

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	05/07/2024 17:47 (SGT)
Reported by	Actual Driver
Date of Accident	04/07/2024 18:35 (SGT)
Exact Location of Accident	Jln Jurong Kechil, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA8171P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LAI ZHENGHAO
NRIC No	S8838263C
Email Address	Lai@F1TPT.Com
Mobile Phone No	(Phone) +65-91188990
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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 hire
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5143737450

DRIVER

Name of Driver	LEE YUE HOCK
NRIC No	S1260134D
Date Of Birth	07/02/1957
Occupation	Outdoor

Driving Pass Date	21/03/1980
Driving experience	44 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96279971
Alt. Phone Number	-
Email Address	Lai@F1TPT.Com
Address	764 PASIR RIS ST 71 #08-252
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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)	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	NIL
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Clementi Division Headquarters
Police Station Phone No	(Phone) +65-18007740000
Alt. Police Station Phone No	(Fax) +65-67741705
Police Station Address	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT D/20240705/7045.

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	SMD2289X
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	LEE YUE HOCK
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-



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: 5143737450

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : SLA8171P
Chassis Number : RU11109542
2. Name of Policyholder : LAI ZHENGHAO
3. Effective Date of Insurance : 13 Mar 2024
4. Expiry Date of Insurance : 16 Mar 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	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LAI ZHENGHAO
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 : TATCO ENTERPRISE (0000662840)
Date of Issue : 13 Mar 2024 10:45 hrs

For INCOME INSURANCE LIMITED

Chief Executive



THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between Income Insurance Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract.

We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

- any Endorsement specified as operative in the Schedule
- the Conditions and General Exclusions of this Policy, and
- the payment of the premium specified in the Schedule.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

GST Reg No. M90372806G

Policy Number	: 5143737450
The Policyholder	: LAI ZHENGHAO 237 UPPER PAYA LEBAR ROAD #04-44 SINGAPORE 533867

Describe Circumstance of the Accident

REFER TO POLICE REPORT D/20240705/7045

Declaration

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

Policyholder's Signature / Date & Time

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

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

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

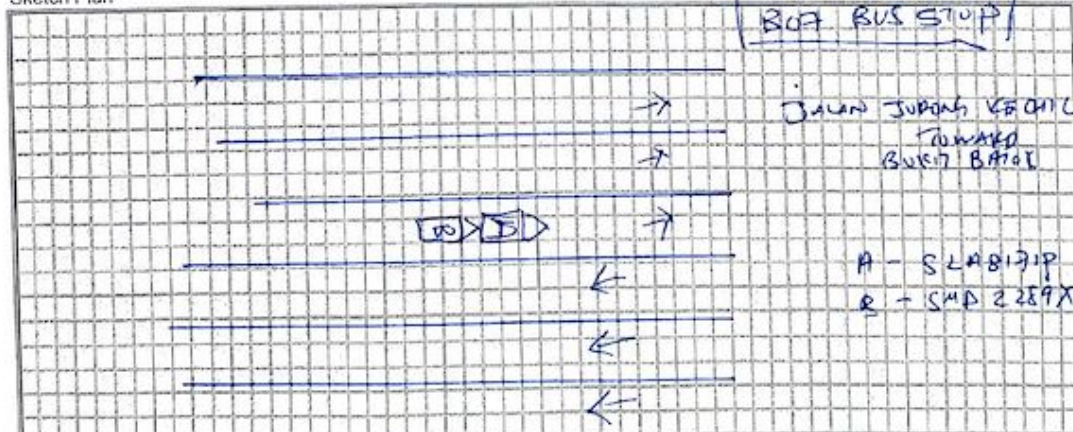
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

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

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

Sketch Plan



vJun2022

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**SINGAPORE
POLICE FORCE**



D/20240705/7045

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20240705/7045

Subjects Involved			
Victim			
Person Name	LEE YUE HOCK		
ID Type	NRIC NO	ID No	S1260134D
Gender	Male	Age	67
Race	Chinese	Language	English
Occupation	Self Employed	Address	764 PASIR RIS STREET 71 #08-252 SINGAPORE 510764
Mobile No	96279971	Is Informant A Victim?	Yes
Person Name	LEE YUE HOCK (Informant)		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:
05/07/2024 15:45

Classification Of Case:

Scanned with ACE Scanner



**SINGAPORE
POLICE FORCE**



D/20240705/7045

1 of 2

POLICE REPORT (NP299)

Report No. D/20240705/7045

Police Station Of Origin
Clementi Division HQ
6 Lempeng Drive SINGAPORE 128496
Tel No:1800-7740000

Date/Time Report Made 05/07/2024 15:45		Vide Report No.		Station Diary No.	
Name Of Informant LEE YUE HOCK		Address 764 PASIR RIS STREET 71 #08-252 SINGAPORE 510764			
ID Type / ID No. NRIC NO / S1260134D		Contact No. Home/Office: Mobile: 96279971			
Nationality SINGAPORE CITIZEN		Email Address LYH9971@GMAIL.COM			
Occupation Self Employed		Sex Male	Age 67	Date of Birth 07/02/1957	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 04/07/2024 18:35 - 05/07/2024 15:35		Location Of Incident 182 JALAN JURONG KECHIL THE HILLFORD SINGAPORE 596152			

Brief details.

On 4th July 2024 6.35pm, I was driving my car Honda Vezel SLA8171P along Jalan Jurong Kechil toward Bukit Batok. I came to a stop during a red traffic light near B07 Jalan Jurong Kechil bus stop and sudden felt an impact on my car rear. I alighted to check and found out a BlueSG Car SMD2289X have hit my car rear. We exchanged information and agree to proceed by insurance claim. I felt discomfort of my neck and shoulder the following day when i wake up and decided to visit my family doctor. I was given 5 days of MC and medication.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 05/07/2024 15:45
Officer In-Charge Of Case:	Classification Of Case:

Scanned with ACE Scanner





IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SC2B24750004 Vehicle Registration No: SLA8171P
Name (as shown in NRIC): LEE YUE HOCK NRIC/FIN/Passport No: 134D
(*Vehicle Driver/Policyholder) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 96279971
Email Address: _____
Date of Accident: 04/07/2024 Time of Accident: 18:35
Place of Accident: Jin Jurong Kechil
Insurance Company: Income Insurance Limited

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

AMEND VEHICLE REG NUMBER - SLA8171P

Policyholder / Actual Driver's Signature
Date: _____

Reporting Centre Personnel's Signature
Name (as in NRIC/ID card): _____
Date: _____

YJ001/01/22