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 this is form by instrained 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 19/09/2024 10:57 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 18/09/2024 11:23 (SGT) Exact Location of Accident Sheares Link, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number SI 797797

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TEO KIM SOON NRIC No S7125468B Fmail Address DESMONDTEOKSTEOKS@GMAIL.COM Mobile Phone No (Phone) +65-81880218 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model

Vios 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 No - Claiming third party your vehicle? Vehicle Category Private hire Transmission Auto

CC 1500 Vehicle Fuel

First Regisration Date Chassis no

Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5144956511

DRIVER

Name of Driver TEO KIM SOON NRIC No S7125468B Date Of Birth 08/01/1971 Occupation Indoor Driving Pass Date 22/04/1991 Driving License Pass Class Driving License Validity Valid Driving experience 33 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-81880218 Alt. Phone Number Email Address DESMONDTEOKSTEOKS@GMAIL.COM Address 774 BEDOK RESERVOIR VIEW #14-103 Address complement Postcode 470774 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 NO.T/20240919/7013. ATTACHMENT(S)

Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident with owner

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA3007L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	TOH GUAN KHENG
NRIC No	S0094070D
Contact Number	(Phone) +65-96940394
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEH B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TEO KIM SOON
Gender	-
Phone No	-
Address	_
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLZ9779Z
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	_

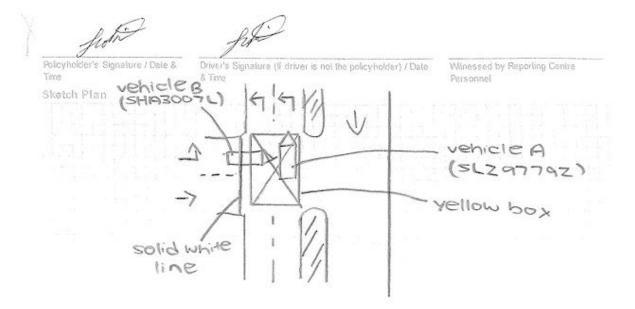
SHEFFIRE FLAR

IMPORTANT HOTICE

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- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GtA") 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 law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Describe Circumstances of the Accident
I was driving along Sheares Link. Suddenly,
vehicle B who was coming out from Marina
Bay sands Hotel drop-off point failed to
check for oncoming vehicles, resulted in
hitting onto the left hand portion of my
Whicle.

Declaration

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

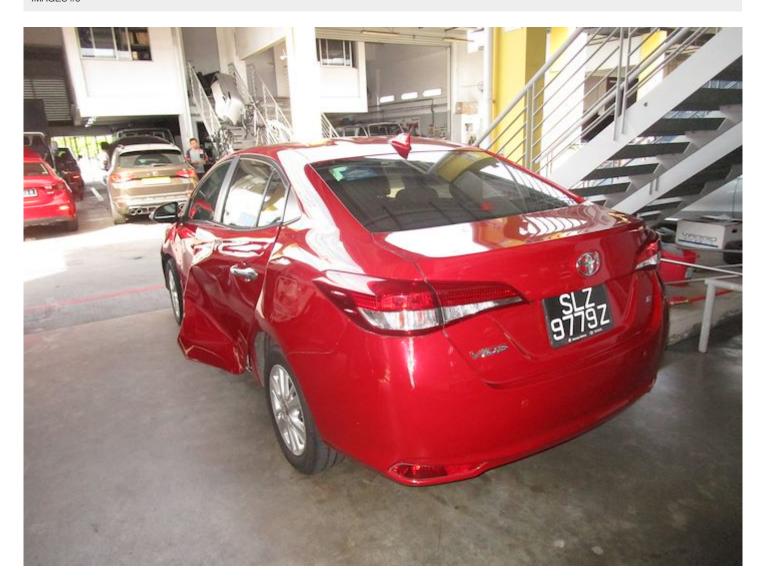
Policyholder's Signature / Date & Time

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

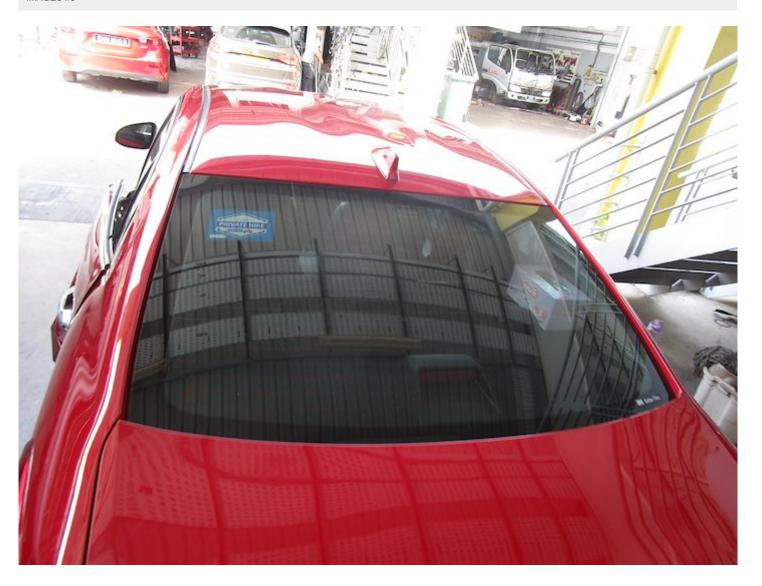
Wilnessed by Reporting Centre Personnel

























T/20240919/7013

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20240919/7013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/09/2024 09:39		ide:	Vide Report No.:	Station Diary No.:		
Informan	's Particular	'S				
Name of TEO KIM	Informant: SOON		Address: 774 BEDOK RESERVOIR VIEW #14-103 SINGAPORE 470			
ID Type / NRIC NO	ID No.: / S7125468	3B	Contact No.: Home/Office:	Mobile: 81880218		
Nationalit SINGAPO	y: DRE CITIZE	N	Email: desmondteoksteoks@gmail.c	com		
Sex: Age: Date of Birth: Male 53 08/01/1971			Type of Informant: Driver			
Race: Chinese			Language: English			
Occupation: Grab Driver			Driving Licence Information: Class: Date of Expiry:			

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/09/2024 11:20	Type of Location Straight Road
Location: BAYFRONT AVEN	UE			
Mashaw		D 10 (
20072700		Road Surface: Dry		
Weather: Clear Traffic Flow:			Tra	ffic Volume:

Details of Ve	hicle Involved					
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHA3007L	Motor car					0
SLZ9779Z	Motor car	ТОУОТА	VIOS E (AUTO)	Red		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SLZ9779Z	NTUC Income Insurance Co-Operative Limited	5144956511	19/04/2024	18/04/2025



T/20240919/7013

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

2 of 3 Report No. T/20240919/7013

CONTINUATION OF REPORT

Details of Person	Involved	W. Conti				
Any Pedestrian In	volved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			g: NA
Driver				35/201		
Name	TEO KIM SOON	TEO KIM SOON		ID No).	S7125468B
Related Vehicle	SLZ9779Z (Motor car)			Conta	act No.	81880218
Hospital/Clinic	CHANGI GENERAL HOSPITAL			Class Drivin Licen Expin	ig	Class: NIL Date of Expiry: NIL
Date Treatment	18/09/2024 Date			narge	NIL	
No. of Days grante	d Medical Leave (MC) 04 Degree of			Injury	Slight	

Brief Details.

I was driving along Sheares Link. Suddenly, vehicle B (SHA3007L) who was coming out from Marina Bay Sands Hotel drop-off point failed to check for oncoming vehicles, resulted in hitting onto the left hand portion of my vehicle. After the collision, I felt unwell and went to consult the doctor.



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



3 of 3 Report No. T/20240919/7013

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: 19/09/2024 09:39
Officer In Charge Of Case: TP / AEIT / PHNG KAR SOON Contact No.: 65476439	Classification Of Case:
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: 5144956511

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle Chassis Number

: SLZ9779Z

: MR2B23F3401116097

2. Name of Policyholder

: TEO KIM SOON

3. Effective Date of Insurance

: 19 Apr 2024

4. Expiry Date of Insurance

: 18 Apr 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) EXCESS (SECTION 2) : 5\$1,500 WINDSCREEN EXCESS : \$\$100 ADDITIONAL EXCESS : N/A REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COF : YES NCD PROTECTION : YES (FREE) ROADSIDE ASSISTANCE AND WELLNESS COVER : YES TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO PRIMARY DRIVER : TEO KIM SOON NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : N/A 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

: MITSUI BUSSAN PANA HARRISON PTE. LTD. (00000690533)

Date of Issue

: 19 Apr 2024 15:09 hrs

For INCOME INSURANCE LIMITED

Chief Executive