

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	22/08/2024 15:07 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	22/08/2024 07:35 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE TO TUAS BEFORE JURONG WEST AVE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMM348A

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KANG HOCK LAI
NRIC No	S7634757C
Email Address	alexttw@gmail.com
Mobile Phone No	(Phone) +65-88234757
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
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 car
Transmission	Auto
CC	1496
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5127653557-02

DRIVER

Name of Driver	ALEX TANG TIN WAI
NRIC No	S7304524Z
Date Of Birth	29/01/1973
Occupation	Outdoor
Driving Pass Date	04/09/1999
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	24 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88211114
Alt. Phone Number	-
Email Address	alexttw@gmail.com
Address	APT BLK 111 EDGEFIELD PLAINS #10-402
Address complement	-
Postcode	820111
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?	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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	SEAN MULHEARN
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

REFER TO SKETCH PLAN AND POLICE REPORT.

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 TP357A
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Motorcycle
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 -
Gender -
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained ARMS.
Injured person in which vehicle? TP357A
Were seat belts worn? No
Was this injured conveyed to hospital by ambulance? Yes

INJURED 2

Name of injured person ALEX TANG TIN WAI
Gender Male
Phone No (Phone) +65-88211114
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained NECK, LOWER BACK & HEADACHE.
Injured person in which vehicle? SMM348A
Were seat belts worn? No
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

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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 (Driver is not the policyholder) / Date & Time

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

Sketch Plan

A SMM3A8A
B TP 357A

PIE to Tuas Before Jurong West Ave1

Describe Circumstance of the Accident

Handwritten: Police report

Handwritten: 10

Handwritten: AX

Declaration

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

<i>Handwritten signature: Kay</i>	<i>Handwritten signature: Huz</i>	<i>Handwritten signature</i>
Policyholder's Signature / Date & Time	Actual Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)











**SINGAPORE
POLICE FORCE**

T/20240822/7031

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

1 of 3

Report No. T/20240822/7031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/08/2024 12:03		Vide Report No.: J/20240822/0046		Station Diary No.:	
Informant's Particulars					
Name of Informant: ALEX TANG TIN WAI			Address: 111 EDGEFIELD PLAINS #10-402 SINGAPORE 820111		
ID Type / ID No.: NRIC NO / S7304524Z			Contact No.: Home/Office: Mobile: 88211114		
Nationality: SINGAPORE CITIZEN			Email: alexttw@gmail.com		
Sex: Male	Age: 51	Date of Birth: 29/01/1973	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Private-hire car driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 22/08/2024 07:40	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: traffic police bike rear ended my vehicle				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMM348A	Motor car	HONDA	Freed	Blue	Seriously Damaged	1

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



**SINGAPORE
POLICE FORCE**



T/20240822/7031

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

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Report No. T/20240822/7031

CONTINUATION OF REPORT

Passenger			
Name	SEAN MULHEARN		ID No. NIL
Related Vehicle	SMM348A (Motor car)		Contact No. NIL
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 (MC)	NIL	Degree of Injury	NIL
Driver			
Name	ALEX TANG TIN WAI		ID No. S7304524Z
Related Vehicle	SMM348A (Motor car)		Contact No. 88211114
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	22/08/2024		Date Discharge 22/08/2024
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight

Brief Details.

My vehicle is traveling towards Tuas (32KM). The front car is at a stop as it is moving very slow. In the result, I have to make a stop. Suddenly, a traffic police bike banged the rear of my vehicle. My built-in car camera SD card is taken by the traffic police. The rear left side badly damaged. The traffic police bike plate number TP357A. My car plate number SMM348A. In the result, he needs to get to hospital by ambulance as he felt his arms abit numb. I go hospital Khoo Teck Puat

Hospital by myself. I suffered pain from neck, lower back & headache. I am given 3 days medical leave.



**SINGAPORE
POLICE FORCE**

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



T/20240822/7031

3 of 3

Report No. T/20240822/7031

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / DDGVT /
JOFILIANO BIN MOHAMED ALI
Contact No.: 65476960

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

Date/Time:
22/08/2024 12:03

Classification Of Case:

This report is lodged at Yishun North NPC Kiosk 2
NP168



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)
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5127653557-02

Cover : drivo CLASSIC

- | | |
|---|-----------------|
| 1. Index mark and Registration Number of Vehicle | : SMM348A |
| Chassis Number | : GB71075803 |
| 2. Name of Policyholder | : KANG HOCK LAI |
| 3. Effective Date of Insurance | : 14 Jun 2024 |
| 4. Expiry Date of Insurance | : 13 Jun 2025 |
| 5. 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. | |
| 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#

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
 (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
 (c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: S\$1,500
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
ROADSIDE ASSISTANCE AND WELLNESS COVER	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: KANG HOCK LAI
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: WSI CREDIT PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency : INSURANCE MARKET PTE. LTD. (00000691183)

Date of Issue : 03 Jun 2024 16:36 hrs

For INCOME INSURANCE LIMITED



**Khoo Teck Puat
Hospital**

National Healthcare Group

MEDICAL CERTIFICATE (Ref:1584214617)

ORIGINAL

NAME: TANG TIN WAI, ALEX

NRIC: S7304524Z

Type of Medical Leave granted: **Outpatient Sick Leave**

The above-named patient is unfit for duty for **3 day(s)** from **22/08/2024** to **24/08/2024** Inclusive.

The certificate is not valid for absence from court attendance.

The above named patient was in Emergency Department from **22/08/2024 09:35** to **22/08/2024 10:59**.

22/08/2024
Date

Dr. Cheong HONG FAI (11093J)
Issued by

Location: KTPH EMERGENCY

This certificate is electronically generated. No signature is required.

**TAX INVOICE (Interim)**

Page 2 of 2

 BILL REF. NO.
5721741128J-00001

 BILL DATE
22 AUG 2024

 PATIENT NAME
MR. TANG TIN WAI, ALEX

 NRIC / FIN / MRN
S7304524Z
PAYMENT SUMMARY

TOTAL AMOUNT (AFTER GOVT SUBSIDY)			148.50
SCHEMES (SCHEME ID) / PAYOR	REFERENCE NO.	AMOUNT PAYABLE (\$)	
MR. TANG TIN WAI, ALEX		148.50	
MR. TANG TIN WAI, ALEX		TOTAL AMOUNT PAYABLE	148.50
PAYOR(S)	TRANSACTION/RECEIPT DATE	PAYMENT MODE	AMOUNT (\$)
MR. TANG TIN WAI, ALEX			-148.50
(VISA - 22.08.2024. RECEIPT #: K004927797).			Net Payment made -148.50

(VISA - 22.08.2024 , RECEIPT #: K004927797).

FINAL AMOUNT PAYABLE**\$ 0.00****PAYMENT OPTIONS & ADVISORY****Payment Policy**

- Credit balance from your bill will be used to offset any other outstanding bills that you may have within the same payment account.
- If no bill number is indicated, the payment received will be used to offset the oldest outstanding bill.


 NETSV022.021
KHOO TECK PUAT HOSPITAL
90 YISHUN CENTRAL
A&E KHOO TECK PUAT HOSPIT
768828

 Date/Time : 22/08/2024 11:23:07
MID:168160344183 TID:47905563
BATCH NUM: 000031 INVOICE#: 144398
HOST:NPS
Sale
 VISA
XXXX XXXX XXXX 9985
EXP DATE : **/** ENT: PAYWAVE
APPR CODE: 600001
TRC NUM : 000434
REF NUM : 423503703629
APP CRYPT : 808108082989C875
TVR VALUE : 000000000
ATD VALUE : A0000000031010
AMOUNT : SGD 148.50
 NO SIGNATURE REQUIRED
I AGREE TO PAY THE ABOVE TOTAL
AMOUNT ACCORDING TO THE CARD ISSUER
AGREEMENT

***** CUSTOMER'S COPY *****

PRINTED ON: 22 AUG 2024 11:23 AM

For bill enquiries, please contact us at

Tel: +65 6407 8128

<https://for.sg/asknhg>



MR. TANG TIN WAI, ALEX

BLK 111 #10-402
EDGEFIELD PLAINS
SINGAPORE - 820111

TAX INVOICE (Interim)

Page 1 of 2

BILL REF. NO.
5721741128J-00001

BILL DATE
22 AUG 2024

LOCATION
A&E

NRIC / FIN / MRN
S7304524Z

VISIT DATE ► 22 AUG 2024 09:35 AM

TOTAL AMOUNT(BEFORE GOVT SUBSIDY)	\$	555.77
GOVT SUBSIDY	\$	-407.27
TOTAL AMOUNT (BEFORE GST)	\$	148.50
9% GST	\$	13.37
GST absorbed by Govt	\$	-13.37
TOTAL AMOUNT (AFTER GOVT SUBSIDY)	\$	148.50
TOTAL AMOUNT PAYABLE	\$	148.50
Net Payment made	\$	-148.50
FINAL AMOUNT PAYABLE	\$	0.00

\$ 0.00
FINAL AMOUNT PAYABLE

CHARGES

SERVICES	DESCRIPTION	BEFORE GOVT SUBSIDY (\$)	AFTER GOVT SUBSIDY (\$)
A&E FACILITY/SERVICE FEE		297.00	148.50
SPINE (TWO VIEWS)		241.36	0.00
DICLOFENAC TABLET 50MG		4.20	0.00
FAMOTIDINE TABLETS 20MG		1.80	0.00
KETOPROFEN 2.5% GEL 30G		3.01	0.00
METOCLOPRAMIDE TABLETS 10MG B.P.		4.20	0.00
TRAMADOL 50MG TAB		4.20	0.00
TOTAL AMOUNT (BEFORE GOVT SUBSIDY)		555.77	
GOVT SUBSIDY		-407.27	
TOTAL AMOUNT (BEFORE GST)			148.50
9% GST			13.37
GST absorbed by Govt (for subsidised patient only)			-13.37
TOTAL AMOUNT (AFTER GOVT SUBSIDY)			148.50