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 witholding 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.

- 4. The issue and acceptance 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 02/09/2024 17:24 (SGT) Reported by **Actual Driver** Date of Accident 31/08/2024 10:00 (SGT) Exact Location of Accident Singapore Additional Location Information SIMS AVENUE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNP2370T

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner ONG WEE HUAT NRIC No S8721628D Email Address MICHAEL.ONG87@GMAIL.COM Mobile Phone No (Phone) +65-97838242 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Honda Model Shuttle 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 No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC Vehicle Fuel Petrol First Regisration Date 25/06/2018 Chassis no GK81202179 Effective Date/Time of Ownership 25/06/2018 00:00 (SGT)

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5142919716

DRIVER

Name of Driver NG KOK HENG NRIC No S1503187E Date Of Birth 29/10/1961 Occupation Outdoor Driving Pass Date 18/02/1983 Driving License Pass Class Driving License Validity Valid Driving experience 41 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-98569975 Alt. Phone Number Email Address KOKHENGKHNG@GMAIL.COM Address APT BLK 106 ALJUNIED CRESCENT #02-205 Address complement Postcode 380106 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Relative Does Driver Own Other Vehicles? 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) 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 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 ATTACHED ATTACHMENT(S) Are accident photos available for attachment? Yes

No

Was there any video captured by Car Camera?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB1183T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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	-
Injured person in which vehicle? Were seat belts worn?	SNP2370T Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 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 Insurence 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 ladgement 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") maylare 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.

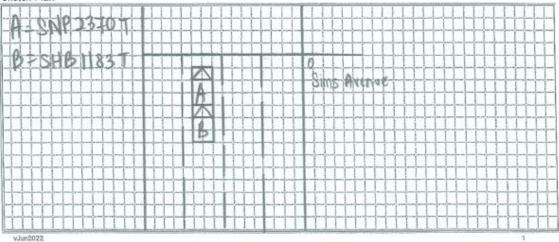
Policyholder's Signature / Date & Time

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

LENG

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

Sketch Plan



- Ja 110000 1015	er to the police report T	202404021 7059 .	-
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			-
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Declaration			
I/We declare the foregoing	particulars are true in every respect.		
Ø 30	Sep 2024	LENG	
	Jep 2024	LENG s not the policyholder) Witnessed by Reporting Centre Perso	





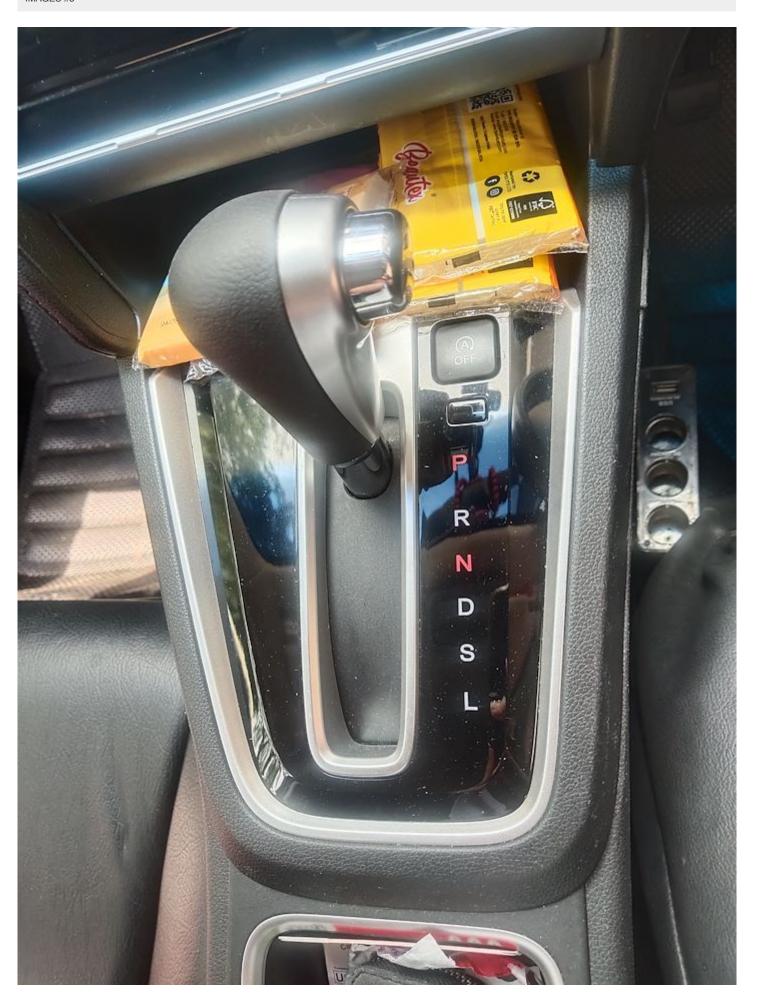


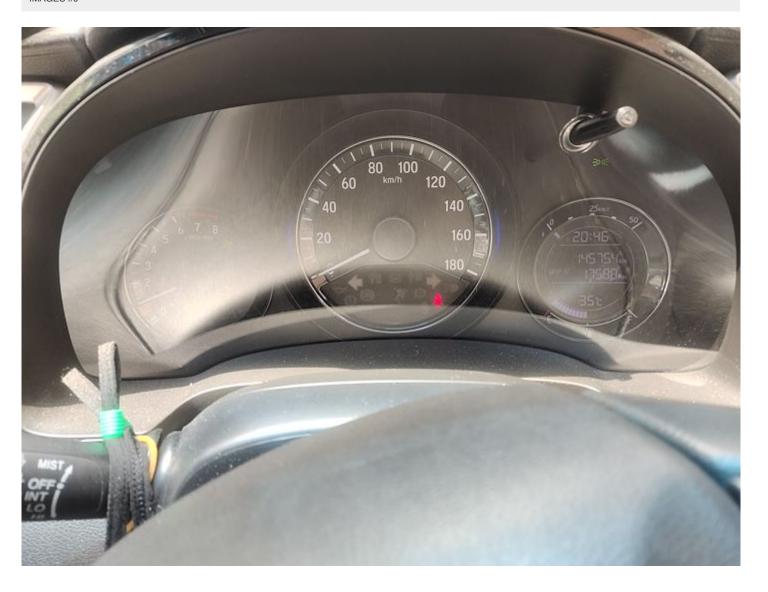


















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20240902/7059

REPORT OF A TRAFFIC ACCIDENT

Date/Tim 02/09/20	ie Report Ma 24 13:46	ade:	Vide Report No.:	Station Diary No.:			
Informan	t's Particular	S					
Name of NG KOK	Informant: HENG		Address: 106 ALJUNIED CRESCENT	#02-205 SINGAPORE 380106			
ID Type / NRIC NO	/ ID No.:) / S1503187	7E	Contact No.: Home/Office:	Mobile: 98569975			
	Nationality: SINGAPORE CITIZEN		Email: kokhengkhng@gmail.com				
Sex: Male			Type of Informant: Driver				
Race: Chinese			Language: English				
Occupati	on: i engineering	1	Driving Licence Information: Class: 2B.3	Date of Expiry:			

Type of Accident:	Injury Others	Drink D No	rive:	Date/Time of Accident: 31/08/2024 10:00	Type of Location X-Junction
Location:					
SIMS AVENUE					
		Road Surface:			
		Road Surface: Dry			
Clear				Tra	ffic Volume:
Weather: Clear Traffic Flow: One Way		Dry	orking		

Type	Make	Model	Color	Condition	No of Passenger
Motor car					1
Motor car	HONDA	shuttle	Red	Seriously	0
	Motor car				

Details of Vel	hicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SNP2370T	NTUC Income Insurance Co-Operative Limited	5142919716	29/01/2024	28/01/2025



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

Report No. T/20240902/7059

CONTINUATION OF REPORT

Details of Person	Involved			1122		
Any Pedestrian In	volved: No					
No. of Pedestrians	Injured: NIL		Use of Pedestrian Crossing, NA			g: NA
Driver			- V	V-		
Name	NG KOK HENG			ID No		S1503187E
Related Vehicle	SNP2370T (Motor car)		Conta	ict No.	98569975
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: 2B,3 Date of Expiry: NIL
Date Treatment	02/09/2024		Date Disc	harge	02/09	/2024
No. of Days grante	ed Medical Leave (MC)	05	Degree of	Injury	Serio	us

Brief Details.

31.08.2024 at about 10:00am. I was travelling along SIMS AVENUE. Due to the traffic light being red, I stopped in place. Suddenly, I felt an impact. Vehicle B (SHB 1183T) collided with the rear of my vehicle (SNP 2370T). During the accident no passenger was in my vehicle.

As a result of the accident, I felt pain on my neck, shoulder and back. I visited to NORWOOD MEDICAL HOUGANG after the accident. The doctor gave me 5 days MC.

- My vehicle no video.



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



3 of 3 Report No. T/20240902/7059

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has beer authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 02/09/2024 13:46
Officer In Charge Of Case: TP / AEIT / CHUA SOON KEONG Contact No.: 65476030	Classification Of Case: