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 29/11/2024 17:48 (SGT) Reported by **Actual Driver** Date of Accident 28/11/2024 18:30 (SGT) Exact Location of Accident Singapore Additional Location Information ALONG ANG MO KIO ST 32 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

Vehicle Registration Number **SLL9836R**

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner SG CAR AUTOMOBILE PTE. LTD. Company Reg No 201227381W Email Address sgcarautomobile@gmail.com Mobile Phone No (Phone) +65-97704169 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Vezel 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 Motor trade Transmission Auto CC 1499 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 5141736071

DRIVER

Name of Driver SHANE LEE NRIC No S1703516I Date Of Birth 31/10/1965 Occupation Indoor Driving Pass Date 09/03/2009 Driving License Pass Class Driving License Validity Valid Driving experience 15 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-96827568 Alt. Phone Number Email Address SHANELEE8888@GMAIL.COM Address BLK 178 ANG MO KIO AVENUE 4 02-937 SINGAPORE 560178 Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured **Employee** 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 to Rear Weather Conditions Clear Road Surface Wet 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) 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 LIM SEOW LING Gender Female 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? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT

REFER WITH ATTACHED.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLZ7343K
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old	SHANE LEE Male (Phone) +65-96827568 BLK 178 ANG MO KIO AVENUE 4 02-937 SINGAPORE 560178
Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	- SLL9836R -

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.

SG Car Automobile Pte Ltd 317 Outram Road #02-46 Concorde Shopping Centre Singapore 169075

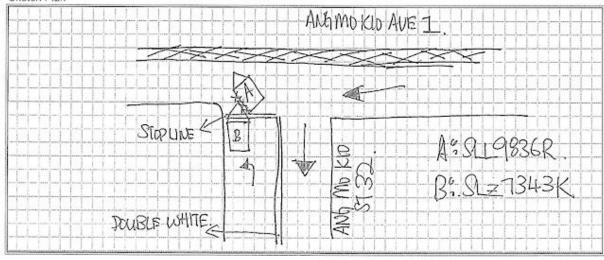
Policyholder's Signature / Date & Time

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

& Time

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

Sketch Plan



1

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Declaration

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

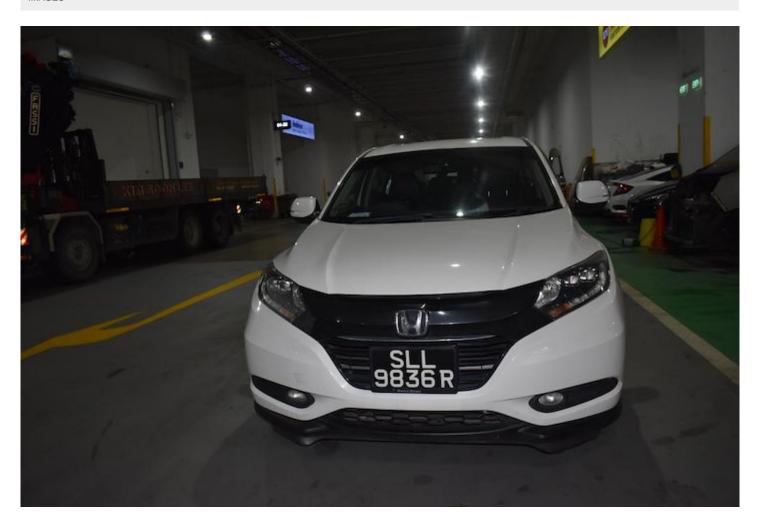
SG Car Automobile Pte Ltd 317 Outram Road #02-46 Cencerde Shopping Centre Singapore 169075

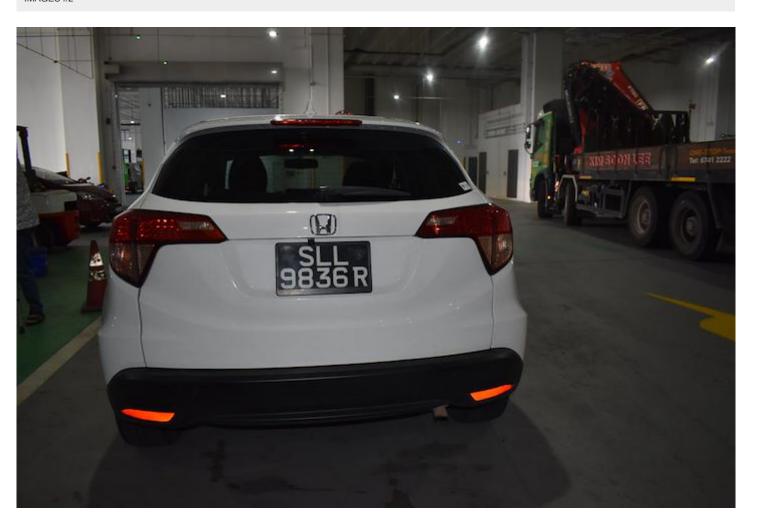
Policyholder's Signature / Date & Time Driver's Signature (if driver is not the policyho

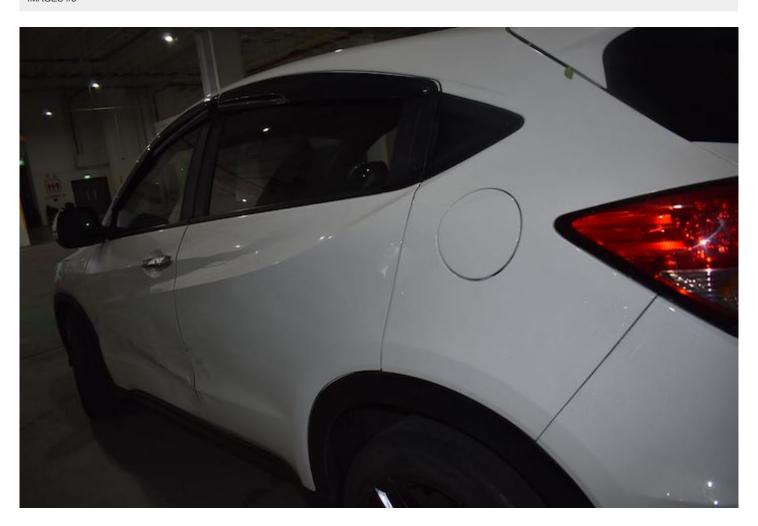
Driver's Signature (if driver is not the policyholder) / Date 8. Time

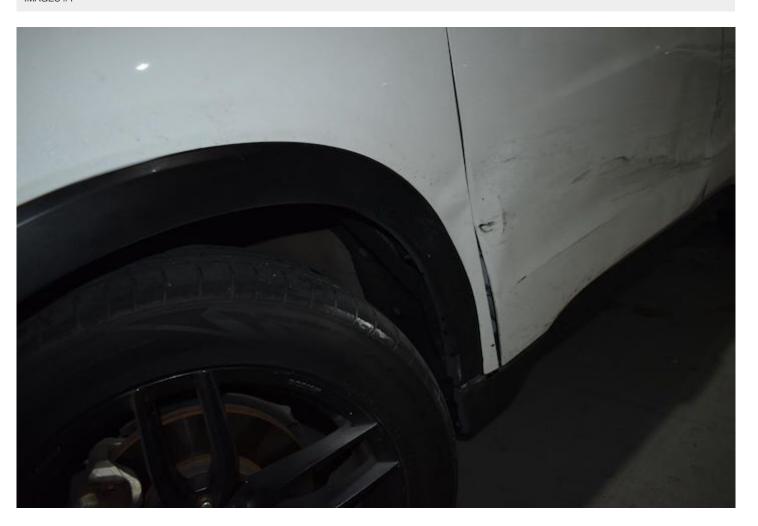
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)





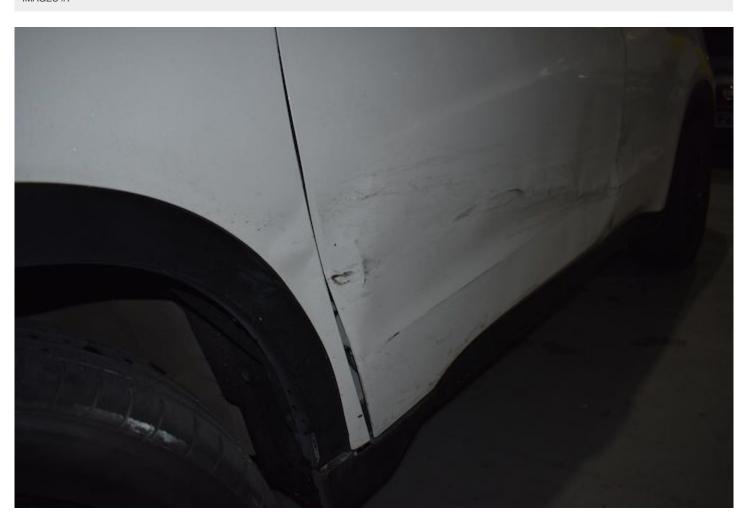










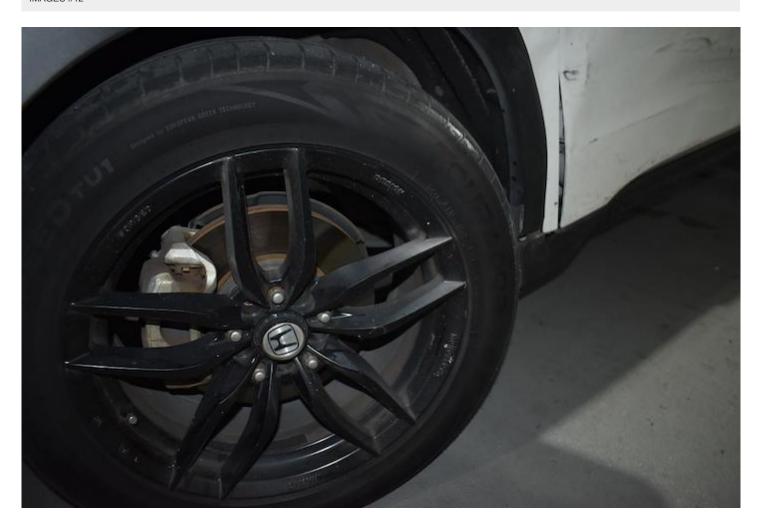


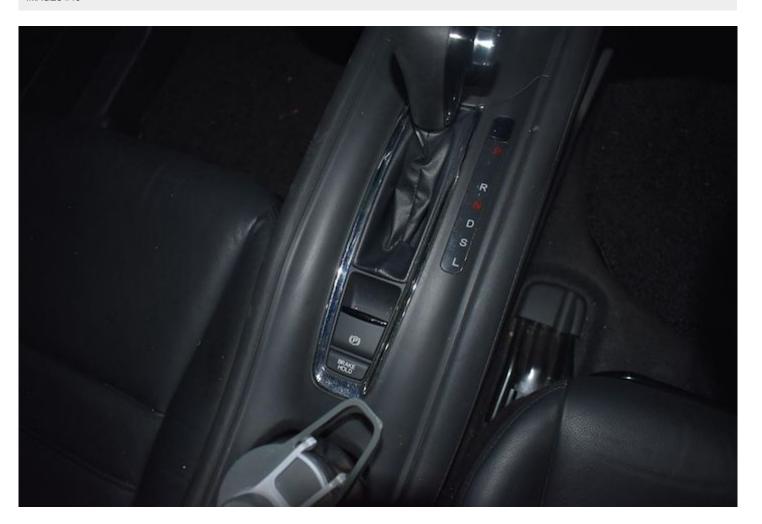


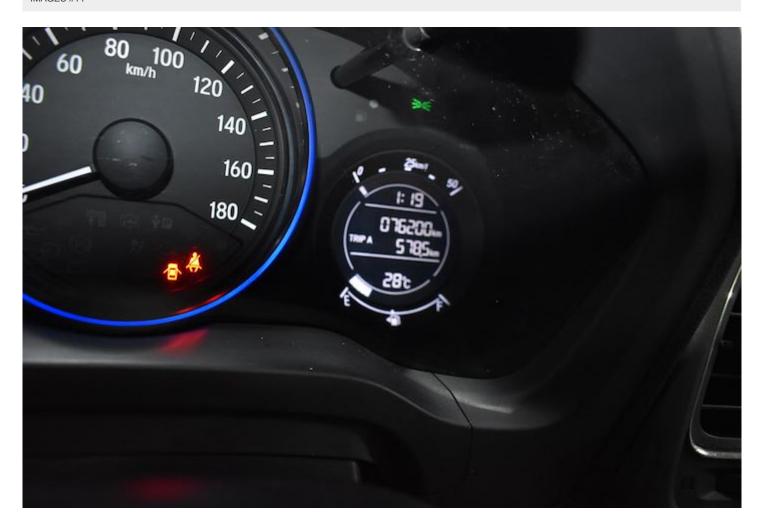
















SINGAPORE POLICE FORCE



1 of 3 Report No. T/20241128/2074

Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

Tel No: 1800-4849999

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 124 21:24	Made:	Vide Report No.:	Station Diary No.: 61
Informa	nt's Partic	ulars		
Name of SHANE	Informant: LEE		Address: 178 ANG MO KIO AVE	NUE 4 #02-937 SINGAPORE 560178
ID Type NRIC NO	/ ID No.: D / S17035	161	Contact No.: Home/Office:	Mobile: 96827568
National SINGAP	ity: ORE CITIZ	ΈΝ	Email:	
Sex: Male	Age: 59	Date of Birth: 31/10/1965	Type of Informant: Driver	
Race: Chinese	;		Language:	
Occupat CAR DE			Driving Licence Informa Class: 3	ation: Date of Expiry:

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 28/11/2024 18:30	Type of Location Minor
Location: ANG MO KIO Weather: Raining	AVENUE 1	Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collis		wipe - Same Direction		Anyone conveyed by ambulance: No

Vehicle No.	Туре	Make	Model	Color	Conditio	No of Passenger
SLL9836R	Motor car				Slightly Damaged	1
SLZ7343K	Motor car				Slightly Damaged	0



T/20241128/2074

Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

Report No. T/20241128/2074

2 of 3

Tel No: 1800-4849999

CONTINUATION OF REPORT

Brief Details.

On the 28/11/2024 at about 1830hrs, I was driving my Singapore registered car bearing SLL9836K along Ang Mo Kio St 32 towards Ang Mo Kio Ave 1. As I approached the stop line to enter Ang Mo Kio Ave 1, I came to a stop. My car was positioned slightly towards the right of the 1 lane road. I was looking out for oncoming traffic on my right. As it was a 1 lane road, I had assumed that no other vehicles would position beside me. When the traffic was clear, I moved off and turn to the 3rd lane of Ang Mo Kio Ave 1. I heard a scratching sound on the left of my car and immediately stopped. I came out of my car and assessed the damage. That was I knew that I had hit a Singapore registered car bearing SLZ7374K on the left side of my car. The car had came from behind and squeezed on my left and had stopped in my left blind spot. More than half of his car was over the stop line. The front and back door on the left side of my car was damaged. The driver of SLZ7374K also came out of his car and we had an argument over whose fault was it. I called for police to come as I did not want the situation to escalate and was informed that as no government property was damaged and there were no injuries, I can just exchange particulars and lodge a police report at any Neighborhood Police Centre. I took videos and pictures of the accident and exchanged particulars with the driver of SLZ7374K and drove off. No one was injured from the accident.

I am lodging this report for police action and for insurance claim.







3 of 3 Report No. T/20241128/2074

Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

Tel No: 1800-4849999

CONTINUATION OF REPORT

Signature of Officer Recording The F / SGT 2 MOHAMAD HAMIZAN BIN MOHAMAD HISHAM	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 28/11/2024 21:24
Officer In Charge Of Case: TP / GIA / SR STAFF SGT LEE GUANG HUI Contact No.: 65476414	Classification Of Case:
NP168	





0241128/2087

1 of 3 Report No. T/20241128/2087

Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

Tel No: 1800-4849999

REPORT OF A TRAFFIC ACCIDENT

	me Report M 024 23:41	Made:	Vide Report No.: T/20241128/2074	Station Diary No.: 85
Informa	nt's Partic	ulars		
Name of SHANE	f Informant: LEE		Address: 178 ANG MO KIO AVI	ENUE 4 #02-937 SINGAPORE 560178
	/ ID No.: 0 / S17035	161	Contact No.: Home/Office:	Mobile: 96827568
National SINGAP	lity: PORE CITIZ	EN .	Email:	
Sex: Male	Age: 59	Date of Birth: 31/10/1965	Type of Informant: Driver	
Race: Chinese			Language:	
Occupat CAR DE			Driving Licence Inform Class: 3	ation: Date of Expiry:

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 28/11/2024 18:30	Type of Location Minor to Major
Location: ANG MO KIC	AVENUE 1			
Weather: Raining		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collis		wipe - Same Direction		Anyone conveyed by ambulance:

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
SLL9836R	Motor car				Slightly Damaged	1
SLZ7343K	Motor car					0

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





Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

2 of 3

Report No. T/20241128/2087

Tel No: 1800-4849999

CONTINUATION OF REPORT

Driver						
Name	SHANE LEE			ID No		\$17035161
Related Vehicle	NIL			Conta	ct No.	96827568
Hospital/Clinic	NIL			Class Drivin Licen Expire	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	charge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	f	NIL	

Brief Details.

Ref to T/20241128/2074, the correct vehicle registration number should be SLZ7343K instead of SLZ7374K. That is all.



T/20241128/2087

3 of 3 Report No. T/20241128/2087

Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

Tel No: 1800-4849999

CONTINUATION OF REPORT

Signature of Officer Recording The F / SGT 2 MOHAMAD HAMIZAN BIN MOHAMAD HISHAM	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 28/11/2024 23:41
Officer In Charge Of Case: TP / GIA / SR STAFF SGT LEE GUANG HUI Contact No.: 65476414	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 : 5141736071

Cover : Third Party

Index mark and Registration Number of Vehicle : N/A

Any Motor Vehicle the property of the Policyholder or in their custody or control. All steam-driven vehicles are excluded.

2. Name of Policyholder

: SG CAR AUTOMOBILE PTE. LTD.

3. Effective Date of Insurance

: 11 Dec 2023

4. Expiry Date of Insurance

: 10 Dec 2024

5. Persons or Classes of Persons entitled to drive*

Refer to List Attached

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 only for Motor Trade purposes.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use solely for 'Breakdown' purposes is not deemed to be use for hire or reward.
 - Umitations 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.

POLICY TYPE

: MOTOR-TRADE INSURANCE

TYPE OF TRADE/BUSINESS

: CAR DEALERS

TOTAL NUMBER OF AUTHORISED DRIVER(S)

: 1

DETAILS OF AUTHORISED DRIVER(S)

: REFER TO LIST ATTACHED : N/A

EXCESS (SECTION I)
EXCESS (SECTION II)

: \$\$1,500

SUM INSURED

: N/A

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

: TECK WEI CREDIT PTE. LTD. (00000572499)

Date of Issue

: 11 Dec 2023 15:30 hrs

For INCOME INSURANCE LIMITED

Chief Executive

Scanned with CamScanner