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 05/10/2024 13:27 (SGT) Reported by **Actual Driver** Date of Accident 02/10/2024 11:00 (SGT) Exact Location of Accident Singapore Additional Location Information 64 UPPER SERANGOON Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMT3960A

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner WONG ANGELINA JULIE NRIC No S7188527E Fmail Address kerrytanyg@gmail.com Mobile Phone No (Phone) +65-91781266 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Toyota Model Harrier 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 car Transmission Auto CC 1986 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 5143088621

DRIVER

Name of Driver TAN YACK GUAN NRIC No S8274341C Date Of Birth 19/01/1982 Occupation Indoor Driving Pass Date 05/01/2005 Driving License Pass Class 3 Driving License Validity Valid Driving experience 19 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-91781266 Alt. Phone Number Email Address KERRYTANYG@GMAIL.COM Address BLK 64 UPPER SERANGOON VIEW 11-02 SINGAPORE 533886 Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Spouse 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 Was anybody injured in the Accident? Nο Was any injured conveyed to hospital by ambulance? 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 Was there any video captured by Car Camera?

Yes

VIDEO WITH CONDO MANAGEMENT

Reasons for not uploading a video of the accident

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA6935M
Vehicle Manufacturer	_
Vehicle Model	-
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)	_

WITNESS DETAILS

WITNESS 1

Name SECURITY GUARD Phone -

SKETCH PLAN

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.
- 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 Traffic Police Department for investigation.
- 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.
- 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)

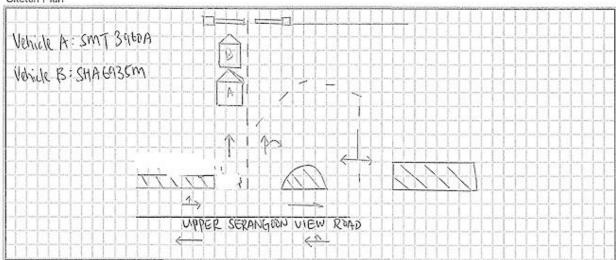
I understand, acknowledge, agree and consent that:

- (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.

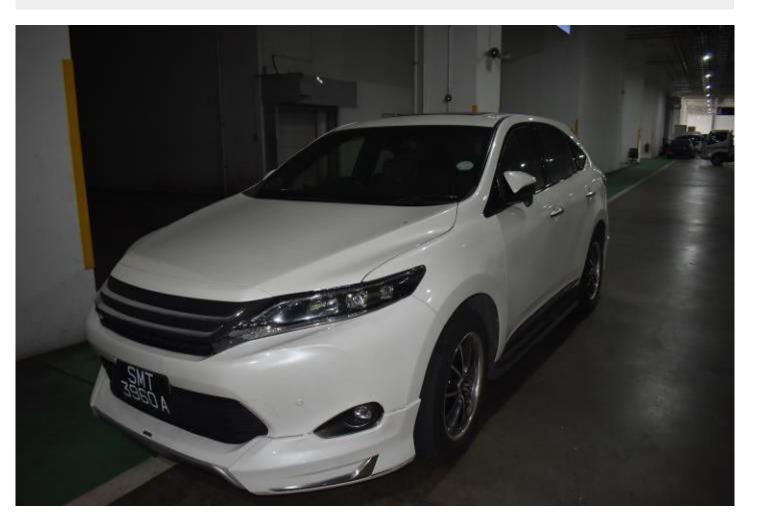
Policyholder's Signature / Date & Time Driver's Signature (if driver is not the policyholder) / Date

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

Sketch Plan



Please refer to poli	10 Coant	
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the driver been approached to		Db
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9	Gender:	
	Gender:	
aration declare the foregoing particulars are tru	in every respect.	AND MORE
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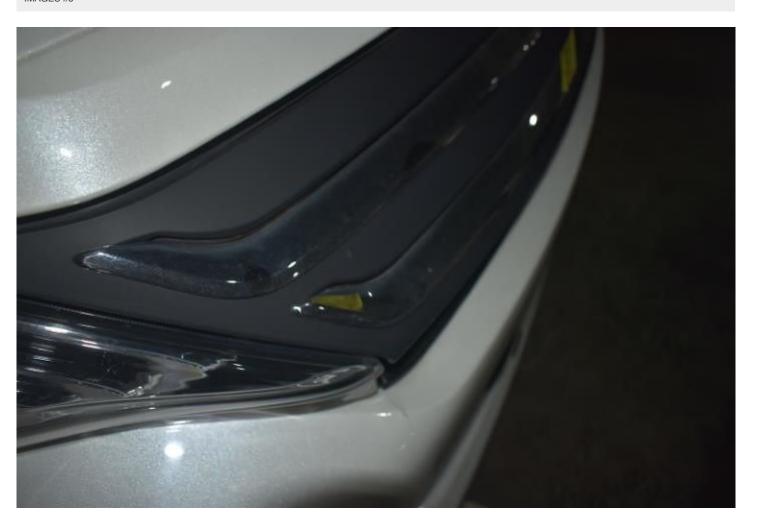








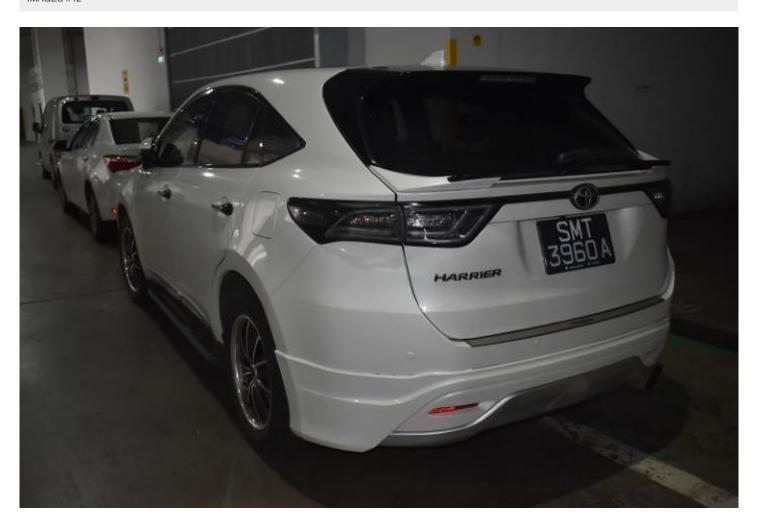


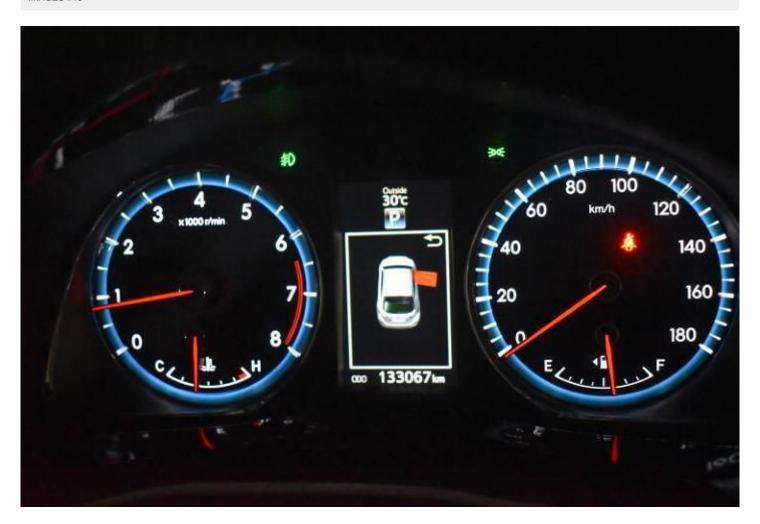


















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



2 of 3 Report No. T/20241005/7019

CONTINUATION OF REPORT

Driver						
Name	TAN YACK GUAN),	S8274341C
Related Vehicle	SMT3960A (Motor car)				act No.	91781266
Hospital/Clinic	NIL				of og ce & y Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch	harge	NIL		
No. of Days grant	Degree of	f Injury NIL				

Brief Details.

I was reporting an incident that happened last night 02/10/2024 between 1030pm-1130 pm I was heading home and reached my condo , Kingsford Waterbay at upper Serangoon view .

While turning in , I saw a taxi went to the wrong lane , he was at the resident lane which he was not supposed to enter from there , I kept a distant from him , and out of sudden he reversed his car quickly and banged my front bumper .

While seeing hik accelerate when reversing the car, I started to honked him and he still didn't aware and banged my front bumper.

The taxi driver didn't not stop and checked my car and he quickly step the pedal and ran away into the car park . I came down to checked my car and there was some cracks and damages on my bumper.

At that point of time there were two security guard at my condo witness the incident, and they were also shocked why the taxi driver didn't stop and came out to check the situation but quickly ran away.

I drove into my car park and found him at one of the block dropping passenger .

I approached him and asked him why you ran away , his reasons was he want to dropped off the passenger . He told me he was apologetic and want to settle privately , I was told by him that he can introduce a workshop to help be fix up my car front bumper .

The next day which is today I contacted him and he was non responding and didn't give me the workshop details .i tried to sent messages to him and contact him the whole day he wasn't picking up the phone . Until very late then he began to reply a simple message saying he just got his taxi . I then ask him for the workshop details and let settle it privately . Until now at this hour 940 pm , he still not responding , I felt that he was trying to dragged the matter. I am reporting this report because he don't want to settle privately and asked me to proceed to file for the claim for insurance.

And I am also applying form my condo management to pull out the security footage for that incident last night. Please help me look into this case. Thanks!





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20241005/7019

	REPORT OF A TRAFFIC ACCIDENT Date/Time Report Made:			Vide Report No :				Station Diagrams	
05/10/2024	пе кероп маде: 024 10:53		Vide Report No.:					Station Diary No.:	
Informant's	Particula	rs						-	
Name of Inf TAN YACK	GUAN						V#11-02 KIN	VGSF	ORD WATERBAY
ID Type / ID No.: NRIC NO / \$8274341C		Contact No.:				91781266			
Nationality: SINGAPOR	E CITIZE	ΞΝ		Email KERR	: ?YTANYG@GN	MAIL.COM			
Sex: Male	Age:	Date	of Birth:	Type of Informant:					
Race: Chinese				Langu					
Occupation: Business co				Drivin Class:	g Licence Infor	mation:	Date of E	Expirv	······································
Type of Acc	11	Non-Injury Hit and R	у		Drink Drive: No		ne of Accide 124 23:00	nt:	Type of Location Straight Road
Type of Acc Location: UPPER SEF	ident:	Non-Injur Hit and R	y un	(2000) (COM				nt:	
Type of Acc Location: UPPER SEF Weather: Clear Traffic Flow:	ident:	Non-Injur Hit and R	y un	Dry Traffic	No		24 23:00		Straight Road
Type of Acc Location: UPPER SEF Weather: Clear Traffic Flow: One Way Type of Coll Between Mo	ident:	Non-Injury Hit and R	y un	Dry Traffic	No Surface:		24 23:00	Traffi No Tr Anyo	c Volume:
Type of Acc Location: UPPER SEF Weather: Clear Traffic Flow: One Way Type of Coll Between Mo	ident:	Non-Injury Hit and R	y un	Dry Traffic	No Surface:		24 23:00	Traffi No Tr Anyo ambu	c Volume: raffic ne conveyed by
Type of Acc Location: UPPER SEF Weather: Clear Traffic Flow: One Way Type of Coll Between Mo	ident:	Non-Injury Hit and R	y un ead On	Dry Traffic Not C	No Surface: Control: ontrolled	02/10/20	24 23:00	Traffi No Tr Anyo ambu No	c Volume: raffic ne conveyed by
Type of Acc Location: UPPER SEF Weather: Clear Traffic Flow: One Way Type of Coll	ident:	Non-Injury Hit and R DN VIEW nicles - He	y un	Dry Traffic Not C	No Surface:		24 23:00	Traffi No Tr Anyo ambu No	c Volume: raffic ne conveyed by

Use of Pedestrian Crossing: NA

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



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



3 of 3 Report No. T/20241005/7019

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: 05/10/2024 10:53
Officer In Charge Of Case: TP / HRT / IRMAN BIN MOHAMAD SAID Contact No.: 65476145	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: 5143088621 Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SMT3960A Chassis Number : ZSU600073763

2. Name of Policyholder : WONG ANGELINA JULIE 3. Effective Date of Insurance : 03 Feb 2024 4. Expiry Date of Insurance : 02 Feb 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 business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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\$600 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : \$\$100 ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

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 : TAN YACK GUAN

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

HIRE PURCHASE COMPANY : MAYBANK SINGAPORE LIMITED

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 : DICKSON INSURANCE BROKER PTE, LTD. (00000573832)

Date of Issue : 02 Feb 2024 16:51 hrs

For INCOME INSURANCE LIMITED

Chief Executive