SZ01249H0001 / Zhong Cheng Enterprise Pte Ltd ENTRY DATE & TIME: 17/09/2024 17:50 (SGT) SUBMITTED BY: Tan Sini VERSION: 1 (17/09/2024 17:50 (SGT))

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 17/09/2024 17:50 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 15/09/2024 22:30 (SGT) Exact Location of Accident Singapore Additional Location Information ALONG SLE CTE/TPE EXPRESSWAY Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

Odyssey

Vehicle Registration Number **SLC9468S**

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner GANESAN S/O RETNAM KUMAR NRIC No SXXXX696H Fmail Address ZCWASPTE@YAHOO.COM Mobile Phone No (Phone) +65-90620950 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model

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 1989 Vehicle Fuel First Regisration Date Chassis no

INSURANCE COMPANY

Name of Insurance Company **ECICS Limited** Policy Number / Cover Note Number MPC23A00280600

Effective Date/Time of Ownership

DRIVER

Name of Driver GANESAN S/O RETNAM KUMAR NRIC No SXXXX696H Date Of Birth 07/09/1983 Occupation Indoor Driving Pass Date 17/04/2006 Driving License Pass Class Driving License Validity Valid Driving experience 18 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-90620950 Alt. Phone Number Email Address ZCWASPTE@YAHOO.COM Address BLK 544 WOODLANDS DRIVE 16 #11-111 Address complement Postcode 730544 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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 - 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) 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 POLICE REPORT ATTACHMENT(S) Are accident photos available for attachment? Yes

Yes

SD CARD WAS TAKEN BY TRAFFIC POLICE OFFICER

Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model	SHD4260Z Hyundai Ioniq
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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	GANESAN S/O RETNAM KUMAR
Gender	Male
Phone No	(Phone) +65-90620950
Address	<u>-</u>
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLC9468S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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- 2. This Form must be completed by the Policyholder and/or the Actual Driver.
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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.
- 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.

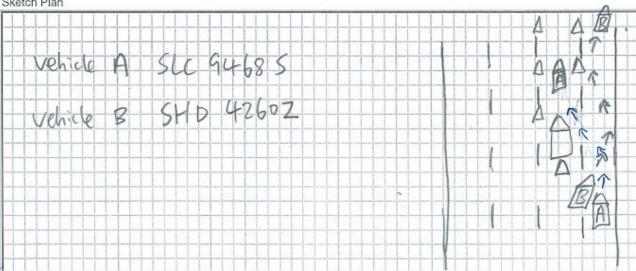
 ZHONG CHENG ENTERPRISE

Carros Centre #04-53 60 Jin Lam Hugt Singapore 737869 HP/9388 0453 Email: admin@zhengcheng.com.sg Reg No. 53156999C

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

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

Sketch Plan



Accident report SZ01249H0001

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/		
Was there any video captured by Car Camera?	(Yes) / No	
Has the driver been approached by unknown person	n(s)? Ye	s /No
Number of Passengers (Including Driver)?	01	
Name	Gender:	
Name	Gender:	14
Name	Gender:	
Declaration		
I/We declare the foregoing particulars are true in every respect.		ZHONG CHENG ENTERPRISE Carros Centre #04-53
		60 Jln Lam Huat Singapore 737869
		Email: admin@ehengcheng.com.sg Reg No. 53156999C
Delicularidad Signatura (Data & Time		
Policyholder's Signature / Date & Time Driver's Signature (if driver is not	tne policyholder) / Date	Witnessed by Reporting Centre Personnel



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)

SGDRIVERS PROTECTOR PLAN

Property Commencer

MZ300 COMPREHENSIVE ORIGINAL

CERTIFICATE NO: MPC23A00280600 Agency Name:

Agency Code:

SGDRIVERS PTE LTD

A0000069

1. Index Mark and Registration Number of Vehicle: SLC9468S

2. Name of Policyholder: GANESAN S/O RETNAM KUMAR

3. Period of Insurance (both dates inclusive): 05 October 2023 to 04 October 2024

4. Persons or Classes of Persons entitled to drive

a) The Policyholder and all Named Drivers declared under the Policy, b) Any other person who is driving on the Policyholder's order or with his permission.

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.

Use for social, domestic and pleasure purposes and for the Policyholder's business. The Policy does not cover use for hire or reward, tuition, driving test, race, pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

6. EXCESS APPLICABLE

WINDSCREEN SECTION I - STANDARD EXCESS (INSURED/NAMED DRIVER) SGD 100.00 SGD 1,000.00

SGD 500.00 SGD 3,000.00

Chassis No: JHMRB18507C203869

Engine No: K24A64003870

ADDITIONAL EXCESS:

SECTION I - UNNAMED DRIVERS

SECTION I - YOUNG, ELDERLY OR INEXPERIENCED DRIVERS EXCESS
(AGE <26, >70 OR HOLDS A VALID DRIVING LICENSE FOR <2 YEARS)

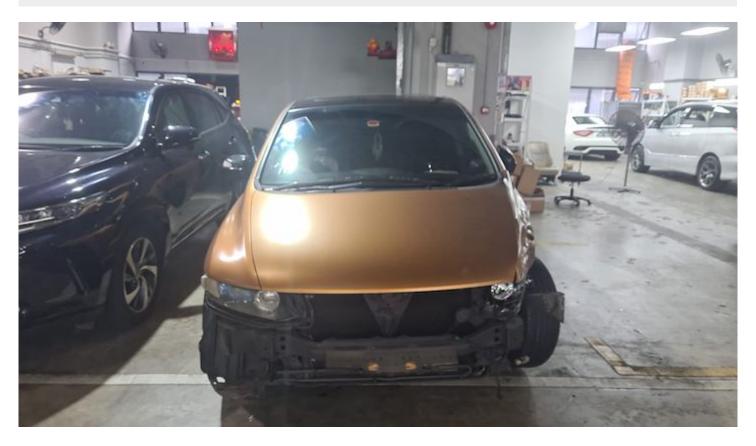
7. Hire Purchase Company: SWEE SENG CREDIT PTE LTD

Signed for and on behalf of ECICS Limited

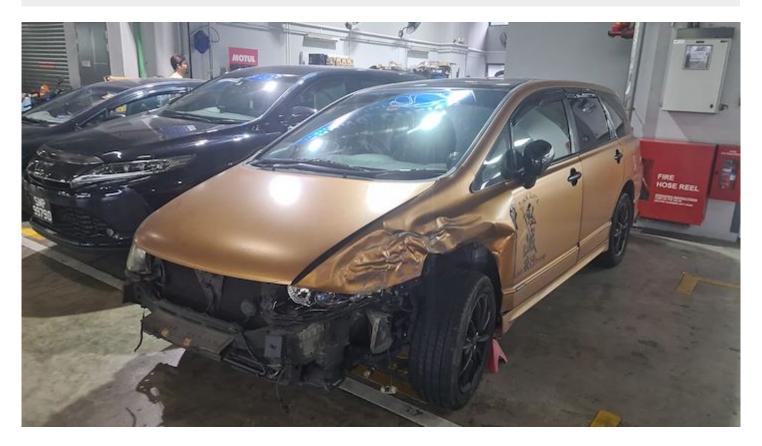
AUTHORISED SIGNATORY

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
- 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.

























1 of 3 Report No. T/20240916/7127

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/09/2024 19:51		Vide Report No.: L/20240915/0157	Station Diary No.:			
Informan	's Particular	3				
Name of Informant: GANESAN S/O RETNAM KUMAR		Address: 544 WOODLANDS DR 16 #11-111 HDB SINGAPORE 730544				
ID Type / ID No.: NRIC NO / \$8329696H			Contact No.: Home/Office:	Mobile: 90620950		
Nationalit SINGAPO	y: DRE CITIZEI	N .	Email: GANESAN.RETNAMKUM	AR@GMAIL.COM		
Sex: Age: Date of Birth:		Type of Informant: Driver				
Race: Indian		Language: English				
Occupation: Technical/Engineering services manager (excluding transport)			Driving Licence Informatio Class: 3,4	n: Date of Expiry: 31/12/2099		

General Information	of the Accident		Here was a series of the series of	
Type of Accident:	Injury Áttended by Police	Drink Drive: No	Date/Time of Accident 15/09/2024 22:30	Type of Location: Straight Road
Location: YIO CHU KANG C	RESCENT			
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Controlled by Others	1.335	affic Volume: oderate
Type of Collision: Between Moving V	ehicles - Side Swipe -	Same Direction		nyone conveyed by inbulance: es

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
Verilicie IVO.	Typo	IVIANO	Wodei	COIOI	Condition	No or Fasseriger
SLC9468S	Motor car	HONDA	ODYSSEY 2.4	Black		0
			A			

Details of Vehicle Insurance				
Insurance Company	Insurance No	Effective Date	Expiry Date	
ECICS LIMITED	MPC23A00280600	05/10/2023	04/10/2024	
	Insurance Company	Insurance Company Insurance No	Insurance Company Insurance No Effective Date	



T/20240916/7127

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20240916/7127

CONTINUATION OF REPORT

Details of Person	Involved					
Any Pedestrian In	volved: No					
No. of Pedestrians Injured: NIL			Use of Ped	Use of Pedestrian Crossing: NA		
Driver			THE STATE OF THE S	Man.	S I IN Y	
Name	GANESAN S/O RETNAM KUMAR		ID No		S8329696H	
Related Vehicle	SLC9468S (Motor car)			Conta	ict No.	90620950
Hospital/Clinic	WOODLANDS MEDICAL CENTRE			Class Drivin Licen Expin	g	Class: 3,4 Date of Expiry: 31/12/2099
Date Treatment	16/09/2024 Date Disch		harge	16/09	/2024	
No. of Days grante	ed Medical Leave (MC)	NIL	Degree of		Slight	

Brief Details.

I WAS DRIVING FROM SLE TOWARDS CTE AFTER LENTOR EXPRESSWAY IN BETWEEN LAMP POST 166 & 164 THE ACCIDENT TOOK PLACE WITH AN COMFORT TAXI SHD4260Z, I WAS TRAVELING FROM 2ND LANE AND CHANGE TO 1ST LANE BECAUSE THERE WAS ROAD WORK ON THE 2ND LANE OF THE EXPRESSWAY BY (LEY CHOON), WHILE I WAS DRIVING ON THE 1ST LANE A COMFORT TAXI SUDDENLY CUT IN FROM THE 2ND LANE (LEFT) (WITHOUT SIGNALING RIGHT) CAUSING SIDE SWIPE FROM LEFT SIDE HITTING MY LEFT SIDE OF MY CAR AND CONTIUNE DRIVE ON STRAIGHT. MY CAR SOMEHOW WAS MANAGE TO CONTROL AND IT CAME TO A STOP ON THE 2ND LANE WITHOUT INJURING ANY WORKERS. I WENT DOWN TO CHECK THE SURROUNDING AND CHECK WITH THE WORKERS IF ANYONE INJURIED, I COULDN'T SEE THE TAXI AS IT WENT FAR TO STOP. I WALK OVER TO THE TAXI AND CHECK IS THE DRIVER IS OK, WHEN I REACH THE TAXI THERE WAS 1 INDIAN PASSENGER AGE AROUND LATE 50'S SEATED RIGHT BEHIND THE TAXI DRIVER SEAT. THE DRIVER WAS NOT FOUND IN THE SEAT, I ASK THE TAXI PASSENGER HOW IS HE AND HE CLAIM HE WAS FEELING OK, IN A FEW MINUTES THE PARAMEDICS CAME TO THE TAXI AND CHECK ON THE PASSENGER AND ME AND BROUGHT US TO THE AMBULANCE TO DO FURTHER CHECKS. I SAW THE TAXI DRIVER WAS TALKING WITH THE TRAFFIC POLICE, TRAFFIC POLICE CAME DOWN TO CHECK AND TOOK MY PARTICULARS AND TOLD ME THE IO WILL CALL ME FOR FURTHER INVESTIGATION, MY CAR CAMERA SD CARD WAS ALSO SURRENDER TO THE TRAFFIC POLICE. EMAS CLEAR MY CAR FROM THE ACCIDENT SCEEN.



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



T/20240916/7127

3 of 3 Report No. T/20240916/7127

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: 16/09/2024 19:51
Officer In Charge Of Case: TP / TPIB / KAMALIAH BINTE KAMIS Contact No.: 65476433	Classification Of Case:
NP-100	