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 this is form by instrained 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 09/12/2024 15:13 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 07/12/2024 21:45 (SGT) Exact Location of Accident Bedok North Ave 2, Singapore Additional Location Information JUNCTION BEDOK NORTH ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Nissan

Vehicle Registration Number **SMR7448Y**

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LIM YONG NRIC No S0629625D Email Address BIRTHZ777Z@YAHOO.COM.SG Mobile Phone No (Phone) +65-97517960 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Note 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 No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 1999 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 5120667786-03

DRIVER

Name of Driver	LIM CHUAN CHUN (LIN QUANCHUN)
NRIC No	S8418096C
Date Of Birth	30/06/1984
Occupation	Indoor
Driving Pass Date	10/12/2003
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	21 YEARS
Gender	
Mobile Number	Male (Phana) 165 03831464
	(Phone) +65-93821464
Alt. Phone Number	
Email Address	BIRTHZ777Z@YAHOO.COM.SG
Address	BLK 157 SIMEI ROAD #05-224
Address complement	-
Postcode	520157
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry
	Diy
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
	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	NG BENG LEE
Gender	Female
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	INU
, yoo, against whom:	-
CIRCUMSTANCES OF ACCIDENT	
ON 07/12/2024 ABOUT 2145HRS I WAS TRAVELLING ALONG	IUNCTION OF BEDOK NORTH AVE 2 & BEDOK NORTH ROAD.

ON 07/12/2024 ABOUT 2145HRS, I WAS TRAVELLING ALONG JUNCTION OF BEDOK NORTH AVE 2 & BEDOK NORTH ROAD UPON REACHING THE JUNCTION, I SLOW DOWN AND STOP. WHILE WAITING FOR THE MAIN ROAD TO CLEAR, ALL OF A SUDDEN, I FELT A HARD IMPACT FROM THE REAR. I ALIGHT AND REALISED A VAN GBE4944A HAD HIT ONTO MY REAR. THAT'S ALL.

ATTACHMENT(S)

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE4944A
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 B
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised 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>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 6. The 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.
- 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)

Lunderstand, 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' law yers/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.

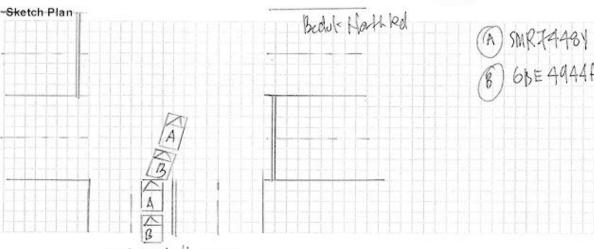
(collectively the "Purposes")

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

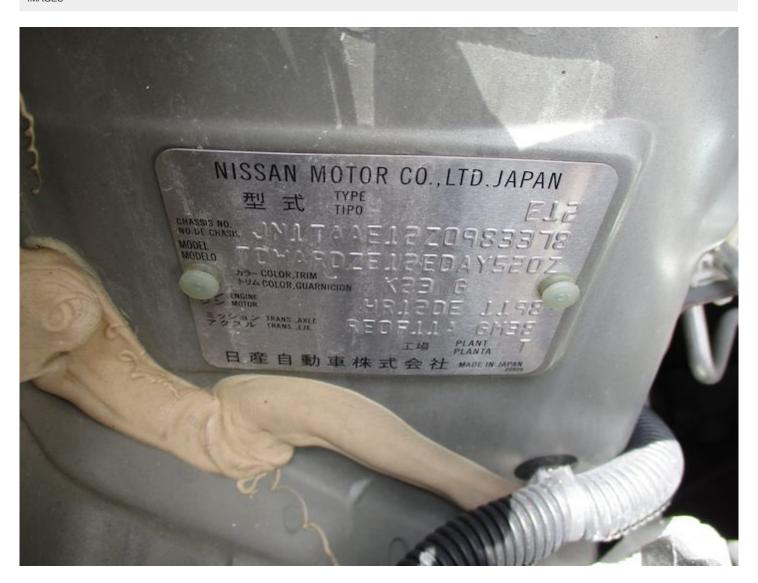
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

ON 07.12.2024 AT ABOUT :	2145hrs, I WAS TRAVELLING ALONG JUNCTION OF	BEDOK NORTH AVE 2 & BEDOK
NORTH ROAD. UPON REACH	HING THE JUNCTION, I SLOW DOWN & STOP. WHIL	LE WAITING FOR THE MAIN ROAD
TO CLEAR, ALL OF A SUDDE	EN I FELT AN HARD IMPACT FROM THE REAR. I AL	IGHT AND REALISED A VAN
GBE 4944A HAD HIT ONTO N	MY REAR. THAT'S ALL.	
	SECUROLES - COMPA	
20001		
Declaration		
We declare the foregoing particular	rs are true in every respect.	
Jus-	COLY	
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel



















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: 5120667786-03 Cover : drivo PREMIUM

Index mark and Registration Number of Vehicle : SMR7448Y

Chassis Number : JN1TAAE1220983378

2. Name of Policyholder : LIM YONG
3. Effective Date of Insurance : 20 Jan 2024
4. Expiry Date of Insurance : 19 Jan 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.
- 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.

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : YES INSURE WITH COE : YES NCD PROTECTION : YES (FREE) ROADSIDE ASSISTANCE AND WELLNESS COVER : NO TRANSPORT ALLOWANCE : NO EXCESS WAIVER : NO : LIM YONG PRIMARY DRIVER NAMED DRIVER (1) : LIM CHUAN CHUN NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : DBS 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 : ONE-STOP INSURANCE AGENCY (00000571115)

Date of Issue : 16 Dec 2023 22:20 hrs

For INCOME INSURANCE LIMITED

Chief Executive