# **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.

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   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 20/06/2024 17:38 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 20/06/2024 09:10 (SGT) Exact Location of Accident Singapore Additional Location Information Sengkang East Avenue 6 near Compassvale Road Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

1317

Vehicle Registration Number SMR65137

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner Tan Hui Peok NRIC No S1176160G Email Address tanhuipeok@gmail.com Mobile Phone No (Phone) +65-83328327 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Honda Model FIT 1.3GF CVT Variant

Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to

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

**INSURANCE COMPANY** 

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5115493550-04

DRIVER

Name of Driver Tan Hui Peok NRIC No S1176160G Date Of Birth 26/10/1956 Occupation Outdoor

Driving Pass Date Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? 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	12/05/1960 64 YEARS AND 1 MONTH Male (Phone) +65-83328327 - tanhuipeok@gmail.com 611 Hougang Avenue 8 #05-510 S530611 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other vehicle or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  Translator's name  Translator's ID  Translator's phone number  Translator's email  Original language used in the statement	No 2 Yes No Yes 1 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No
CIRCUMSTANCES OF ACCIDENT	
refer to attached	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident	Yes Yes File with owner
DETAILS OF OTHER	VEHICLE PROPERTY 1

Vehicle Model

Vehicle Registration NumberSLA4149GVehicle Manufacturer-

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	-
No. Of Passenger (Including Driver)	-

# INJURED PERSONS DETAILS

# INJURED 1

Name of injured person Gender	Tan Hui Peok
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	5 days MC
Injured person in which vehicle?	SMR6513Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process
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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 Police for investigation.
- 6. The 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 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)

Lunderstand, 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' 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' 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan

B3 A BI Al

Songkang East Avenue 6 (near compassuale Road)

A: SMR 65137

B: SLA 41496

Describe Circumstances of the	he Accident
Please	refer to the police report:
123.11	
T/ 21	024 0620 17048.

# Declaration

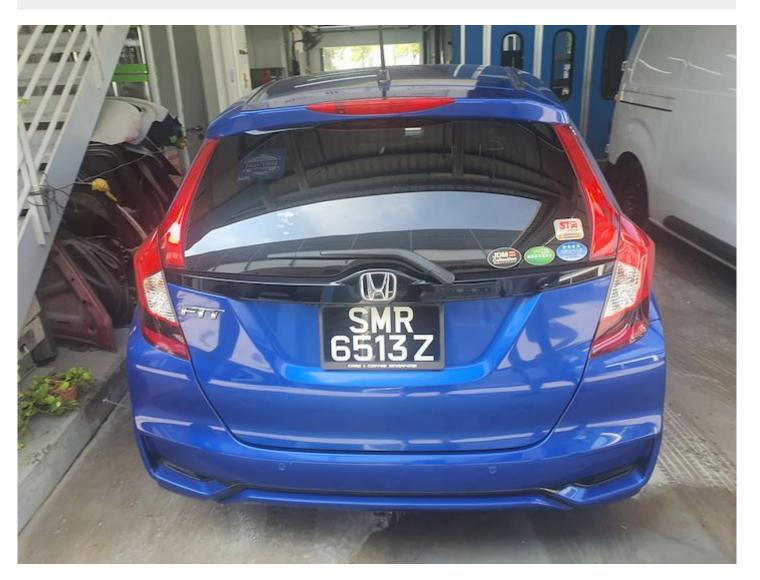
IWe declare the foregoing particulars are true in every respect.

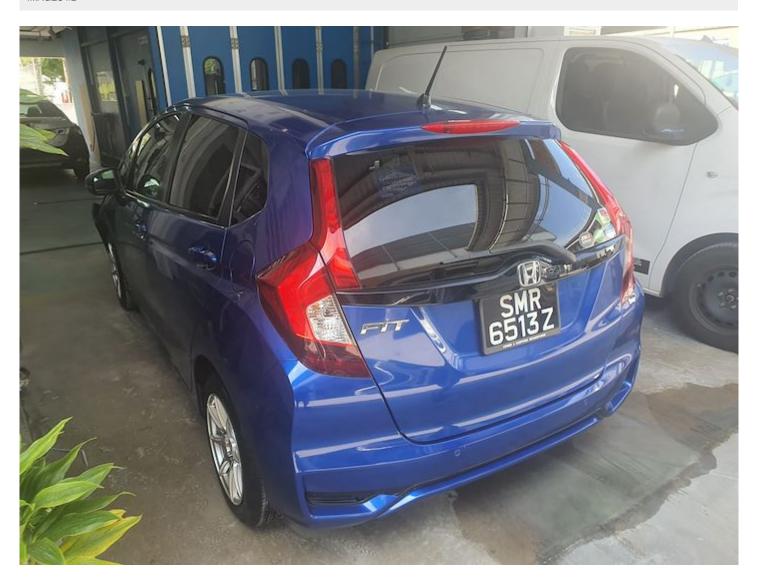
Policyholder's Signature / Date & Time

20 -6 - 24

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

Witnessed by Reporting Centre Personnel



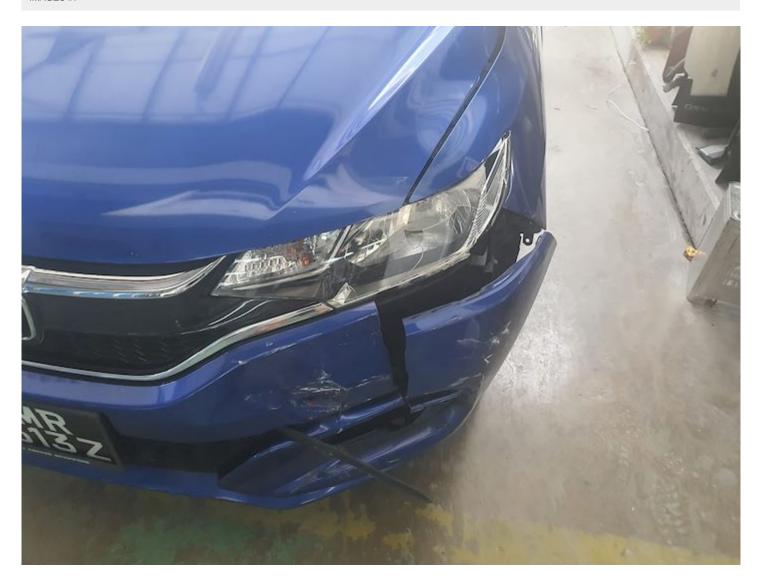


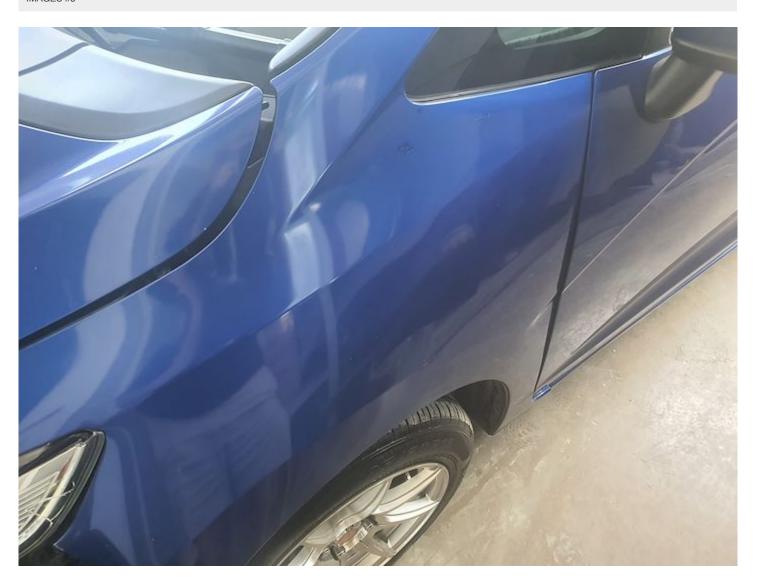


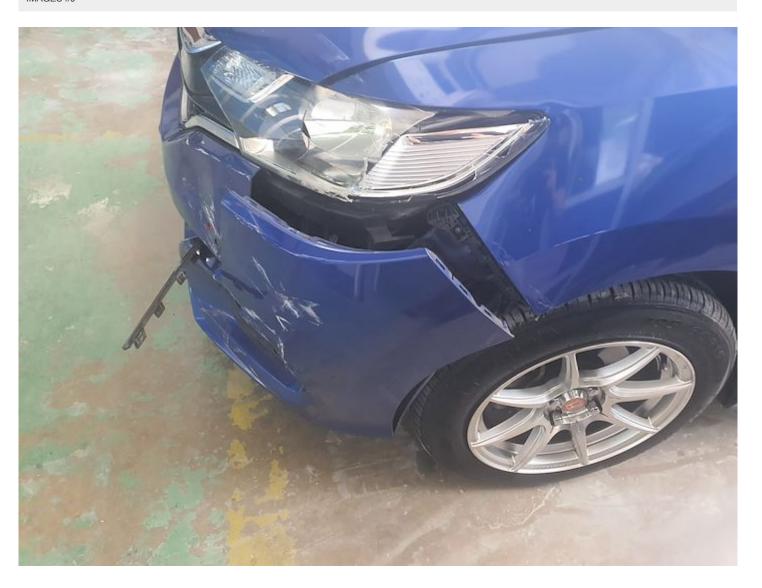




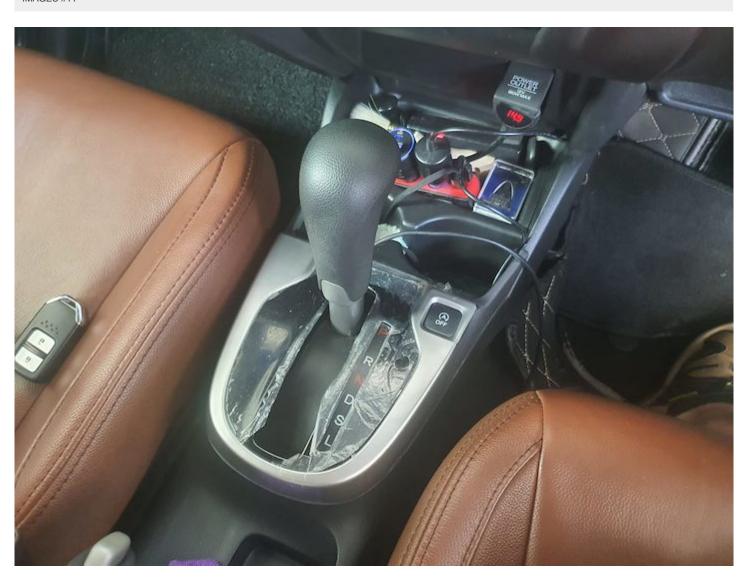




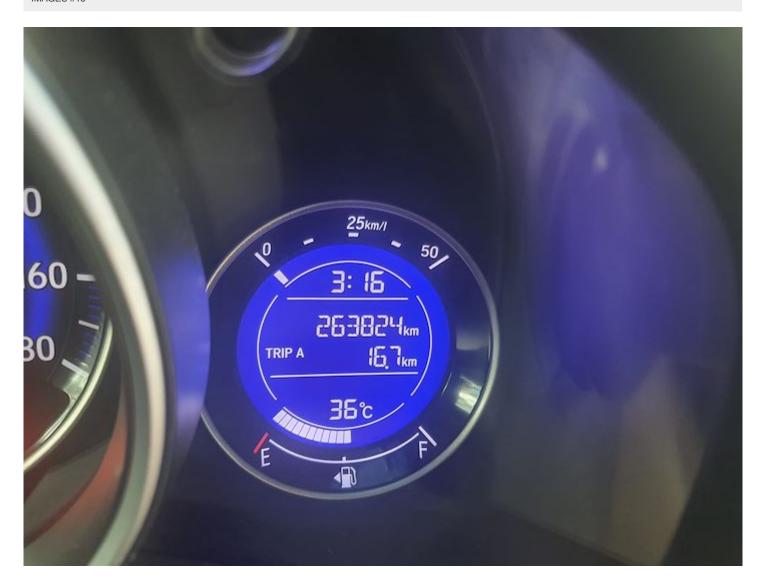
















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20240620/7048

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/06/2024 15:03		ide:	Vide Report No.;	Station Diary No.;	
Informan	t's Particular	S			
	ne of Informant: Address: I HUI PEOK BLK 611 HOUGANG AVENUE 8 #05-510 SINGA			8 #05-510 SINGAPORE 530611	
ID Type / ID No.: NRIC NO / S1176160G		)G	Contact No.: Home/Office:	Mobile: 83328327	
Nationali SINGAP	ty: ORE CITIZE	N	Email: tanhuipeok@gmail.com		
Sex:         Age:         Date of Birth:           Male         67         26/10/1956			Type of Informant: Vehicle Owner		
Race: Chinese Occupation: Private-hire car driver			Language: English		
		,	Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:	

General Information	of the Accident			
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/06/2024 09:10	Type of Location: X-Junction
Location: SENGKANG EAST Weather: Clear	FAVENUE	Road Surface:		
Traffic Flow: One Way		Traffic Control: Traffic Light - Workin	Traffic Volume: Moderate	
Type of Collision: Between Moving V	ehicles - Head To	Rear		rone conveyed by bulance:

Туре	Make	Model	Color	Condition	No of Passenge
Motor car					1
Motor car	HONDA	FIT 1.3GF	Blue	Seriously	0
	Motor car				

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date	
SMR6513Z	NTUC Income Insurance Co-Operative Limited	5115493550-04	16/01/2024	15/01/2025	



T/20240620/7048

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20240620/7048

#### CONTINUATION OF REPORT

	Market Commissions	2000 100 2000 200		NAME OF STREET	Character St.	
Any Pedestrian In	volved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Vehicle Owner						
Name	TAN HUI PEOK		ID No		S1176160G	
Related Vehicle	SMR6513Z (Motor car)		Conta	act No.	83328327	
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	20/06/2024 Date Di		Date Disch	narge	20/06	/2024
No. of Days grante	ed Medical Leave (MC)	05	Degree of	Degree of Injury Serie		us

## Brief Details.

On 20.06.2024 at about 9:08am. I was travelling along SENGKANG EAST AVENUE 6 (near COMPASSVALE ROAD). I was going straight. Vehicle B (SLA 4149G) was driving erratically without signalling while changing lanes and braking multiple times. Suddenly, vehicle B encroached into my lane from the right side and braked. I applied e-brake immediately but to no avail. As a result, my vehicle (SMR 6513Z) hit onto vehicle B (SLA 4149G) rear portion. During the accident no passenger was in my vehicle.

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

I had a video from my in-car camera.



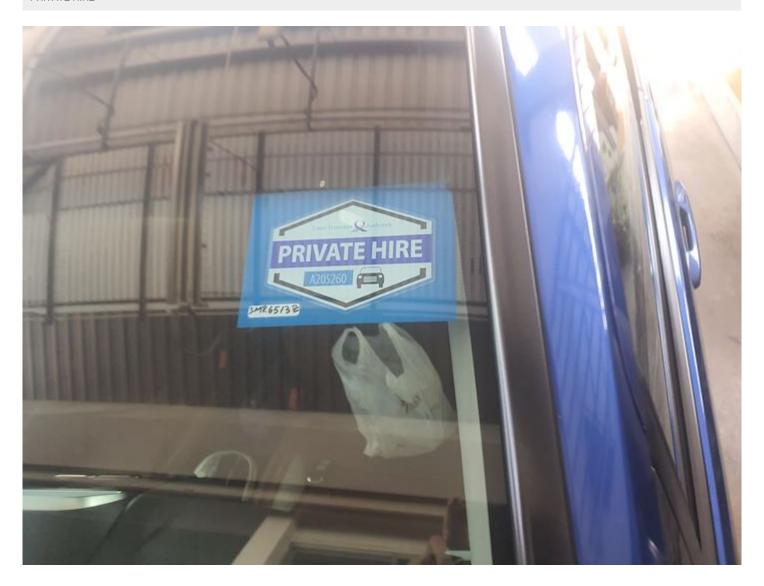
Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



3 of 3 Report No. T/20240620/7048

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: 20/06/2024 15:03
Officer In Charge Of Case: TP / AEIT / LEE GUANG HUI Contact No.: 65476414	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: 5115493550-04 Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : SMR6513Z
Chassis Number : GK33431899
2. Name of Policyholder : TAN HUI PEOK
3. Effective Date of Insurance : 16 Jan 2024
4. Expiry Date of Insurance : 15 Jan 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) : \$\$1,500 WINDSCREEN EXCESS : \$\$100 ADDITIONAL EXCESS : \$\$1,500 REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : YES ROADSIDE ASSISTANCE AND WELLNESS COVER : YES TRANSPORT ALLOWANCE : NO EXCESS WAIVER : NO PRIMARY DRIVER : TAN HUI PEOK

NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : GENIE FINANCIAL SERVICES 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 : JG MOTOR AGENCY (00000613374)

Date of issue : 18 Dec 2023 17:34 hrs

For INCOME INSURANCE LIMITED

Chief Executive