

# 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 .....	28/11/2024 17:26 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	27/11/2024 22:00 (SGT)
Exact Location of Accident .....	Hong Kah Flyover, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNN6805R
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	YIN SIEW MOI
NRIC No .....	S7583150A
Email Address .....	RONCZFENG@GMAIL.COM
Mobile Phone No .....	(Phone) +65-82823774
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Alphard
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 .....	2494
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 .....	5142200123

### DRIVER

Name of Driver .....	RON CHEW ZHENG FENG
NRIC No .....	T0415248J
Date Of Birth .....	07/06/2004
Occupation .....	Indoor
Driving Pass Date .....	06/03/2023
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	1 YEAR AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-86009469
Alt. Phone Number .....	-
Email Address .....	RONCZFENG@GMAIL.COM
Address .....	BLK 954 HOUGANG AVE 9 #16-538
Address complement .....	-
Postcode .....	530954
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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 .....	3
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) .....	1
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: T/20241128/7084.

#### 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 .....	SLP5574B
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 .....	YJ7506M
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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 .....	RON CHEW ZHENG FENG
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SNN6805R
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLAN

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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:

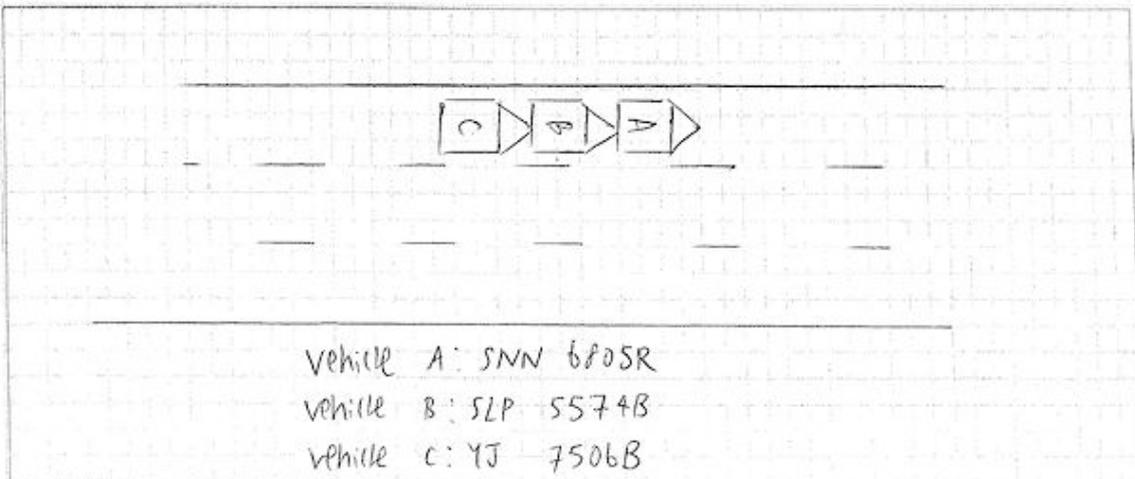
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

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

Sketch Plan



Describe Circumstance of the Accident

Refer to TP NO.  
T/20241128/7084

Declaration

I/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)







TOYOTA MOTOR CORPORATION JAPAN  
MODEL 3BA-AGH30W-PFXSK-C  
ENGINE 2493 mL  
FRAME No. AGH30-0316940  
COLOR 202 TRIM FC21 PLANT C31  
OPTION K115  
086









**SINGAPORE  
POLICE FORCE**



T/20241128/7084

1 of 3

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

Report No. T/20241128/7084

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/11/2024 15:44	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: RON CHEW ZHENG FENG		Address: 954 HOUGANG AVENUE 9 #16-538 SINGAPORE 530954	
ID Type / ID No.: NRIC NO / T0415248J		Contact No.: Home/Office: Mobile: 86009469	
Nationality: SINGAPORE CITIZEN		Email: RONCZFENG@GMAIL.COM	
Sex: Male	Age: 20	Date of Birth: 07/06/2004	Type of Informant: Driver
Race: Chinese		Language: English	
Occupation: NATIONAL SERVICE ( FULL TIME )		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/11/2024 22:00	Type of Location: Straight Road
Location: JURONG WEST STREET 42				
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
SLP5574B	Motor car					0
SNN6805R	Motor car					0
YJ7506M	Lorry					0

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



**SINGAPORE  
POLICE FORCE**



T/20241128/7084

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

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Report No. T/20241128/7084

CONTINUATION OF REPORT

Driver			
Name	RON CHEW ZHENG FENG		ID No. T0415248J
Related Vehicle	SNN6805R (Motor car)		Contact No. 86009469
Hospital/Clinic	T M AUW CLINIC		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	28/11/2024	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	07	Degree of Injury	Serious

**Brief Details.**

ON 27/11/2024 AT ABOUT 2200 HOURS AT ALONG HONG KAH FLYOVER. I WAS TRAVELLING STRAIGHT ON THE ABOVE MENTIONED ROAD AND WHEN MY FRONT VEHICLE SLOW DOWN AND STOP DUE TO HEAVY TRAFFIC, HENCE I FOLLOW SUIT. SUDDENLY, I HEARD A LOUD BANG FROM THE REAR AND WHEN I ALIGHTED, I REALISED THAT IT WAS VEHICLE (B) WHO HIT ONTO THE REAR PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. IT WAS A CHAIN COLLISION OF 3 VEHICLES INVOLVED. AFTER THE ACCIDENT, I WENT TO CONSULT A DOCTOR AND WAS GIVEN 07 DAYS MC FOR MY INJURY.

(A) SNN6805R  
(B) SLP5574B  
(C) YJ7506M



**SINGAPORE  
POLICE FORCE**

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



T/20241128/7084

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Report No. T/20241128/7084

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

NP168

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 28/11/2024 15:44
Classification Of Case:



### 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:** 5142200123 **Cover :** drivo CLASSIC

- |   |                |
|---|----------------|
| 1. Index mark and Registration Number of Vehicle  | : SNN6805R     |
| Chassis Number  | : AGH300316940 |
| 2. Name of Policyholder   | : YIN SIEW MOI |
| 3. Effective Date of Insurance  | : 21 Dec 2023  |
| 4. Expiry Date of Insurance   | : 26 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	: 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	: YES
ROADSIDE ASSISTANCE AND WELLNESS COVER	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: YIN SIEW MOI
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HUI HUA CREDIT 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 : HUI HUA CREDIT PTE LTD (00000571762)  
 Date of Issue : 30 Jul 2024 10:14 hrs

For INCOME INSURANCE LIMITED

Chief Executive