

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 07/12/2021 16:25 (SGT)
Date of Accident 03/12/2021 17:30 (SGT)
Exact Location of Accident 105 Towner Rd, Block 105, Singapore 321105
Additional Location Information OPENSOURCE CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJN9439S

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner NGS MOTORSPORT PTE LTD
Company Reg No 201812604N
Email Address ngsmotorsportaccident@gmail.com
Mobile Phone No (Phone) +65-98800332
Alternative Phone No +65-98800332

VEHICLE PARTICULARS

Manufacturer Hyundai
Model Avante
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 Private hire
Transmission Auto
CC 1600

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage ThirdPartyFireTheft
Fleet Policy Yes
Policy Number VFX/P2353908
Cover Note Number -

DRIVER

Name of Driver GAN CHEE WAH
NRIC No S8066503B

Date Of Birth	30/12/1980
Occupation	Indoor
Date Of Driving Pass	23/08/2011
Driving experience	10 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87491984
Alt. Phone Number	-
Email Address	ngsmotorsportaccident@gmail.com
Address	348A YISHUN AVE 11 #14-541
Address complement	-
Postcode	761348
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 vehicle 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	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACHED.

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	SMD9673Z
Vehicle Manufacturer	Toyota
Vehicle Model	Wish
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	TEO ENG SENG
NRIC No	S1315928I
Contact Number	(Phone) +65-84684522
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	GAN CHEE WAH
Gender	Male
Phone No	(Phone) +65-87491984
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NUMBNESS ON THE BACK OF NECK
Injured person in which vehicle?	SJN9439S
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.
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. 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)**

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.



[Signature]

[Signature]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

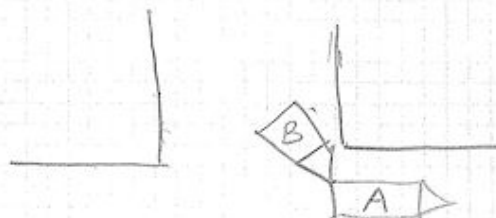
Sketch Plan

SMD 9429C

A

B

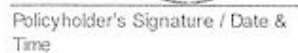
SMD 9673Z



Tower Towner Road B1005 Carpark

Refer to police report T/20211204/2108

We declare the foregoing particulars are true in every respect.



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

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20211204/2108

1 of 3

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20211204/2108

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/12/2021 18:46		Vide Report No.:		Station Diary No.: 43
Informant's Particulars				
Name of Informant: GAN CHEE WAH		Address: APT BLK 348A YISHUN AVENUE 11 #14-541 SINGAPORE 761348		
ID Type / ID No.: NRIC NO / S8066503B		Contact No.: Home/Office: Mobile: 87491984		
Nationality: MALAYSIAN		Email:		
Sex: Male	Age: 40	Date of Birth: 30/12/1980	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/12/2021 17:30	Type of Location: Car Park
Location: TOWNER ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJN9439S	Car				Slightly Damaged	0
SMD9673Z	Car					0

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



**SINGAPORE
POLICE FORCE**



T/20211204/2108

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

2 of 3

Report No. T/20211204/2108

CONTINUATION OF REPORT

Driver			
Name	GAN CHEE WAH	ID No.	S8066503B
Related Vehicle	SJN9439S (Car)	Contact No.	87491984
Hospital/Clinic	PROHEALTH 24-HOUR MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	03/12/2021	Date Discharge	03/12/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	TEO ENG SENG	ID No.	S1315928I
Related Vehicle	SMD9673Z (Car)	Contact No.	84684522
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 3 December 2021 at about 5.30pm, I was driving my vehicle SJN9439S along Blk 105 Towner Road, open space carpark. I was going straight and there was a vehicle SMD9673Z that collided on to the rear left side door of my vehicle. We stopped and alighted our vehicles. We exchanged particulars. Thereafter I went home and I felt numbness on the back of my neck. I went to PROHEALTH 24HRS Clinic to see a doctor and I was given 3 days medical certificate from 4 December 2021 to 6 December 2021.



SINGAPORE
POLICE FORCE



T/20211204/2108

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

3 of 3

Report No, T/20211204/2108

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 / Sr Staff Sgt GOH SZE HAO, VALENTINE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 04/12/2021 18:46
Officer In Charge Of Case: TP / AEIT /	Classification Of Case:
Contact No.:	
Authentication Stamp NP168	

AXA INSURANCE PTE LTD
 8 Shenton Way, #24-01
 AXA Tower, Singapore 068811
 Customer Centre #01-21
 Tel: 1800 8804888 Fax:-
 Website: www.axa.com.sg
 GST Registration Number: 199903512M
 customer.care@axa.com.sg



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.	: VFX/P2353908	Account No. : 03926
Coverage	: Third Party Fire & Theft Only	
Sum Insured	: Market Value At The Time Of Loss	
Name of Policy Holder	: NGS MOTORSPORT PTE LTD	
Vehicle Registration No.	: SJN9439S	
Period of Insurance	: From 05/12/2020 To 04/12/2021 (Both Dates Inclusive)	

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Named Driver(s) as stated in the Policy

1. ANY AUTHORISED DRIVER

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.

LIMITATIONS AS TO USE*

(a) Use for the carriage of passengers or goods in connection with the Policyholder's business.

(b) Use for social, domestic and pleasure purposes.

The Policy does not cover

(a) Use for racing, pace making, reliability trial or speed-testing

(b) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle

(04)

EXCESS :


Sect II-Used In Singapore Only : SGD 1,500.00

Sect II-Driven Outside S'pore : SGD 3,000.00

* 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).

AXA INSURANCE PTE LTD


 Authorized Signature

Issued by - SGOVKRS2 on 30/11/2020

IMPORTANT :

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation Act (Cap. 189).

FOR INDIVIDUAL CUSTOMERS : Cover Under the policy is valid only upon the payment of the full premium stated on the policy.

FOR NON-INDIVIDUAL CUSTOMERS : Please refer to the Premium Warranty Clause on the policy



311, 289 Bukit Merah Ring Road,
#01-12 Singapore 671289
Tel: 6785 2115 Fax: 6785 3115
Website: www.prohealth.com.sg

Medical Certificate

Date : 03 Dec 2021

MC No. : 0000554584

This is to certify that :

Name : GAN CHEE WAH

NRIC : S8066503B

is Unfit for Duty for 3 days

from 04 Dec 2021 to 06 Dec 2021 inclusive.

A handwritten signature in black ink, appearing to be 'DR LOH SEOW FOONG', written over a horizontal line.

DR LOH SEOW FOONG

**This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*

NGS MOTORSPORTS PTE LTD

REG No. 201812604N

LETTER OF AUTHORIZATION

I YEO KIM SPIN, NRIC NO : S9051358C is
hereby authorized to make accident reporting on behalf of company
and also be authorized to sign, initial accept or execute all documents
in connection with the following transaction : -

Accident Report

Vehicle No. : SJM 9439 S

Yours sincerely



LIM LAY KWAN, KAREN
DIRECTOR





















**SINGAPORE
POLICE FORCE**



T/20211204/2108

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

1 of 3

Report No. T/20211204/2108

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/12/2021 18:46		Vide Report No.:		Station Diary No.: 43
Informant's Particulars				
Name of Informant: GAN CHEE WAH		Address: APT BLK 348A YISHUN AVENUE 11 #14-541 SINGAPORE 761348		
ID Type / ID No.: NRIC NO / S8066503B		Contact No.: Home/Office: Mobile: 87491984		
Nationality: MALAYSIAN		Email:		
Sex: Male	Age: 40	Date of Birth: 30/12/1980	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/12/2021 17:30	Type of Location: Car Park
Location: TOWNER ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJN9439S	Car				Slightly Damaged	0
SMD9673Z	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20211204/2108

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

2 of 3

Report No. T/20211204/2108

CONTINUATION OF REPORT

Driver			
Name	GAN CHEE WAH	ID No.	S8066503B
Related Vehicle	SJN9439S (Car)	Contact No.	87491984
Hospital/Clinic	PROHEALTH 24-HOUR MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	03/12/2021	Date Discharge	03/12/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	TEO ENG SENG	ID No.	S1315928I
Related Vehicle	SMD9673Z (Car)	Contact No.	84684522
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 3 December 2021 at about 5.30pm, I was driving my vehicle SJN9439S along Blk 105 Towner Road, open space carpark. I was going straight and there was a vehicle SMD9673Z that collided on to the rear left side door of my vehicle. We stopped and alighted our vehicles. We exchanged particulars. Thereafter I went home and I felt numbness on the back of my neck. I went to PROHEALTH 24HRS Clinic to see a doctor and I was given 3 days medical certificate from 4 December 2021 to 6 December 2021.



SINGAPORE
POLICE FORCE



T/20211204/2108

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

3 of 3

Report No. T/20211204/2108

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 / Sr Staff Sgt GOH SZE HAO, VALENTINE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 04/12/2021 18:46
Officer In Charge Of Case: TP / AEIT /	Classification Of Case:
Contact No.:	
Authentication Stamp NP168	

