

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 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 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 First Submission	24/07/2023 15:29 (SGT)
Reported by	Actual Driver
Date of Accident	23/07/2023 12:30 (SGT)
Exact Location of Accident	North Bridge Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV5103X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GRAN TORNIO PTE LTD
Company Reg No	202026383C
Email Address	REPORTING.GT@GMAIL.COM
Mobile Phone No	(Phone) +65-87517875
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	C-hr
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1800

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2005049156

DRIVER

Name of Driver	LEE CHONG MENG RANDY
NRIC No	S7530376I
Date Of Birth	13/10/1975
Occupation	Outdoor

Date Of Driving Pass	23/04/1996
Driving experience	27 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87517875
Alt. Phone Number	-
Email Address	LEERANDY75@YAHOO.COM.SG
Address	195 KIM KEAT AVE #11-360
Address complement	-
Postcode	310195
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 - Change/cross lane
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bishan Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005529999
Alt. Police Station Phone No	(Fax) +65-65561905
Police Station Address	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20230723/245.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP7550G
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	VEHICLE B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LEE CHONG MENG RANDY
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLV5103X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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:

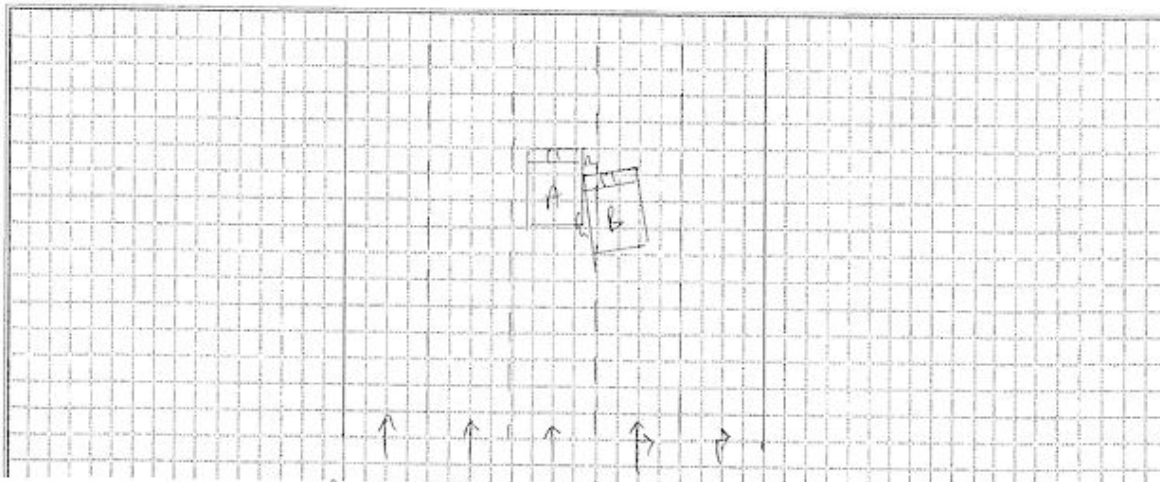
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

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

Refer to police report T/20230723/2045

Declaration

I/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

Witnessed by Reporting Centre Personnel







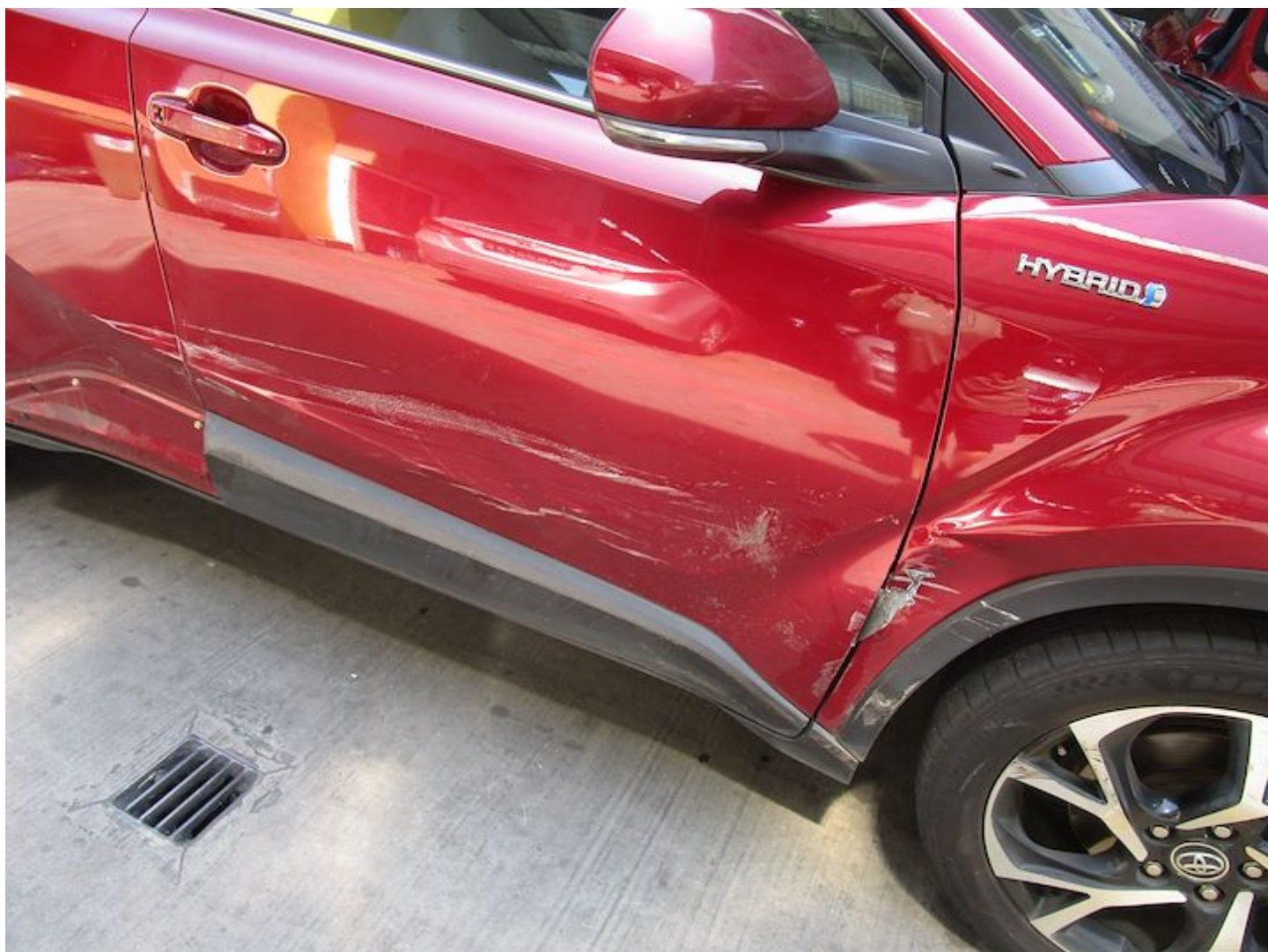














**SINGAPORE
POLICE FORCE**



T/20230723/2045

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

1 of 3

Report No. T/20230723/2045

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/07/2023 15:50	Vide Report No.:	Station Diary No.: 28
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Informant's Particulars

Name of Informant: LEE CHONG MENG, RANDY			Address: APT BLK 195 KIM KEAT AVENUE #11-360 SINGAPORE 310195		
ID Type / ID No.: NRIC NO / S7530376I			Contact No.: Home/Office: Mobile: 87517875		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 47	Date of Birth: 13/10/1975	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Front Office Executive			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: 23/07/2023 12:30	Type of Location: Straight Road
Location: NORTH BRIDGE ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLP7550G	Car				Slightly Damaged	0
SLV5103X	Car				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20230723/2045

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20230723/2045

CONTINUATION OF REPORT

Driver			
Name	ROY WONG		ID No. NIL
Related Vehicle	SLP7550G (Car)		Contact No. 91556113
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
Driver			
Name	LEE CHONG MENG, RANDY		ID No. S7530376I
Related Vehicle	SLV5103X (Car)		Contact No. 87517875
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	23/07/2023	Date Discharge	23/07/2023
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 23/07/2023 at about 1230hrs, I was travelling along North Bridge Road towards South Bridge Road. Suddenly, I felt an impact. After I stopped my vehicle and realized one vehicle had collided with my vehicle from my right side. I wish to state that I was inside my lane throughout the journey. Subsequently, I then took a few photos of the accident and exchanged the particulars with the driver. After the accident, I felt pain in my neck and shoulder area. After which, I went to Mount Alvernia Hospital to sought for medical treatment and was given 5 days MC. The right side of my vehicle was damaged due to the collision, including both right doors, right front and rear bumper.

I am lodging this report for insurance claim purposes.



**SINGAPORE
POLICE FORCE**



T/20230723/2045

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20230723/2045

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
E /
SGT 3 ZHU JIANBIN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
23/07/2023 15:50

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Classification Of Case:

NP168

Allianz Insurance Singapore Pte. Ltd.

CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP.189 OF THE REVISED EDITION) (REPUBLIC OF SINGAPORE)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 (REPUBLIC OF SINGAPORE)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number : SP2005049156
 Date of Issue : 21 March 2023
 Coverage : COMPREHENSIVE - EXCLUSIVE AUTHORISED WORKSHOP
 Policyholder : GRAN TORINO PTE. LTD.
 Finance Company : TAI THONG LEE TRADING PTE LTD
 Period of Insurance : 29 March 2023 To 28 March 2024 (both dates inclusive)
 Registration Number : SLV5103X
 Chassis Number of Vehicle : ZYX102071603

Persons or Classes of Persons Entitled to Drive*:

- (a) The Policyholder.
 (b) Any other person who is driving on the Policyholder's order or with his/her permission or to whom the vehicle is hired.

* Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act (Cap 276) (Republic of Singapore) and such registration has not been cancelled at the time of accident loss or damage.

Limitation as to Use*:

- (a) Use for carriage of passengers or goods in connection with the Policyholder's business.
 (b) Use for social, domestic and pleasure purposes and business purposes of any person to whom the vehicle is hired.
 (c) Use for the carriage of passengers for hire or reward under Private Hire Vehicle (PHV) by any person to whom the vehicle is hired and for use within Singapore only.

* Limitation rendered inoperative by Section 8 of 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.

Policy does not cover:

- (a) Use for racing, pace-making, reliability trials or speed-testing.
 (b) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

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).

21 March 2023

Issue Date



Hicham Raissi

Chief Executive Officer

Allianz Insurance Singapore Pte. Ltd.

Intermediary Code	: 0000156 GENRIVER FINANCIAL PTE LTD		
Excess	: Section 1: Own Damage	S\$	2,000.00
	Section 1: Windscreen	S\$	100.00
	Section 2: Liabilities To Third Parties	S\$	1,500.00
	Comprehensive - Exclusive Workshop Per Policy Schedule		

Allianz Insurance Singapore Pte. Ltd. | UEN 201903913C
 79 Robinson Road #09-01 | Singapore 068897 | Tel: +65 6714 3369 | Website: www.allianz.sg



RENTAL AGREEMENT
ROC 202026383C

Hirer's Name	LEE CHONG MENG RANDY
Hirer's Address	BLK 195 KIM KEAT AVE #11-360 S310195
NRIC	S75303761
Date of Birth	13/10/1975
Driving License Pass Date	23/04/1996
Contact No.	87517875
Email	Leerandy75@yahoo.com.sg
Purpose of rental	PHV DRIVER
Emergency Contact	88697121

RENTAL DETAILS

License Plate	SLV5103X	Make/ Model	TOYOTA CHR HB
Weekly Rental	616	CDW	YES
Driving License Type	Class 3 / PDVL / TDVL/LICENSE LESS THAN 2 YEARS		
<u>EXCESS \$2500/\$2500 , EXCESS \$4000/\$4000 (LESS THAN 2 YEARS LICENSE)</u>			
Contract Duration	12 MONTH		
Start Date / Time	22/01/2023	Return Date / Time	22/01/2024
Start Mileage		Return Mileage	

GRAN TORINO PTE LTD ("The Company")

Hirer/Authorized Rider ('Hirer') (Relief)

Hirer must produce a valid Singapore NRIC and Driving License or a valid International Driving License & valid Foreign Driving License and Passport or FIN card. Hirer guarantees that he / she is not under any suspension order on his/her Driving License.

Terms of Payment / Security Deposit Amount: \$500

Hire charges and Security Deposit for the hire period is payable by The Hirer at the time of taking over the vehicle. The Hirer is to pay a mandatory amount of security deposit. It will be refunded back to The Hirer by bank transfer, 14 days from the end of the hiring period. The Company will use the security deposit to offset any repairs, fines or summons incurred by The Hirer during the rental period. All rental charges paid in advance are non-refundable.

