

## 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 .....        | 16/12/2024 17:58 (SGT)              |
| Reported by .....                     | Both Policyholder and Actual Driver |
| Date of Accident .....                | 16/12/2024 10:50 (SGT)              |
| Exact Location of Accident .....      | Ubi Rd 1, Singapore                 |
| Additional Location Information ..... | -                                   |
| Country/State of Loss .....           | Singapore                           |

### DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SLM2680M |
|-----------------------------------|----------|

#### INSURED/POLICYHOLDER

|                                |                             |
|--------------------------------|-----------------------------|
| Is company? .....              | No                          |
| Name Of Registered Owner ..... | ANG BOON HWEE (HONG WENHUI) |
| NRIC No .....                  | SXXXX810A                   |
| Email Address .....            | eldenang@outlook.com        |
| Mobile Phone No .....          | (Phone) +65-85476615        |
| Alternative Phone No .....     | -                           |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer .....   | Nissan                    |
| Model .....  | Qashqai                   |
| 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 .....   | 1197                      |
| Vehicle Fuel .....   | -                         |
| First Registration Date .....  | -                         |
| Chassis no .....   | SJNFEAJ11U1910376         |
| Effective Date/Time of Ownership .....   | -                         |

#### INSURANCE COMPANY

|   |                          |
|---|--------------------------|
| Name of Insurance Company .....         | Income Insurance Limited |
| Policy Number / Cover Note Number ..... | 5150925522               |

#### DRIVER

|  |                               |
|--|-------------------------------|
| Name of Driver .....   | ANG BOON HWEE (HONG WENHUI)   |
| NRIC No .....  | SXXXX810A                     |
| Date Of Birth .....  | 22/08/1986                    |
| Occupation .....   | Indoor                        |
| Driving Pass Date .....  | 04/11/2024                    |
| Driving License Pass Class .....                                   | 3A                            |
| Driving License Validity .....                                     | Valid                         |
| Driving experience .....   | 1 MONTH                       |
| Gender .....   | Male                          |
| Mobile Number .....  | (Phone) +65-85476615          |
| Alt. Phone Number .....  | -                             |
| Email Address .....  | eldenang@outlook.com          |
| Address .....  | APT BLK 41 SIMS DRIVE #04-257 |
| Address complement .....   | -                             |
| Postcode .....   | 380041                        |
| Is the driver the policyholder? .....                              | Yes                           |
| If No, Relationship of the Driver with the Insured .....           | -                             |
| 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                      |

#### 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? .....  | No  |
| Was any injured conveyed to hospital by ambulance? .....  | -   |
| 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? .....  | No |
| Was notice of intended Prosecution given? ..... | No |
| If yes, against whom? .....                     | -  |

#### CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN.

#### ATTACHMENT(S)

|   |     |
|---|-----|
| Are accident photos available for attachment? ..... | Yes |
| Was there any video captured by Car Camera? .....   | Yes |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SHD7066Z |
| Vehicle Manufacturer .....        | -        |

|   |      |
|---|------|
| Vehicle Model .....                           | -    |
| Vehicle Variant .....                         | -    |
| Vehicle Colour .....                          | -    |
| Vehicle Category .....                        | Taxi |
| 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) .....     | -    |

#### DETAILS OF OTHER VEHICLE PROPERTY 2


|   |             |
|---|-------------|
| Vehicle Registration Number .....             | SMQ885U     |
| 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) .....     | -           |

**SKETCH PLAN****IMPORTANT NOTICE**

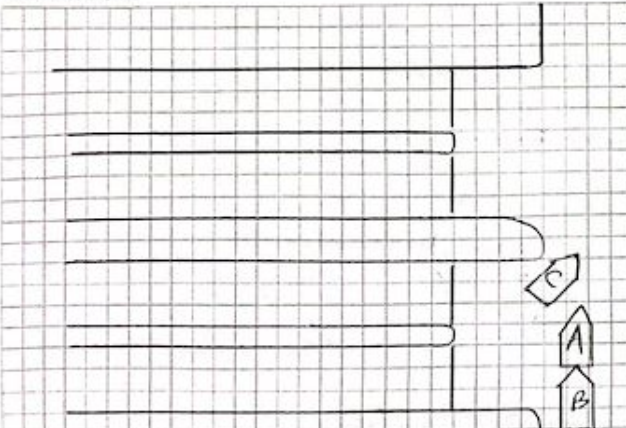
1. Please report correctly the details of the accident to speed up the claims process.
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3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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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.

 16/12/24 5:18pm  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel

**Sketch Plan**

|   |   |
|---|---|
|  | <p>Vehicle A: SLM 2680 M</p> <p>Vehicle B: SHD 7066 Z</p> <p>Vehicle C: SMQ 885 U</p> |
|---|---|



## Describe Circumstances of the Accident


16/12/24 ~~10:50am~~ 10:50am

## Incident Report.

10:50am  
 accident happen at Ubr Rd | around ~~Ham~~ Plus outside  
 audi service center. I was trying to avoid a red car when driver  
 suddenly turn in and turn the car. my car was bang by a taxi  
 when I do emergency brake.

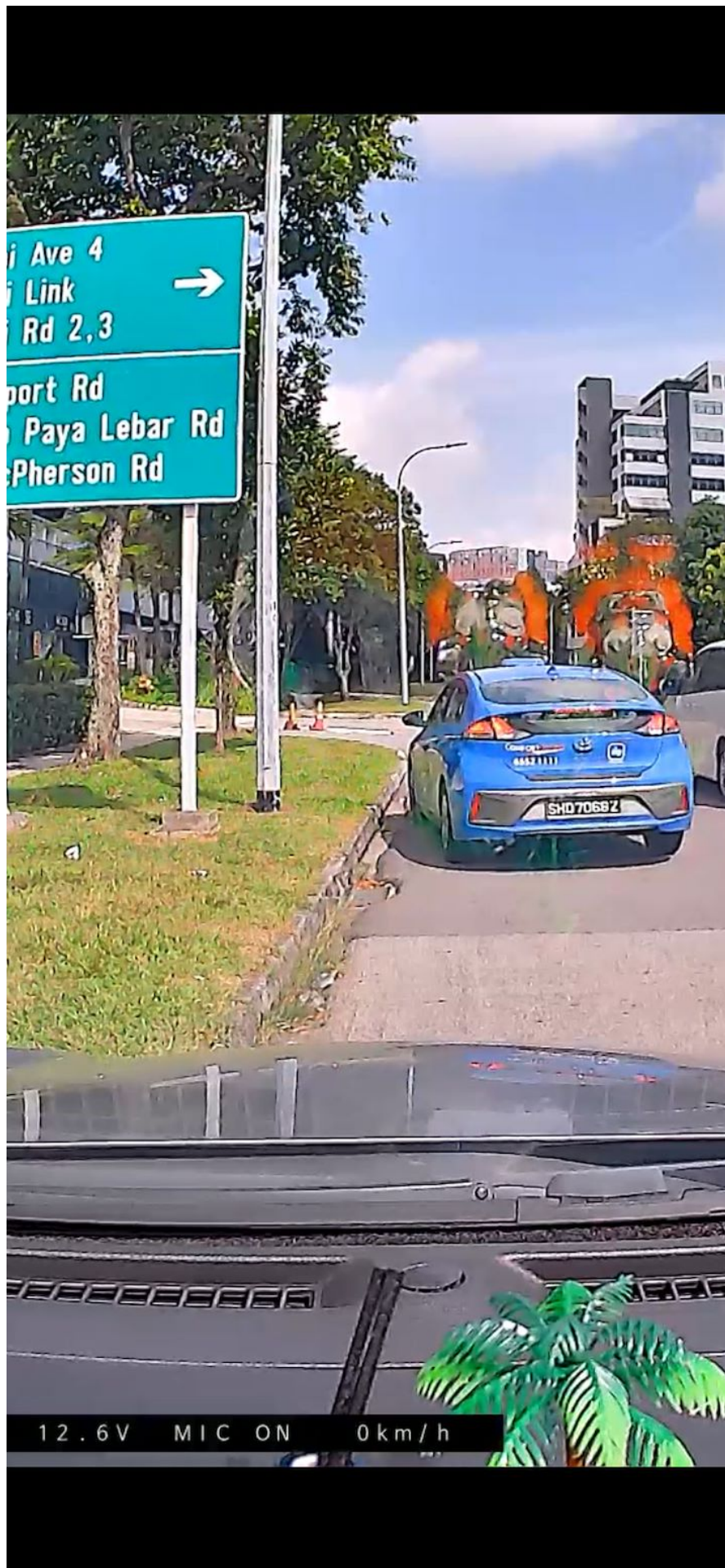
## Declaration

We declare the foregoing particulars are true in every respect.

  
 16/12/24 5:18pm.  
 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: 5150925522 Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : SLM2680M  
 Chassis Number : SJNFEAJ11U1910376

2. Name of Policyholder : ANG BOON HWEE

3. Effective Date of Insurance : 08 Nov 2024

4. Expiry Date of Insurance : 07 Nov 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                         | : NO  |
| ROADSIDE ASSISTANCE AND WELLNESS COVER | : YES   |
| TRANSPORT ALLOWANCE                    | : NO  |
| EXCESS WAIVER                          | : NO  |
| PRIMARY DRIVER                         | : ANG BOON HWEE                                   |
| NAMED DRIVER (1)                       | : N/A   |
| NAMED DRIVER (2)                       | : N/A   |
| HIRE PURCHASE COMPANY                  | : DICKSON CAPITAL 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 : DICKSON INSURANCE BROKER PTE. LTD. (00000573832)  
 Date of Issue : 08 Nov 2024 11:27 hrs

For INCOME INSURANCE LIMITED

Chief Executive