SN0724AS001B / Income Insurance Limited ENTRY DATE & TIME: 28/10/2024 16:16 (SGT) SUBMITTED BY: Mohammad Yunos Bin Abdul Samad VERSION: 1 (28/10/2024 16:16 (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.

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 28/10/2024 16:16 (SGT) Reported by **Actual Driver** Date of Accident 24/10/2024 19:20 (SGT) Exact Location of Accident Singapore Additional Location Information BENCOOLEN STREET Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

OTHERS

Vehicle Registration Number SHD755P

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner TRANS-CAB SERVICES PTE. LTD Company Reg No 200303878K Email Address CLAIMS@TRANSCAB.COM.SG Mobile Phone No (Phone) +65-65552222 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model **OTHERS** Variant Exact purpose for which vehicle was being used at time of accident **Employment** Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only Vehicle Category Taxi Transmission Auto CC 1995 Vehicle Fuel Diesel First Regisration Date Chassis no

Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5140725663-01

DRIVER

Name of Driver LOH SWEE KEONG NRIC No S0117064C Date Of Birth 19/01/1953 Occupation Outdoor Driving Pass Date 05/03/1976 Driving License Pass Class Driving License Validity Valid Driving experience 48 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-97970403 Alt. Phone Number Email Address CLAIMS@TRANSCAB.COM.SG Address BLK 19 JALAN SULTAN Address complement #09-186 Postcode 190019 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer 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 No 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 Was anybody injured in the Accident? No 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? Police Station Name Ang Mo Kio North Neighbourhood Police Centre Police Station Phone No (Phone) +65-18004849999 Alt. Police Station Phone No (Fax) +65-62181399 Police Station Address 51 Ang Mo Kio Avenue 9 Singapore 569784 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT NO: F/20241028/2060 ATTACHMENT(S) Are accident photos available for attachment? Yes

No

Was there any video captured by Car Camera?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNC1054G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-90888925
Address	-
Address complement	-
Postcode	_
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	1

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.
- 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 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:

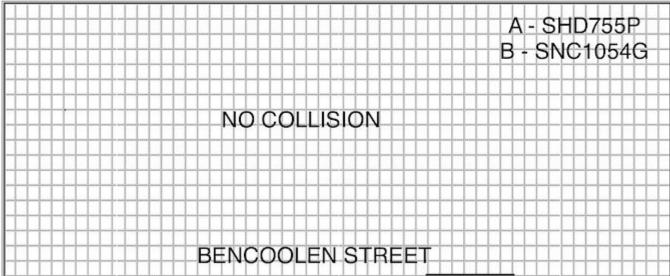
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date 28/10/2024 & Time 14:30

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card) YUNOS S099951

Sketch Plan



Describe Circumstance of the Accident		
REFER TO POLICE REPORT NO: F/20241028/2060		
Declaration		

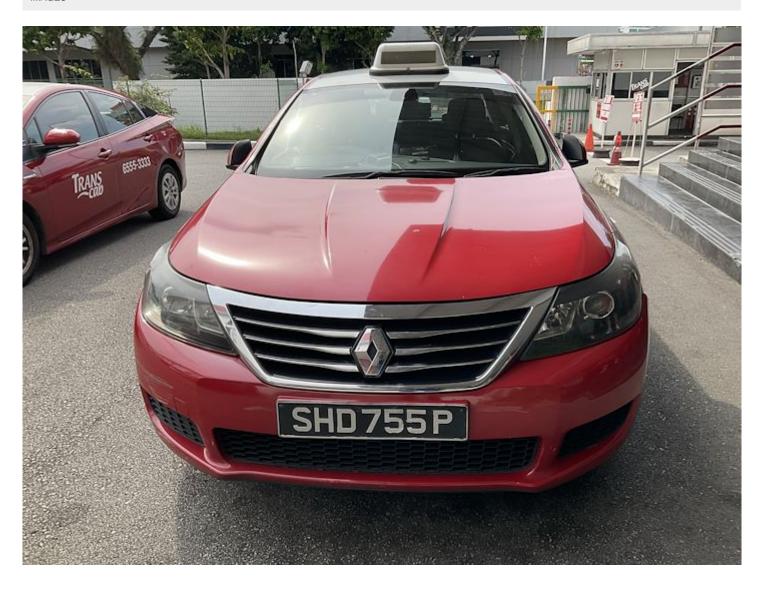
Policyholder's Signature / Date & Time

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

Driver's Signature (if driver is not the policyholder) / Date & Time 28102024 16:30 Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

MOHAMMAD YUNOS S099951

2

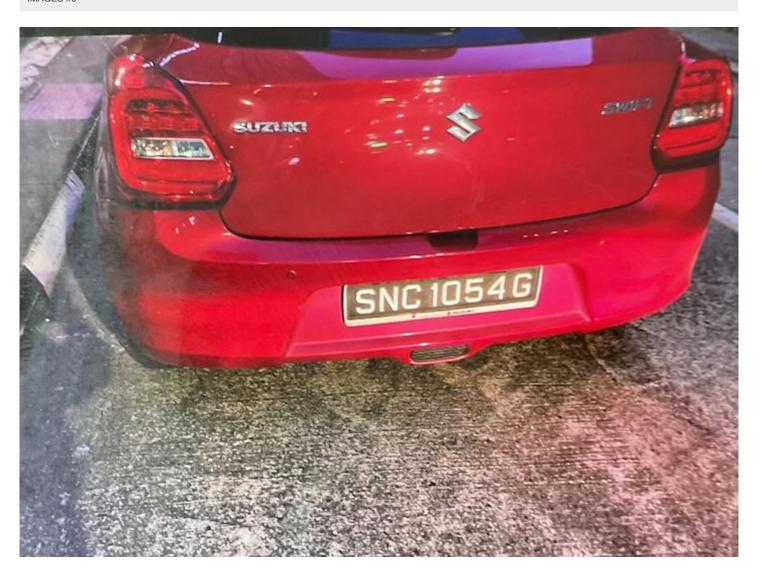
















Report No. F/20241028/2060

POLICE REPORT (NP299)

Police Station Of Origin Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784 Tel No: 1800-4849999

Date/Time Report Made 28/10/2024 15:23	Vide Report No.			Station Diary No.	
Name Of Informant LOH SWEE KEONG ID Type / ID No. NRIC NO / S0117064C	Address 19 JALAN SULTAN #09-186 SING Contact No. Home/Office Mobile				
Nationality SINGAPORE CITIZEN	Email Address				
Occupation Taxi driver	Sex Male	Age 71	Date of Birth 19/01/1953	Race Chinese	
Date/Time Of Incident	Language Location Of Incident				
24/10/2024 19:20	BENCOOLEN STREET SINGAPORE				

Brief details

On 24/10/2024, at around 1920hrs, I was driving my Transcab license plate "SHD755P" along Bencoolen Street. I was driving on the second lane when I observed that it was red light, I braked and managed to stop.

However, there was a vehicle in front of me "SNC1054G" and the driver came down from his vehicle to make a check on his vehicle. Subsequently, he came to inform that I had knocked into his vehicle. I wish to state that I did not hear or knocked into the vehicle.

Signature Of Officer Recording The Report: F / SGT 3 WU QIAN RONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 28/10/2024 15:23
Officer In-Charge Of Case: F / Ang Mo Kio North N.P.C / SGT 3 KERK LI PING Contact No.: 64849999	Classification Of Case:





Report No. F/20241028/2060

POLICE REPORT (NP299)

CONTINUATION OF REPORT

No one was injured, no damage to either vehicle.

We have exchanged our contact numbers.

I have informed my supervisors about it and I am lodging for record purposes.

Signature Of Officer Recording The Report: F / SGT 3 WU QIAN RONG

Signature Of Interpreter: Not applicable

Officer In-Charge Of Case: F / Ang Mo Kio North N.P.C / SGT 3 KERK LI PING Contact No.: 64849999

Signature Of Informant:

Date/Time: 28/10/2024 15:23

Classification Of Case: