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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 05/08/2024 16:55 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 04/08/2024 13:40 (SGT) Exact Location of Accident Singapore Additional Location Information Sembawang Drive toward Admiralty Road West Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

Vehicle Registration Number SKX3061Y

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN CHEE KANG NRIC No S7725981C Email Address lawrentck@yahoo.com.sg Mobile Phone No (Phone) +65-91810565 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model JAZZ 1.5 VTIR CVT ABS D/AIRBAG 2WD 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 Private car Transmission Auto CC 1498 Vehicle Fuel First Regisration Date Chassis no

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5130404059-01

DRIVER

Effective Date/Time of Ownership

Name of Driver TAN CHEE KANG NRIC No S7725981C Date Of Birth 01/10/1977 Occupation Outdoor Driving Pass Date 05/11/2002 Driving License Pass Class 3 Driving License Validity Valid Driving experience 21 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-91810565 Alt. Phone Number Email Address lawrentck@yahoo.com.sg Address 51 Hougang Ave 7 #07-49 S 533818 Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? 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 Raining Road Surface Wet 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) 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 ANG SHI TING CYNTHIA Gender Female PASSENGER 2 Name TAN LE XUAN RENNICE Gender Female 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

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Yes

Yes

Reasons for not uploading a video of the accident File with owner

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBD3793E Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle Name of Driver WANG XUE 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	TAN CHEE KANG
Gender	Male
Phone No	(Phone) +65-91810565
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	_
Injured person in which vehicle?	SKX3061Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn?	ANG SHI TING CYNTHIA Female
Were seat belts worn? Was this injured conveyed to hospital by ambulance?	Yes No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Rease report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
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- Any false reporting may be referred to the Police for investigation.
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- 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)

Lunderstand, 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

1510 hrs Policyholder's Signature / Date &

Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

5/8/2024



DI	Refer	1	11	1.	1	
lease	Reter	to	the	police	report	
	T/ 20	24 0	805	17044		
	1/	210	000	1 7017		
102-						
					<u> </u>	
				77 71		

Declaration

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

Policyholder's Signature / Date & Time

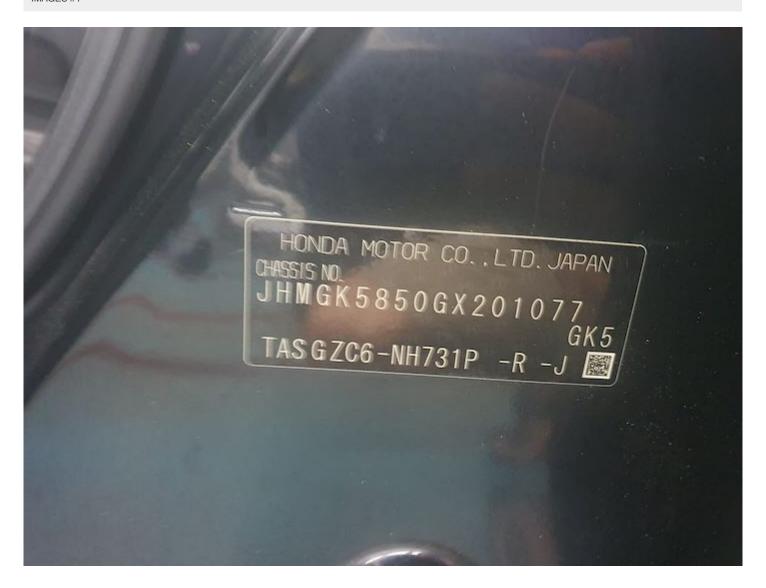
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel





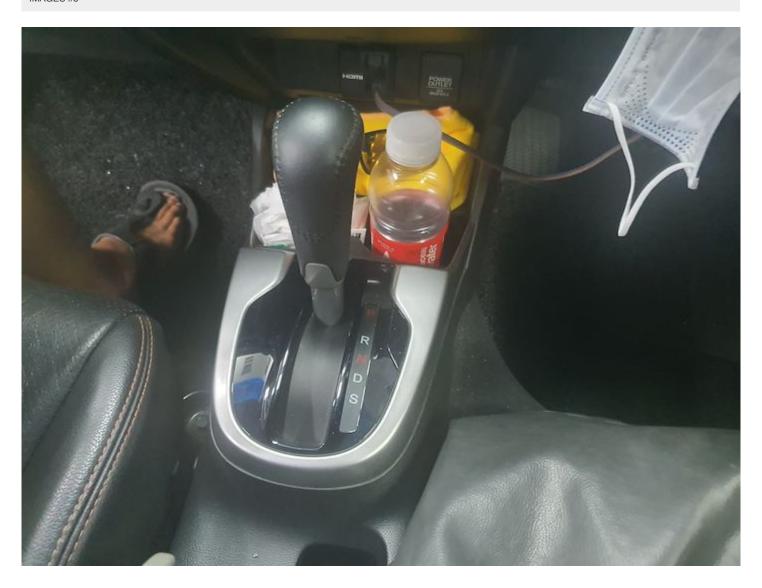


















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 1 of 3 Report No. T/20240805/7044

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/08/2024 12:52		ide:	Vide Report No.: L/20240804/0096	Station Diary No.:		
Informan	rs Particular	'S				
Name of Informant: TAN CHEE KANG			Address: 51 HOUGANG AVENUE 7 #07-49 SINGAPORE 533818			
ID Type / ID No.: NRIC NO / S7725981C Nationality: SINGAPORE CITIZEN		ıc	Contact No.: Home/Office:	Mobile: 91810565		
		N	Email: Lawrentck@yahoo.com.sg			
Sex: Age: Date of Birth: Male 46 01/10/1977			Type of Informant: Driver			
Race: Chinese			Language: English			
Occupation: PHV Driver			Driving Licence Information: Class: 3 Date of Expiry:			

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/08/2024 13:40	Type of Location Straight Road
Location: SEMBAWANG DR Weather:	IVE	Road Surface:		
Raining		Wet		
Traffic Flow: Traffic Control: Traffic Light - Working			1.000	ffic Volume: derate
Two Way		Traine maint		

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBD3793E	Lorry					0
SKX3061Y	Motor car	HONDA	JAZZ 1.5 VTIR CVT ABS D/AIRBAG 2WD	Black		0

Details of Vel	hicle Insurance		
Vehicle No.	Insurance Company	Insurance No	Effective Date Expiry Date



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

Details of Vehicle Insurance

2 of 3 Report No. T/20240805/7044

CONTINUATION OF REPORT

				Name of Street			
Vehicle No.	Insurance Company	Insu	rance No		Effective Date	Expiry Date	
SKX3061Y	NTUC Income Insurance Co-Oper Limited	ative 5130	0404059-01		03/12/2023	02/12/2024	
Details of Per	son Involved		al Carlotte				
Any Pedestria	in Involved: No			O PETALLOCAL TRACT		**************************************	
No. of Pedes	rians Injured; NIL	Use of	Use of Pedestrian Crossing: NA				
Driver							
Name	TAN CHEE KANG		ID No.		S7725981C		
Related Vehic	cle SKX3061Y (Motor car)	10.000	Contac	et No.	91810565		
Hospital/Clini	FAMILY CARE CLINIC PTE	LTD	Class Driving Licence Expiry	e &	Class: 3 Date of Expir	y: NIL	
Date Treatme	ent 05/08/2024	Date D	Discharge	NIL	•		
No. of Days granted Medical Leave (MC) 03			e of Injury	Serio	ous		
Driver							
Name	WANG, XUE		ID No.		NIL		
Related Vehi	cle NIL		Conta	ct No.	NIL		
Hospital/Clini	c NIL	1700-00	Class		Class: NIL Date of Expir	y: NIL	

Brief Details.

Date Treatment

NIL

No. of Days granted Medical Leave (MC)

On the 04/08/2024 at about 1.40 pm, I was driving my motorcar no. SKX 3061 Y with my wife, Ang Shi Ting, Cynthia (NRIC No. S8007565/J) as a front seat passenger along Sembawang Drive towards the direction of Admiralty Road West, I came to a stationary position as there was a red traffic light at the pedestrian crossing near lamp post no. 31.

Licence & Expiry Date

NIL

NIL

Date Discharge

Degree of Injury

A few seconds later, a motorlorry no. GBD 3793 E came very fast from behind and violently hit onto my motorcar causing very serious damaged to my rear until the whole rear windscreen was shattered and both me and my wife, Ang Shi Ting, Cynthia suffered serious injuries to our neck and lower back because of the violent impact.

I have the front and rear video footages of the accident which I can furnish to the traffic police investigator.

NIL

I and my wife seek medical treatment at Family Care Clinic for our serious injuries and was given 3 days of MC for each of us. I am still in pain and will ask for extended MC once my MC finish. I enclosed herewith the 2 MCs of me and my wife.

I wish to claim against the insurance company of the motorlorry no. GBD 3793 E for me and my wife serious personal injuries, the serious damages to my motorcar and other consequential losses.



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



3 of 3

Report No. T/20240805/7044

CONTINUATION OF REPORT

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: 05/08/2024 12:52
Officer In Charge Of Case: TP / TPIB / FARHANA BINTE MOHAMED FAUZI ALKHATIB Contact No.: 63767000	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: 5130404059-01 Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : SKX3061Y

Chassis Number : JHMGK5850GX201077

2. Name of Policyholder : TAN CHEE KANG (CHEN ZHIGANG)

3. Effective Date of Insurance : 03 Dec 2023 4. Expiry Date of Insurance : 02 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 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) : \$\$2,000 EXCESS (SECTION 2) : S\$1,500 WINDSCREEN EXCESS : \$\$100 ADDITIONAL EXCESS : N/A REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : YES (FREE) ROADSIDE ASSISTANCE AND WELLNESS COVER : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO PRIMARY DRIVER

: TAN CHEE KANG (CHEN ZHIGANG)

NAMED DRIVER (1) : ANG SHI TING NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : OCBC BANK 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)

: CINDY LIM (00000634986) Agency Date of Issue : 16 Nov 2023 16:41 hrs

For INCOME INSURANCE LIMITED

Chief Executive