

Email: [sm@idac.com.sg](mailto: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.

Date of Accident: 15 / 04 / 2023 (dd/mm/yy) Time of Accident: 20 : 40 (24-HR-FORMAT)

Vehicle No.: GBK7974L Vehicle Make & Model / Engine (cc): Nissan NV200 1500CC Private Hire: ( Y /  )

Exact location of Accident: Marine Vista.

Policyholder's Name / IC No.: AGA Five Senses Pte Ltd. ROC/UEN (Company) 2016086756

Driver's Name / IC No.: Joshua Dylan Lim Meng Chuan. (As Above)

Driver's Contact No.: 84682237. Company Contact No / Owner Contact No: 92977353.

Driver's Address: 47 Jalan Liman Manis S(468375).

Owner Email address: dylan.lim@hotmail.co.uk. Insurance Company: ECIES

Driver Email address: dylan.lim@hotmail.co.uk.

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

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

**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):** 3

\***Passenger Name:** Goh Kai Li

**Gender: Male / Female** x( )

\***Passenger Name:** Alina Har Hui

**Gender: Male / Female** x( )

**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 Remarks: \_\_\_\_\_

**Any Injuries:**  Yes /  No (If YES) Injured Person's Name: Joshua Dylan Lim Meng Chuan, Goh Kai Li, Alina Har Hui

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: GBK7974L.

**Police Report filed:**  Yes /  No (If YES) Which Police Station: Traffic Police.

### **The Other Party(s) Details:**

1. Driver's Name / IC No: Koh Xin Hui S8826206I. Vehicle No: SLV8247U.

Driver's Contact No: 96727169. Insurance Company: \_\_\_\_\_

2. Driver's Name / IC No (If Any): \_\_\_\_\_ Vehicle No: \_\_\_\_\_

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact 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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

**AGA FIVE SENSES  
PTE. LTD.**

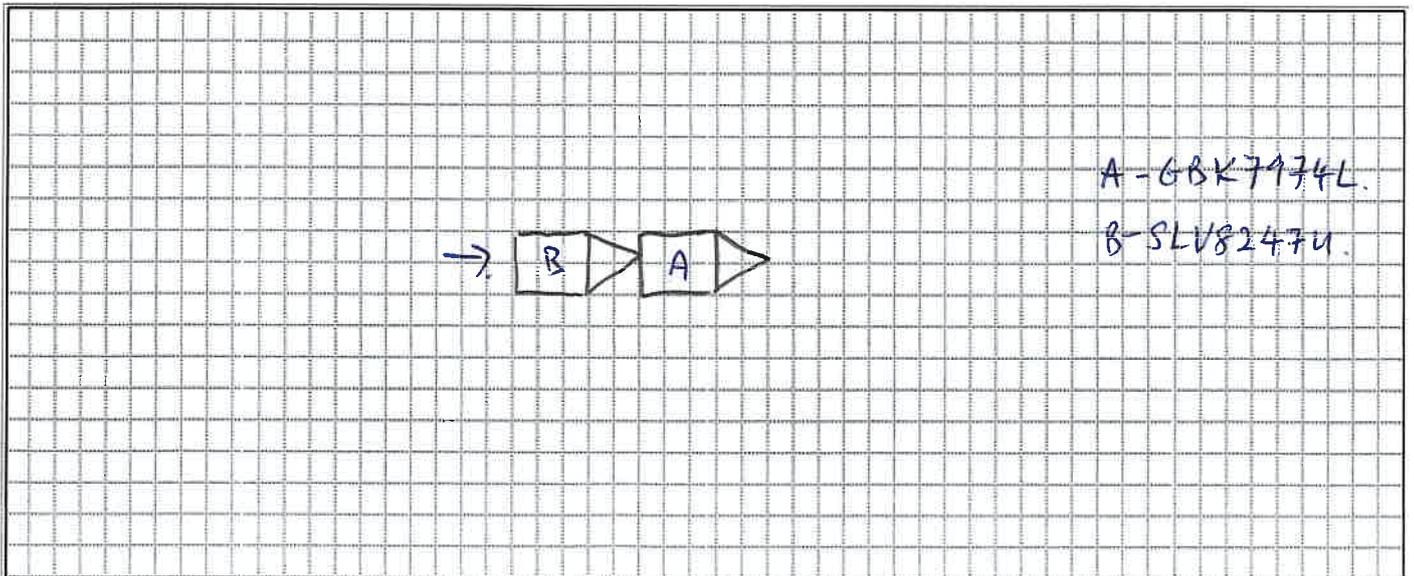


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan



**Describe Circumstance of the Accident**

As per police report attached T/20230416/7018.

**Declaration**

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

**AGA FIVE SENSES  
PTE. LTD.**



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

## CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks 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)

**AUTHORISED  
WORKSHOPS**

MZ300E  
 COMPREHENSIVE  
 ORIGINAL

|   |                               |
|---|-------------------------------|
| CERTIFICATE NO: <b>MCV22A00022000</b>       | Chassis No: <b>VM20161643</b> |
| Agency Name: <b>AAC PERFORMANCE PTE LTD</b> | Engine No: <b>HR16177587D</b> |
| Agency Code: <b>A0000243</b>                |                               |

1. Index Mark and Registration Number of Vehicle: **GBK7974L**
2. Name of Policyholder: **AGA FIVE SENSES PTE. LTD**
3. Period of Insurance (both dates inclusive): **12 December 2022 to 11 December 2023**

4. Persons or Classes of Persons entitled to drive

a) Any other person who is driving on the Insured's order or with his permission, provided it is in relation to Insured's business.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Car 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 Car.

5. Limitations as to use
- a) Use in connection with the Policyholder's Business as described in the Policy Schedule.  
 b) Use for carriage of passengers (other than for hire or reward) in connection with the Policyholder's business as described in the Policy Schedule.

The Policy does not cover the use for hire or reward, racing, pace-making, reliability trial or speed-testing, use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

|                                |            |
|--------------------------------|------------|
| 6. EXCESS APPLICABLE           |            |
| WINDSCREEN                     | SGD 100.00 |
| SECTION I - AUTHORISED DRIVERS | SGD 600.00 |

ADDITIONAL EXCESS:

|  |              |
|--|--------------|
| SECTION I - AGE <27, OR DRIVING EXP <2 YEARS | SGD 1,000.00 |
|--|--------------|

7. Hire Purchase Company: **TOKYO CENTURY LEASING (S) PTE LTD**

Signed for and on behalf of ECICS Limited



\_\_\_\_\_  
 AUTHORISED SIGNATORY

**Important Notice:**

- i) Policyholders are hereby warned that it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicle without a valid insurance under the Act.
- ii) On the sale of a motor vehicle, Policyholders must surrender all insurance papers issued including 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 that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189).
- iii) The Certificate of Insurance and the Policy will cease to be valid once the motor vehicle has been sold or transferred.
- iv) The Payment Before Cover Warranty or Premium Payment Warranty found in the Policy must be complied with otherwise there would be no liability under the Policy and Certificate of Insurance.





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

**CONTINUATION OF REPORT**

| Driver                            |                             |                                   |                                   |
|-----------------------------------|-----------------------------|-----------------------------------|-----------------------------------|
| Name                              | JOSHUA DYLAN LIM MENG CHUAN | ID No.                            | S9730842Z                         |
| Related Vehicle                   | GBK7974L (Van)              | Contact No.                       | 84682237                          |
| Hospital/Clinic                   | CHANGI GENERAL HOSPITAL     | Class of Driving Licence & Expiry | Class: 3A<br>Date of Expiry: NIL  |
| Date                              | 15/04/2023                  | Date                              | 15/04/2023                        |
| No. of Days granted Medical Leave | 05                          | Degree of                         | Slight                            |
| Passenger                         |                             |                                   |                                   |
| Name                              | GOH KAI LI                  | ID No.                            | S9739399J                         |
| Related Vehicle                   | GBK7974L (Van)              | Contact No.                       | 83285882                          |
| Hospital/Clinic                   | CHANGI GENERAL HOSPITAL     | Class of Driving Licence & Expiry | Class: ,3A<br>Date of Expiry: NIL |
| Date                              | 15/04/2023                  | Date                              | 15/04/2023                        |
| No. of Days granted Medical Leave | 04                          | Degree of                         | Slight                            |
| Passenger                         |                             |                                   |                                   |
| Name                              | ALINA HAR HUI MEI           | ID No.                            | S9140145B                         |
| Related Vehicle                   | GBK7974L (Van)              | Contact No.                       | 92977353                          |
| Hospital/Clinic                   | CHANGI GENERAL HOSPITAL     | Class of Driving Licence & Expiry | Class: NIL<br>Date of Expiry: NIL |
| Date                              | 15/04/2023                  | Date                              | 15/04/2023                        |
| No. of Days granted Medical Leave | 03                          | Degree of                         | Slight                            |

**Brief Details.**

I am the driver of the vehicle with 2 passengers involving the car accident. Before the incident occurs, I was driving on the 2nd lane along the East Coast Park Expressway (ECP) near Marine Vista and slowing down accordingly to the traffic in front of me as there was a bus stopping at the side of the road shoulder. I then brake gradually keeping a safe distance between my vehicle and the vehicle in front of me and suddenly a car bang onto the back of my vehicle which the impact was really hard which had traumatised me and hurt the 2 passengers. One of the passengers felt giddy after the impact. This was my first encounter so I did not know what to do and drove the vehicle to the left side of the road shoulder to avoid the ongoing traffic behind.

I then got down the vehicle and checking on the suspect details and started to take photos on both of our vehicles. During the incident, there were also about 3-4 certis auxiliary police



**SINGAPORE  
POLICE FORCE**



T/20230416/7018

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

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Report No. T/20230416/7018

**CONTINUATION OF REPORT**

checking on us. We came to a conclusion to make a police report online and we proceeded to the A&E at Changi General Hospital for check-ups.



**SINGAPORE  
POLICE FORCE**



T/20230416/7018

Police Station Of Origin:  
Traffic Police  
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Tel No: 65470000

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Report No. T/20230416/7018

**CONTINUATION OF REPORT**

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.

Signature Of Interpreter:  
Not applicable

Date/Time:  
16/04/2023 15:11

Officer In Charge Of Case:  
TP / TPIB /  
ROIZMAN BIN MOHAMED POSARI  
Contact No.: 65476131

Classification Of Case: