

## 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 .....	18/07/2024 17:29 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	17/07/2024 10:55 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	DUNMAN ROAD TOWARDS HAIG ROAD
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBJ492L
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	SCIENCE ARTS CO PTE LTD
Company Reg No .....	199006281D
Email Address .....	CCY@SCIENCEARTS.COM
Mobile Phone No .....	(Phone) +65-97726868
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	HIACE VAN TURBO 5DR MT
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	-
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Commercial vehicle
Transmission .....	Manual
CC .....	2982

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5105591361-05

#### DRIVER

Name of Driver .....	OI BEE SIONG
NRIC No .....	S1506766G
Date Of Birth .....	12/10/1961
Occupation .....	Outdoor

Driving Pass Date .....	09/10/1981
Driving experience .....	42 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97726868
Alt. Phone Number .....	-
Email Address .....	CCY@SCIENCEARTS.COM
Address .....	BLK 83B CIRCUIT ROAD #10-20, S372083
Address complement .....	-
Postcode .....	-
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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? .....	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? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT ATTACHED

#### 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 .....	SMF9505R
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	KEVIN
NRIC No .....	S8306606G
Contact Number .....	(Phone) +65-90777234
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**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.

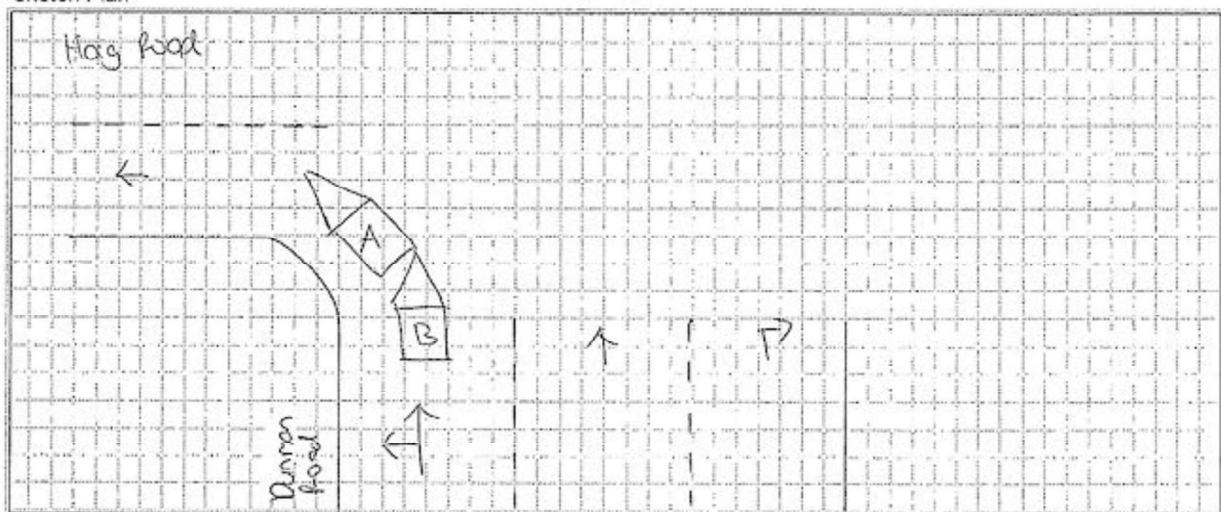


Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstance of the Accident

- Peter to Alu report.

Declaration

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



Policyholder's Signature / Date & Time

18/7/24  
3:55 PM

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

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







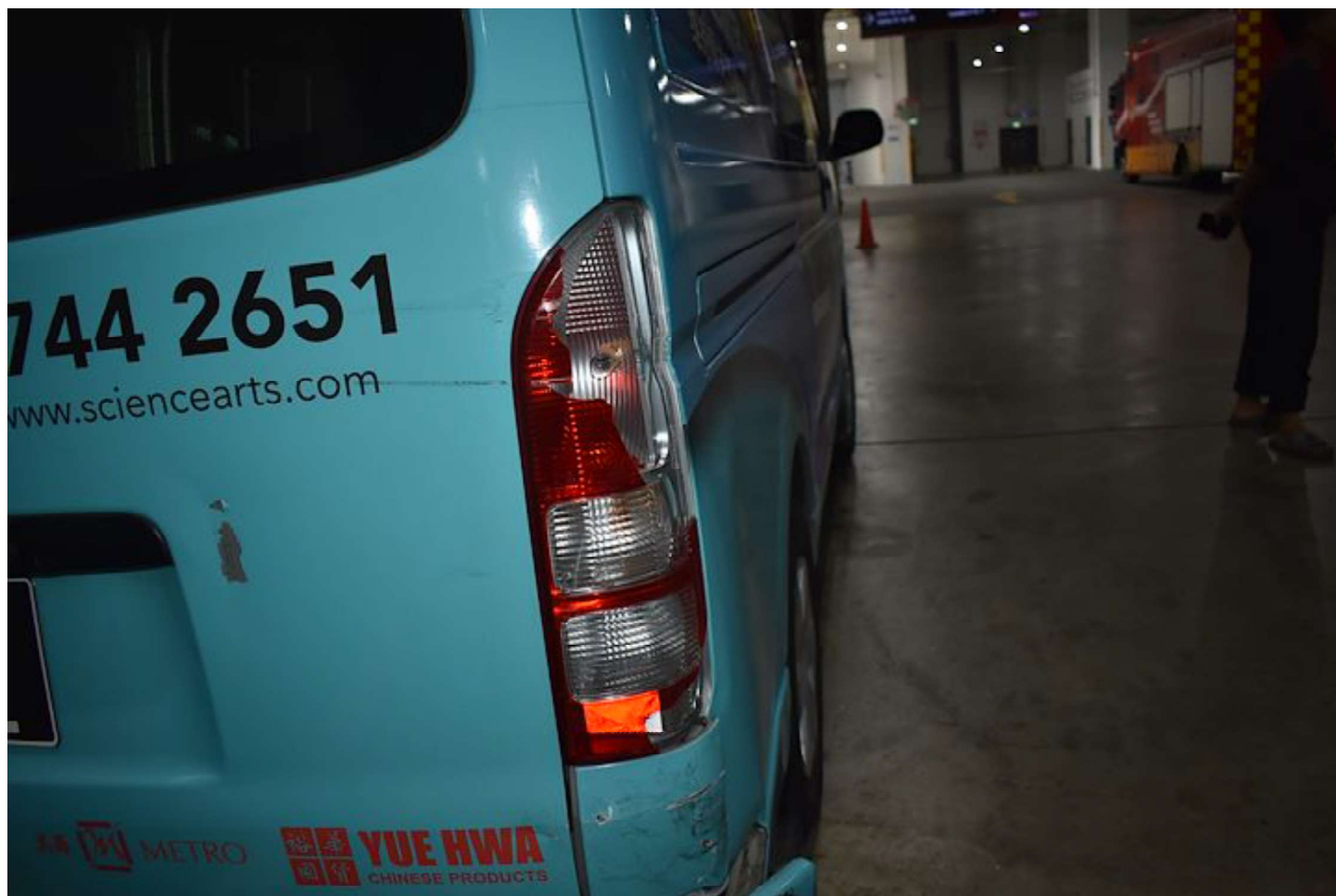
























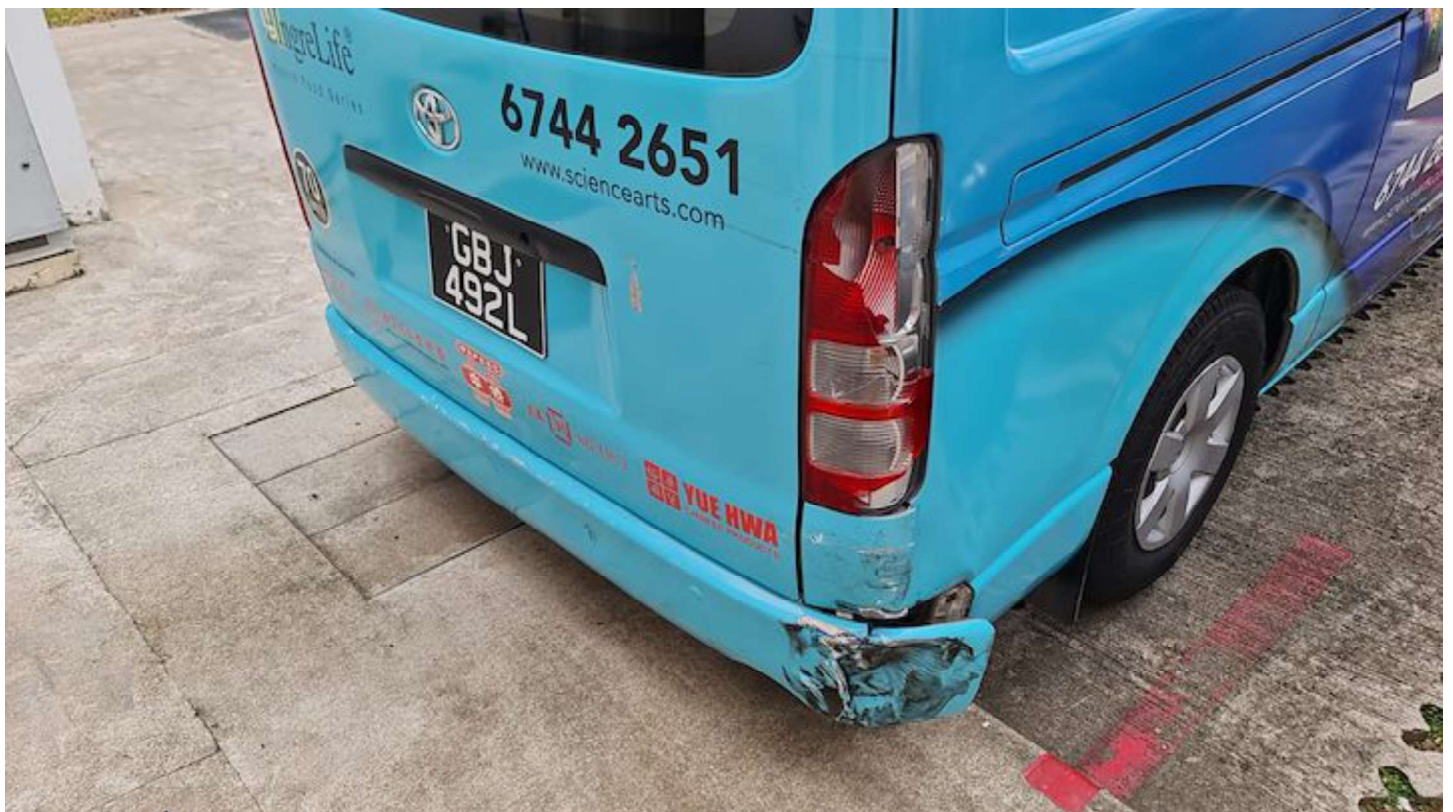


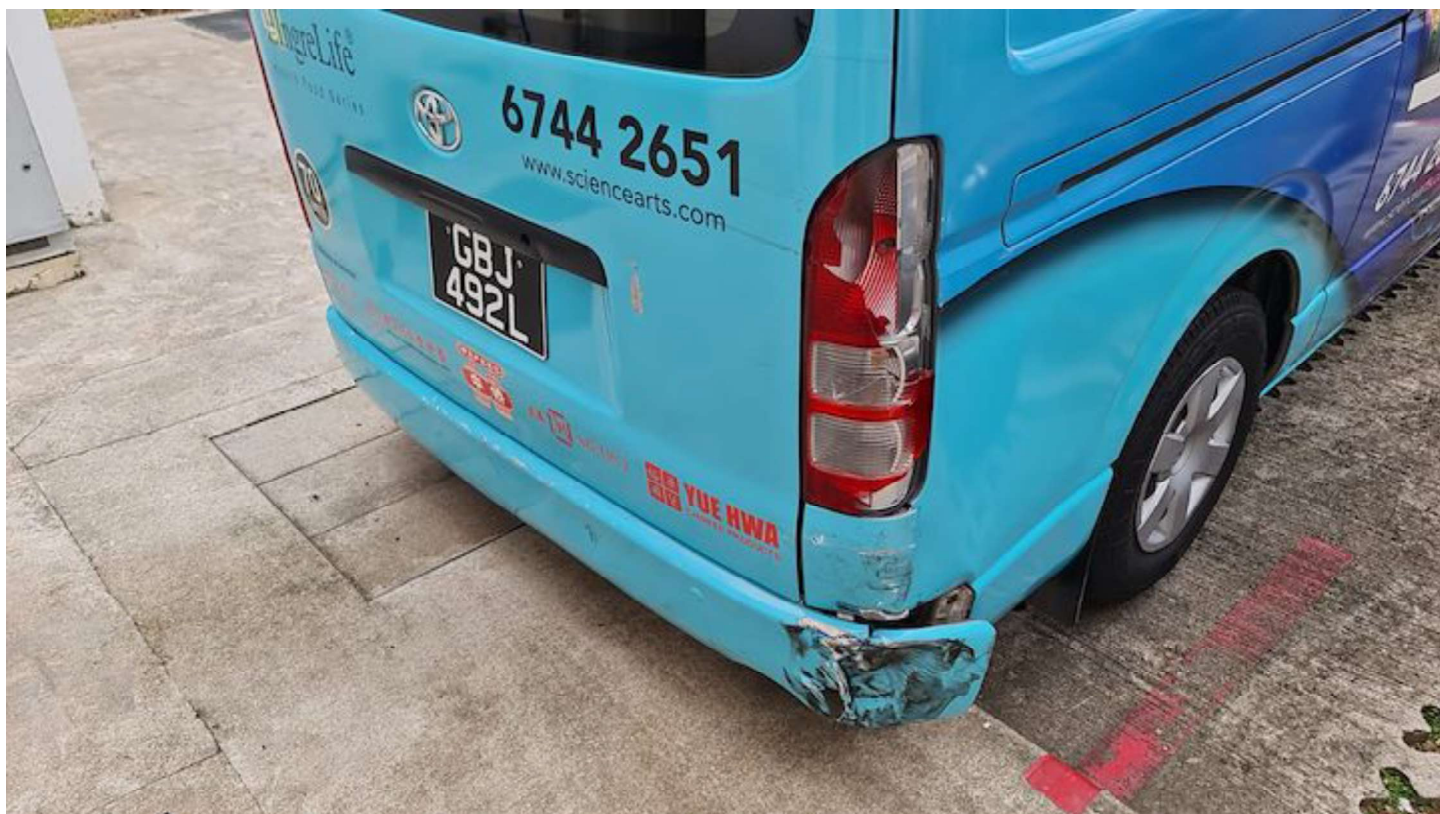


































**SINGAPORE  
POLICE FORCE**



T/20240717/2030

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

1 of 3

Report No. T/20240717/2030

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/07/2024 12:57	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: OI BEE SIONG			Address: 83B CIRCUIT ROAD #10-20 MACPHERSON SPRING SINGAPORE 372083		
ID Type / ID No.: NRIC NO / S1506766G			Contact No.: Home/Office:                      Mobile: 97726868		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 62	Date of Birth: 12/10/1961	Type of Informant: Driver		
Race: Chinese			Language:		
Occupation: Other car and light goods vehicle drivers			Driving Licence Information: Class:                      Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 17/07/2024 10:55	Type of Location:
Location:  TANJONG KATONG ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
GBJ492L	Motor van				Slightly Damaged	0
SMF9505R	Motor car				Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20240717/2030

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

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Report No, T/20240717/2030

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	OI BEE SIONG		ID No. S1506766G
Related Vehicle	GBJ492L (Motor van)		Contact No. 97726868
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
<b>Driver</b>			
Name	KEVIN		ID No. S8306606G
Related Vehicle	SMF9505R (Motor car)		Contact No. 90777234
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

**Brief Details.**

ON THE STATED DATE AND TIME, I WAS DRIVING MY VAN BEARING PLATE NUMBER GBJ492L (V1) AND INTENDED TO TURN INTO HAIG ROAD WHEN SUDDENLY A CAR BEARING PLATE NUMBER SMF9505R(V2) REAR ENDED MY VAN. THERE WAS ROAD WORKS HAPPENING AHEAD OF ME AND THE TRAFFIC CONTROLLER ASKED ME TO STOP, UPON DOING SO THE CAR (V2) COLLIDED WITH MY VEHICLE. WE EXCHANGED PARTICULARS AND ADVISED ONE ANOTHER TO MAKE INDIVIDUAL TRAFFIC ACCIDENT REPORTS. NO ONE WAS INJURED BUT MY VEHICLE SUSTAINED DAMAGES TO THE LEFT REAR BUMPER WHILE THE CAR(V2)'S FRONT LEFT BUMPER AND LEFT SIDE WAS DAMAGED. THAT IS ALL.

**SINGAPORE  
POLICE FORCE**

T/20240717/2030

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

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Report No. T/20240717/2030

## CONTINUATION OF REPORT

Signature of Officer Recording The  
TP /  
SCSGT(1) JUMILL NOEL  
MACADAEG BIGUERAS

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
SI TAN JEOK LENG  
Contact No.: 65476151

Signature Of Informant:

Date/Time:  
17/07/2024 12:57

Classification Of Case:

NP168



### 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 : 5105591361-05

Cover : Comprehensive

- |   |                           |
|---|---------------------------|
| 1. Index mark and Registration Number of Vehicle  | : GBJ492L                 |
| Chassis Number  | : JTFHT02P500245758       |
| 2. Name of Policyholder   | : SCIENCE ARTS CO PTE LTD |
| 3. Effective Date of Insurance  | : 04 Dec 2023             |
| 4. Expiry Date of Insurance   | : 03 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.   |                           |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.   |                           |
| This Policy does not cover  |                           |
| (a) Use for hire or reward.   |                           |
| (b) Use for racing, pace-making, reliability trial or speed-testing.  |                           |
| (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.  |                           |
| # 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
INSURE WITH COE	: YES
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 : ABWIN PTE LTD (00000614234)  
 Date of Issue : 16 Oct 2023 16:32 hrs

For INCOME INSURANCE LIMITED

Chief Executive