address : wankhoizhi@gmail.com
Date of Accident : 15-09-2021 Time of Accident : 13 4hrs
Place of Accident : Upper Changi Rd east
Insurance Company : China

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Attached Police Report: T/20210916/7027


Policyholder / Driver's Signature
Date:

 17/09/2021
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: