

## 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 .....	06/11/2024 15:36 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	05/11/2024 22:20 (SGT)
Exact Location of Accident .....	Compassvale Rd, Singapore
Additional Location Information .....	SENGKANG SQUARE
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBC3788B
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	QUEK SIOW CHEOK TRADING
Company Reg No .....	53161314C
Email Address .....	SHARONTONG1@HOTMAIL.COM
Mobile Phone No .....	(Phone) +65-96173223
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Hiace
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 - Claiming third party
Vehicle Category .....	Commercial vehicle
Transmission .....	Manual
CC .....	2500
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 .....	5145183594

#### DRIVER

Name of Driver .....	QUEK SIOW CHEOK
NRIC No .....	S0054053F
Date Of Birth .....	23/01/1953
Occupation .....	Indoor
Driving Pass Date .....	10/04/1974
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	50 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96173223
Alt. Phone Number .....	-
Email Address .....	SHARONTONG1@HOTMAIL.COM
Address .....	BLK 4 QUEEN'S ROAD #07-103
Address complement .....	-
Postcode .....	1026
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	OWNER
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 .....	Collision - Head on 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) .....	2
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 .....	LO SUI YIN
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Sengkang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18003438999
Alt. Police Station Phone No .....	(Fax) +65-63438939
Police Station Address .....	2 Sengkang Square #01-02
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20241106/2003.

#### 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 ..... SJY2259H  
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) ..... -

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person ..... LO SUI YIN  
Gender ..... -  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... GBC3788B  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

#### WITNESS DETAILS

##### WITNESS 1

Name ..... ENG HONG TAY  
Phone ..... (Phone) +65-97210503  
Email ..... -

SKETCH PLAN

**IMPORTANT NOTICE**

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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.

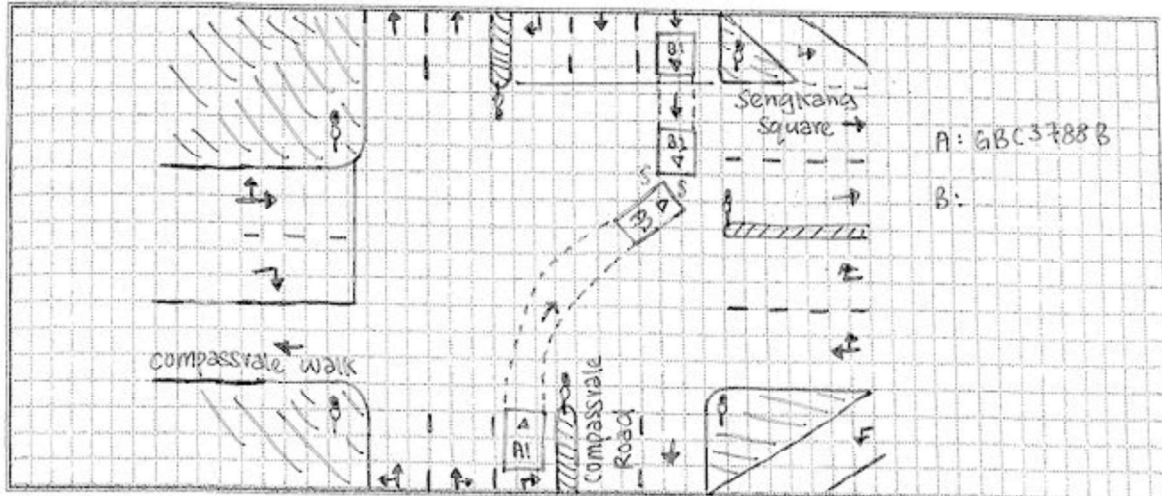


Policyholder's Signature / Date & Time

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

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

Sketch Plan



vJun2022

1

Describe Circumstance of the Accident

AS PER POLICE REPORT

Declaration

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



Policyholder's Signature / Date & Time

*[Handwritten signature]*

Actual 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/20241106/2003

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

1 of 3

Report No, T/20241106/2003

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/11/2024 00:44	Vide Report No.: F/20241105/0208	Station Diary No.: 4
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**Informant's Particulars**

Name of Informant: QUEK SIOW CHEOK			Address: APT BLK 4 QUEEN'S ROAD #07-103 SINGAPORE 260004	
ID Type / ID No.: NRIC NO / S0054053F			Contact No.: Home/Office: Mobile: 96173223	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 71	Date of Birth: 23/01/1953	Type of Informant: Driver	
Race: Chinese			Language:	
Occupation: DRIVER			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 05/11/2024 22:20	Type of Location: X-Junction
Location: SENGKANG SQUARE				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
GBC3788B	Van	TOYOTA		Grey	Totally Damaged	1
	Car	HYUNDAI			Seriously Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No		
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA	



**SINGAPORE  
POLICE FORCE**



T/20241106/2003

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

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Report No. T/20241106/2003

## CONTINUATION OF REPORT

<b>Passenger</b>			
Name	LO SUI YIN	ID No.	S2565682B
Related Vehicle	GBC3788B (Van)	Contact No.	85153183
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	05/11/2024	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
<b>Driver</b>			
Name	QUEK SIOW CHEOK	ID No.	S0054053F
Related Vehicle	GBC3788B (Van)	Contact No.	96173223
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

**Brief Details.**

On 05/11/2024 at about 2220hrs, I was driving my van bearing GBC3788B along Compassvale Road turning right towards Sengkang Square when an unknown car drove towards the direction of my van. I wish to state that I have the right of the way as the turning right sign is in my favor. As I was turning right, the car from the opposite direction collided into my van. I have a passenger inside my van which is my wife by the name of Lo Sui Yin, S2565682B. After the collision, my wife claimed that she was injured on her hand. I checked on the driver who claimed that he was not injured from the collision. I did not manage to exchange particulars with the driver and did not take down the car plate of the driver.

My wife was subsequently conveyed to Sengkang General Hospital (SKGH). Traffic police was called in and the traffic police seized one white/grey Sandisk Ultra 32GB Micro SD Card from me, reference F/20241105/0208. No government property damage. The weather was clear and the road condition was dry.

One witness came over to me and told me that he saw that the other driver beating the red light and he also have a video of what happen. His name is Mr Tay and contact number is +6596376182.



**SINGAPORE  
POLICE FORCE**



T/20241106/2003

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Report No. T/20241106/2003

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

CONTINUATION OF REPORT

Signature of Officer Recording The  
F /  
SGT 3 TAN BING REN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
STAFF SGT KWOK WEI JIE, DANIEL  
Contact No.: 89220186

Signature Of Informant:

Date/Time:  
06/11/2024 00:44

Classification Of Case:

NP168

GENERAL  
INSURANCE  
ASSOCIATION

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SS2X24B6000A Vehicle Registration No: GBC3788B  
 Name (as shown in NRIC): Quek Siow Cheok NRIC/FIN/Passport No: S0054053F  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: 4 Queen's Road #07-103 Singapore (260004)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 96173223  
 Email Address: Sharonfong1@hotmail.com  
 Date of Accident: 05/11/2024 Time of Accident: 2220 hrs  
 Place of Accident: Compassvale Road X Sengkang Avenue  
 Insurance Company: Income

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

To add Vehicle B (Third party) number plate SJY2259H.



Policyholder / Driver's Signature  
Date:

7/11/24

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date:



6. Nov. 2024 11:25

Happy Motor

No. 6723 P. 1/1



### 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 : 5145183594

Cover : Third Party, Fire & Theft

- |  |                           |
|--|---------------------------|
| 1. Index mark and Registration Number of Vehicle   | : GBC3788B                |
| Chassis Number   | : JTFHT02P100071073       |
| 2. Name of Policyholder  | : QUEK SIOW CHEOK TRADING |
| 3. Effective Date of Insurance   | : 21 May 2024             |
| 4. Expiry Date of Insurance  | : 20 May 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.<br>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.  |                           |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.  |                           |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

# 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)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: LIAN HONG PRIVATE 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 : INSURE LINK PTE. LTD. (00000614836)  
 Date of Issue : 25 Apr 2024 14:06 hrs

For INCOME INSURANCE LIMITED

Chief Executive