

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	27/12/2024 12:50 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	26/12/2024 12:45 (SGT)
Exact Location of Accident	Ubi Ave 2, Singapore
Additional Location Information	UBI AVE 2 TOWARDS UBI ROAD 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNG4246D

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM THIAM CHOO ROSE
NRIC No	SXXXX002I
Email Address	RUSHZ3328@HOTMAIL.COM
Mobile Phone No	(Phone) +65-88267266
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	C-hr
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1797
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	5146145301

DRIVER

Name of Driver	LIM THIAM CHOO ROSE
NRIC No	SXXXX002I
Date Of Birth	03/02/1979
Occupation	Outdoor
Driving Pass Date	28/10/2020
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	4 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-88267266
Alt. Phone Number	-
Email Address	RUSHZ3328@HOTMAIL.COM
Address	340 UBI AVENUE 1
Address complement	#01-895
Postcode	400340
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	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)	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	Marine Parade Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004428999
Alt. Police Station Phone No	(Fax) +65-62447678
Police Station Address	300 Marine Parade Road Singapore 449296
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to attach

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	FBU4824D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	ANG AH LEK
NRIC No	SXXXXX740B
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LIM THIAM CHOO ROSE
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	MC For 4 Days
Injured person in which vehicle?	SNG4246D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	-

Describe Circumstance of the Accident

Refer to file Report 1/2024/226/2073

Declaration

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



Policyholder's Signature / Date & Time
27/12/24



Driver's Signature (if driver is not the policyholder) / Date & Time
27/12/24



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

SKETCH PLAN

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. 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.
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

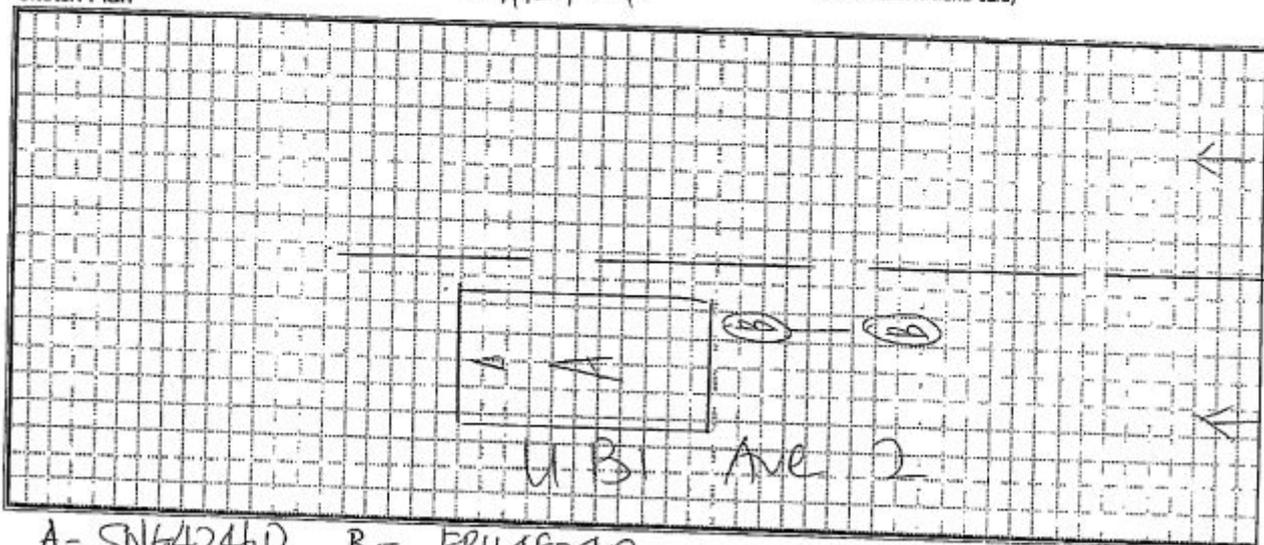
[Signature]
27/12/24

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

[Signature]
27/12/24

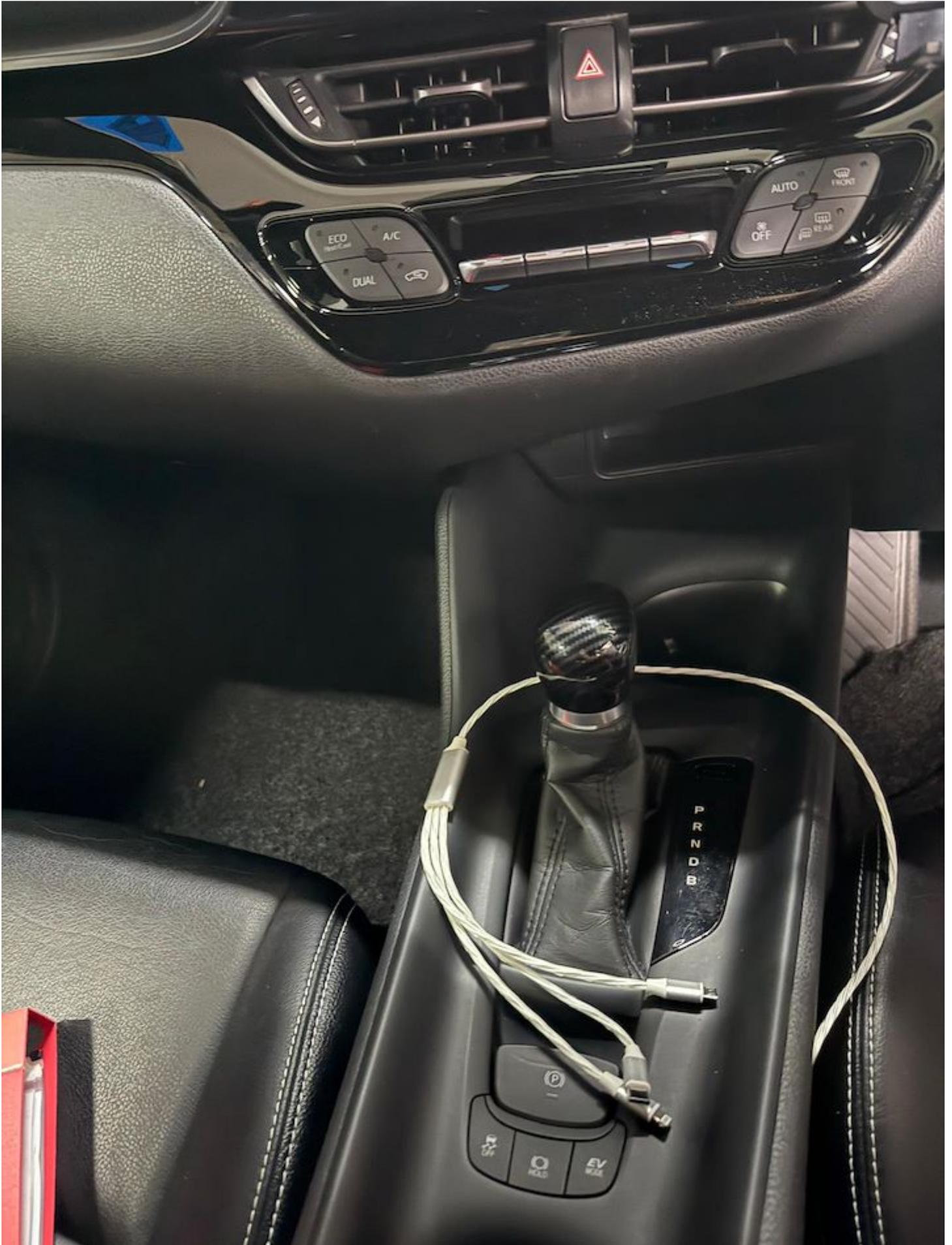
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



A - SN64246D B - FB4824D



















**SINGAPORE
POLICE FORCE**



T/20241226/2073

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

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Report No. T/20241226/2073

CONTINUATION OF REPORT

Rider			
Name	Ang Ah Lek	ID No.	S1250740B
Related Vehicle	FBU4824D (Motorcycle)	Contact No.	98228170
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	LIM THIAM CHOO, ROSE	ID No.	S7904002I
Related Vehicle	SNG4246D (Motor car)	Contact No.	88267266
Hospital/Clinic	GALILEE CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	26/12/2024	Date Discharge	26/12/2024
No. of Days granted Medical Leave	04	Degree of	Slight

Brief Details.

On the above mentioned date, time and location, I was driving my vehicle along Ubi Ave 2 towards the general direction of Ubi Ave 1. While I was a distance away from the junction of Ubi Ave 2 and Ubi Road 1, the traffic light was red and the vehicle in front had stopped, so I also stopped. This was when a motorcycle hit onto the rear of my vehicle, the rider was seen fallen down to his left side. I had got off my vehicle and helped the rider up, his left leg was trapped underneath the motorcycle, there was a passerby who helped me to lift up the motorcycle and helped him out.

There was no visible injury on the rider, I asked if he was okay, he said yes. As such we did not call for ambulance or police assistance. We exchanged particulars and then left. After awhile I started to feel pain and sore on my neck area, as such I sought medical assistance at a clinic and I was given 4 days of MC.



**SINGAPORE
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T/20241226/2073

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

3 of 3

Report No. T/20241226/2073

CONTINUATION OF REPORT

Signature of Officer Recording The G / SGT 3 LIEW JIA MING	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / AEIT / SR STAFF SGT FAHKRUL RAZI BIN SUHAIME Contact No.: 65476404	

NP168

Signature Of Informant:	
Date/Time: 26/12/2024 21:05	
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: 5146145301 **Cover :** drivo CLASSIC

- 1. Index mark and Registration Number of Vehicle : **SNG4246D**
 Chassis Number : ZYX102032132
- 2. Name of Policyholder : LIM THIAM CHOO ROSE
- 3. Effective Date of Insurance : 13 Jun 2024
- 4. Expiry Date of Insurance : 12 Jun 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 or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) 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\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
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	: LIM THIAM CHOO, ROSE (LIN TIANZHU)
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MONEYMAX LEASING 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 : MONEYMAX ASSURANCE AGENCY PTE. LTD. (00000573853)
 Date of Issue : 13 Jun 2024 16:36 hrs

For INCOME INSURANCE LIMITED

Chief Executive