

ACCIDENT STATEMENT

Date of accident: 06.12.2024

Time: 5.25 pm

Location of accident: Yishun Ave 7 twds Yishun Ave 8

Details of Own Vehicle

Vehicle Number: SFJ 5511 K

Make/Model: _____

Insurer: Income

Eng. cc & Transmission: _____

Policy No: 5132437252-01

Policy Type: C/TPFT/TPO

Policyholder:

Name: Tong Hwee Hwee (Tang Hui Hui)

NRIC/FIN no.: 87233357H

Email: joannetong915@gmail.com

Contact no.: 8188 0320

Driver:

Name: _____

NRIC/FIN no: _____

Email: _____

Contact no.: _____

Occupation: Indoor / Outdoor

D.O.B: 15.09.1972

Address: 30 Kerang Lane (S) 757394

Driving pass date: 14.12.1995

Relationship with Policyholder: Owner

General Information

Weather conditions: Clear / Raining

Road surface: Dry / Wet

Police report: Yes / No

Video Footage: Yes / No

Prosecution Letter: Yes / No

If Yes against whom: _____

Passenger (incl. Driver): 1 + 0

Please provide **ALL** passengers details:-

Passenger 1

Passenger 2

Name: _____

Gender: _____

Male / Female

Male / Female

Witness: Yes / No

If Yes, provide injuries details:-

Witness 1

Witness 2

Name: _____

Contact no.: _____

Injuries: Yes / No

If Yes, provide injuries details:-

Name	Veh No.	Seatbelt	Conveyed to hospital
<u>Tong Hwee Hwee</u>	<u>SFJ 5511 K</u>	<u>Yes</u> / No	Yes / <u>No</u>
		Yes / No	Yes / No

Details of Third party

Vehicle B

Vehicle C

Vehicle no.: GW 5757 M

Driver name: Mr Lee

NRIC/ FIN no.: _____

Contact no: 8758 7321

Insurance Co: No Passenger

Remarks:

(Make/Model, Passenger, property info & etc)

Claim Type & Acknowledgement

Claim Type: Own Damage / Third Party / Reporting Only

Policyholder/
driver

Workshop: Hua Meng Spray Painting Workshop

Signature: _____

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 Authorised 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. 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.
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.



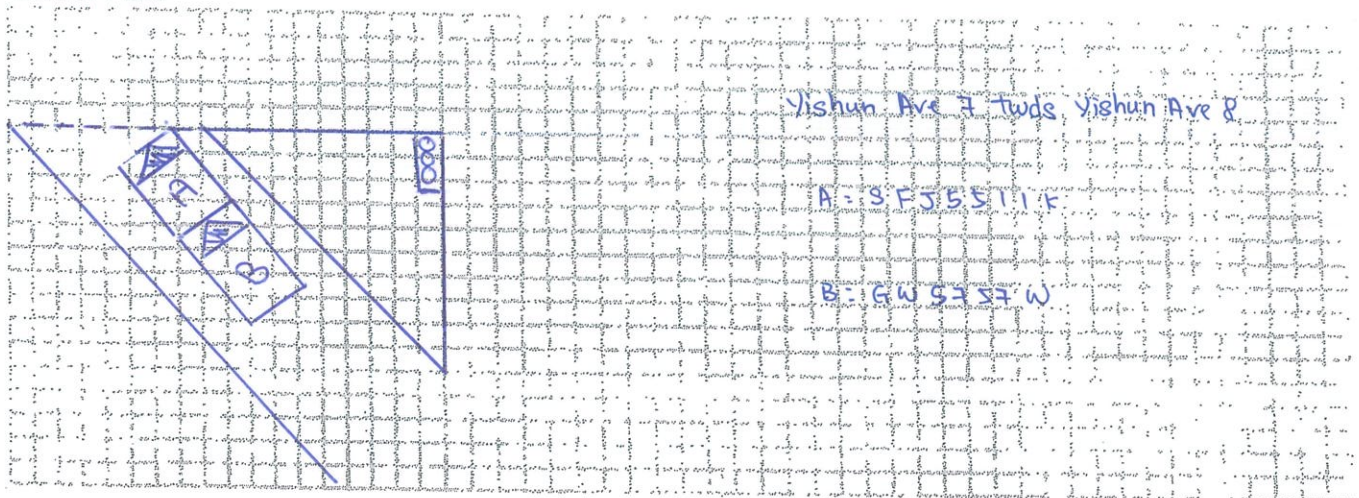
Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to Police Report : T/20241209/7077

Declaration

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

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: 5132437252-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SFJ5511K**
 Chassis Number : **WDD2383482F004362**
2. Name of Policyholder : **TONG HWEE HWEE (TANG HUIHUI)**
3. Effective Date of Insurance : **28 Dec 2023**
4. Expiry Date of Insurance : **27 Dec 2024**
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 CQE	: YES
NCD PROTECTION	: YES (FREE)
ROADSIDE ASSISTANCE AND WELLNESS COVER	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: TONG HWEE HWEE (TANG HUIHUI)
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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 : KCB AGENCY (00000614904)
 Date of Issue : 15 Dec 2023 11:18 hrs

For INCOME INSURANCE LIMITED



Chief Executive



SINGAPORE POLICE FORCE



T/20241209/7077

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

1 of 3

Report No. T/20241209/7077

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/12/2024 15:40	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: TONG HWEE HWEE		Address: 30 KERONG LANE SINGAPORE 757394	
ID Type / ID No.: NRIC NO / S7233357H		Contact No.: Home/Office: Mobile: 81880320	
Nationality: SINGAPORE CITIZEN		Email: joannetong915@gmail.com	
Sex: Female	Age: 52	Date of Birth: 15/09/1972	Type of Informant: Driver
Race: Chinese		Language: English	
Occupation: DIRECTOR		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/12/2024 17:25	Type of Location: FILTER LANE
Location: YISHUN AVENUE 7				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
GW5757M	Motor van					0
SFJ5511K	Motor car	MERCEDES BENZ	E300 AMG	White		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SFJ5511K	NTUC Income Insurance Co-Operative Limited	5132437252-01	28/12/2023	27/12/2024



**SINGAPORE
POLICE FORCE**



T/20241209/7077

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

2 of 3

Report No. T/20241209/7077

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TONG HWEE HWEE	ID No.	S7233357H
Related Vehicle	SFJ5511K (Motor car)	Contact No.	81880320
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight

Brief Details.

Along YISHUN AVE 7 TWDS YISHUN AVE 8 on 06.12.2024 at about 05.25pm.

My vehicle(SFJ5511K) already stopped at filter lane a wait exit to main road, but GW5757M suddenly collided with the rear portion of my vehicle (SFJ5511K).



**SINGAPORE
POLICE FORCE**



T/20241209/7077

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

3 of 3

Report No. T/20241209/7077

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
CHUA SOON KEONG
Contact No.: 65476030

NP168

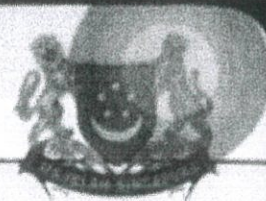
Signature Of Informant:
The identity of the person making this report has been
authenticated by Singpass. No signature is required.

Date/Time:
09/12/2024 15:40

Classification Of Case:

REPUBLIC OF SINGAPORE

NATIONAL DIGITAL IDENTITY CARD



NAME

TONG HWEE HWEE
(TANG HUIHUI)

NRIC NO.

S7233357H 

DATE OF BIRTH

15 SEP 1972 

SEX

FEMALE


NATIONALITY / CITIZENSHIP

SINGAPORE CITIZEN

DATE OF ISSUE

10 JUL 1994

ADDRESS

30 KERONG LANE 
SINGAPORE 757394

^ Hide details

Last updated on 09 Dec 2024



DRIVING LICENCE

REPUBLIC OF SINGAPORE



LICENCE NO.

S7233357H

CLASS AND ISSUE DATE

3 • 14 DEC 1995

CERTIFICATE OF MERIT

NOT ELIGIBLE

DEMERIT POINTS

0

CARD SERIAL NO.

002854032C

Hide details



Last updated on 09 Dec 2024



Show NRIC