

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 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 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	21/10/2024 12:00 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	20/10/2024 12:45 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TWDS PIE BEFORE UPPER SERANGOON RD EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME4578T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JEAN CHOO MUN MUN
NRIC No	S9627004F
Email Address	JEANCHOOMM@GMAIL.COM
Mobile Phone No	(Phone) +65-84844996
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q2
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 your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1984
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5143994508

DRIVER

Name of Driver	JEAN CHOO MUN MUN
NRIC No	S9627004F
Date Of Birth	22/07/1996
Occupation	Indoor
Driving Pass Date	05/07/2021
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	3 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-84844996
Alt. Phone Number	-
Email Address	JEANCHOOMM@GMAIL.COM
Address	BLK 173A SENGKANG EAST DRIVE #05-204
Address complement	-
Postcode	541173
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
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	Chain Collision
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)	3
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	-

PASSENGER 1

Name	BENSON TEO MEN HUI
Gender	Male

PASSENGER 2

Name	CHOO LAI FONG
Gender	Female

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

ATTACHMENT(S)

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMQ4969K
 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 VEHICLE B
 No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SNN5442K
 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 VEHICLE C
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person CHOO LAI FONG
 Gender Female
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SME4578T
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

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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 & Time:

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

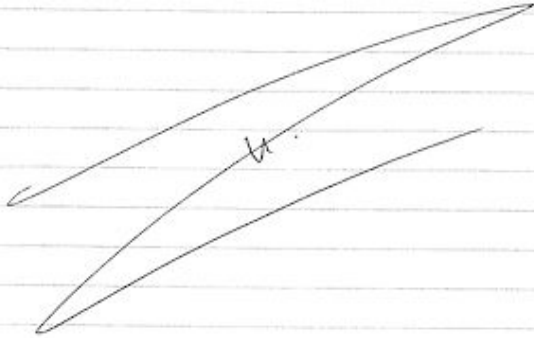
Sketch Plan

		Vehicle A: SME 4578T Vehicle B: SMR 4969K Vehicle C: SNN 5442K
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Describe Circumstance of the Accident

attached TP report:

T/20241021/7012



Declaration

(We declare the foregoing particulars are true in every respect)


Policyholder's Signature / Date & Time


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

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

















**SINGAPORE
POLICE FORCE**



T/20241021/7012

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

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Report No. T/20241021/7012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/10/2024 09:48		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: JEAN CHOO MUN MUN			Address: 173A SENGKANG EAST DRIVE #05-204 SINGAPORE 541173		
ID Type / ID No.: NRIC NO / S9627004F			Contact No.: Home/Office: Mobile: 84844996		
Nationality: SINGAPORE CITIZEN			Email: JEANCHOOMM@GMAIL.COM		
Sex: Female	Age:	Date of Birth: 22/07/1996	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Marketing manager			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/10/2024 12:45	Type of Location: Straight Road
Location: SERANGOON ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SME4578T	Motor car	AUDI	Q2 1.4 TFSI COD S TRONIC	Black		2
SMQ4969K	Motor car					0
SNN5442K	Motor car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20241021/7012

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

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Report No. T/20241021/7012

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SME4578T	NTUC Income Insurance Co-Operative Limited	5143994508	11/03/2024	27/03/2025

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	JEAN CHOO MUN MUN		ID No.	S9627004F
Related Vehicle	SME4578T (Motor car)		Contact No.	84844996
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave (MC)		NIL	Degree of Injury	NIL
Passenger				
Name	CHOO LAI FONG		ID No.	NIL
Related Vehicle	SME4578T (Motor car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave (MC)		NIL	Degree of Injury	Slight
Passenger				
Name	BENSON TEO MENG HUI		ID No.	NIL
Related Vehicle	SME4578T (Motor car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave (MC)		NIL	Degree of Injury	NIL



SINGAPORE
POLICE FORCE



T/20241021/7012

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

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Report No. T/20241021/7012

CONTINUATION OF REPORT

Brief Details.

ON 20/10/2024 AT ABOUT 1245 HOURS AT ALONG CTE TOWARDS PIE BEFORE UPPER SERANGOON ROAD EXIT, I WAS TRAVELLING ON THE FOURTH LANE FROM THE RIGHT AT THE ABOVE MENTIONED ROAD AND WHEN MY FRONT VEHICLE SLOWED DOWN AND STOP DUE TO HEAVY TRAFFIC, HENCE I FOLLOW SUIT. SUDDENLY, I HEARD A LOUD BANG FROM BEHIND AND THE IMPACT FORCED MY VEHICLE TO HIT ONTO THE FRONT VEHICLE (C) IN FRONT OF ME. AFTER I ALIGHT, I REALISED IT WAS VEHICLE (B) WHO HIT ONTO THE REAR PORTION OF VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. IT WAS A CHAIN COLLISION OF TOTAL 3 VEHICLES INVOLVED. AFTER THE ACCIDENT, MY PASSENGER FELT UNWELL AND WILL CONSULT A DOCTOR NEXT.

- (A) SME4578T
- (B) SMQ4969K
- (C) SNN5442K



**SINGAPORE
POLICE FORCE**

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



T/20241021/7012

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Report No. T/20241021/7012

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
LEE GUANG HUI
Contact No.: 65476414

Signature Of Informant:
The identity of the person making this report has been
authenticated by Singpass. No signature is required.

Date/Time:
21/10/2024 09:48

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: 5143994508

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SME4578T**
 Chassis Number : **WAUZZZGA5JA099097**
2. Name of Policyholder : **JEAN CHOO MUN MUN**
3. Effective Date of Insurance : **11 Mar 2024**
4. Expiry Date of Insurance : **10 Mar 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	: S\$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	: JEAN CHOO MUN MUN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: OCBC BANK 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 : SSL & CO PTE. LTD. (00000615438)
 Date of Issue : 11 Mar 2024 12:30 hrs

For INCOME INSURANCE LIMITED

Chief Executive