SA1E215J0002 / Abwin Service Pte Ltd ENTRY DATE & TIME: 19/05/2021 15:06 (SGT) SUBMITTED BY: Gerine Cheng VERSION: 1 (19/05/2021 15:06 (SGT))

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 Authorised 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.

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 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 Submission 19/05/2021 15:06 (SGT) Date of Accident 17/05/2021 12:05 (SGT) Exact Location of Accident Hougang Ave 10, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

Vehicle Registration Number SMY317B

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **CHUN POH CHYE** NRIC No. SXXXX546Z Email Address FIONTAN888@GMAIL.COM Mobile Phone No (Phone) +65-98388708 Alternative Phone No (Home) +65-98388708

VEHICLE PARTICULARS

Manufacturer

Model Shuttle Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private hire Transmission Auto CC 1496

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy Policy Number 5121465660 Cover Note Number

DRIVER

Name of Driver TAN YAH MEI (CHEN YANMEI) NRIC No. SXXXX688B

Date Of Birth 03/01/1979 Occupation Outdoor Date Of Driving Pass 08/07/2004 Driving experience 16 YEARS AND 10 MONTHS Gender Female Mobile Number (Phone) +65-97996023 Alt. Phone Number Email Address FIONTAN888@GMAIL.COM Address **BLK 980D BUANGKOK CRESCENT** Address complement #13-55 Postcode 536980 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Spouse 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 Hit and run / Vandalism / Damaged whilst parked Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Nο Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Hougang Neighbourhood Police Centre Police Station Phone No (Phone) +65-18004890999 Alt. Police Station Phone No (Fax) +65-63128989 Police Station Address 60 Hougang Ave 9 Singapore 538775 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT AND SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? No Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident THE SD CARD IS WITH THE POLICE Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number YP7363B Vehicle Manufacturer Vehicle Model

Vehicle Variant
Vehicle Colour

Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-64817333
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 Address	TAN YAH MEI (CHEN YANMEI)
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	MC3DAYS
Injured person in which vehicle?	SMY317B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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- 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. 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.
- 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.

100

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

VBHICLES. YP 7363B

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Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

Policyholder's Signature / Date & Time

& Time

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

Witnessed by Reporting Centre Personnel



















REPORT OF A TRAFFIC ACCIDENT



Date of Expiry:

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

1 of 3 Report No. T/20210517/2049

Date/Time Report Made: Vide Report No.: Station Diary No.: 17/05/2021 15:19 F/20210517/0085 60 Informant's Particulars Name of Informant: Address: TAN YAH MEI APT BLK 980D BUANGKOK CRESCENT #13-55 SINGAPORE 536980 ID Type / ID No .: Contact No.:

Class: 3

NRIC NO / S7900688B Home/Office: Mobile: 97996023 Nationality: Email: SINGAPÓRE CITIZEN Sex: Age: Date of Birth: Type of Informant: Female 42 03/01/1979 Driver Race: Language: Institution / School Name: Chinese Occupation: Driving Licence Information: PRIVATE HIRE CAR

General Information of the Accident Injury Drink Date/Time of Type of Type of Location: Attended by Police Drive: Accident: Accident: Car Park 17/05/2021 12:05 No Location: HOUGANG AVENUE 10 Weather: Road Surface: Road Speed Limit: Drizzling Wet Traffic Flow: Traffic Control: Traffic Volume: Type of Collision: Anyone conveyed by Moving Vehicle Against - Parked Vehicle ambulance: No

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SMY317B	Car	HONDA	SHUTTLE HYBRID 1.5 A	Silver	Slightly Damaged	0

Details of Person Involved	The second secon
Any Pedestrian Involved: No	The second secon
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA
	1



Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999 CONTINUATION OF REPORT

2 of 3 Report No. T/20210517/2049

Name	TAN YAH MEI			ID No		S7900688B
Related Vehicle	SMY317B (Car)			Conta	act No. 97996723	
Hospital/Clinic	ONECARE CLINIC HOUGANG AVE 8			Class Drivin Licen Expin	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date D	ischarge	NIL	
No. of Days granted Medical Leave 03			The second secon	egree of Injury NIL		

Brief Details.

On 17/05/2021 at around 1205hrs, I stopped my vehicle SMY317B to let a lorry to move off as the space of the road is very limited due to the construction road.

When the lorry drove past my vehicle, his rear of the vehicle collided into the rear of my vehicle but the driver did not stop his vehicle and continue driving without stopping. I did not manage to see the vehicle number.

There was passer-by witness the accident and tried to stop the vehicle.

Shortly police came and provided assistance.

I have a camera installed in my vehicle and the SD card was handed to the traffic police.

I am lodging this report as traffic police required it.





Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999 CONTINUATION OF REPORT

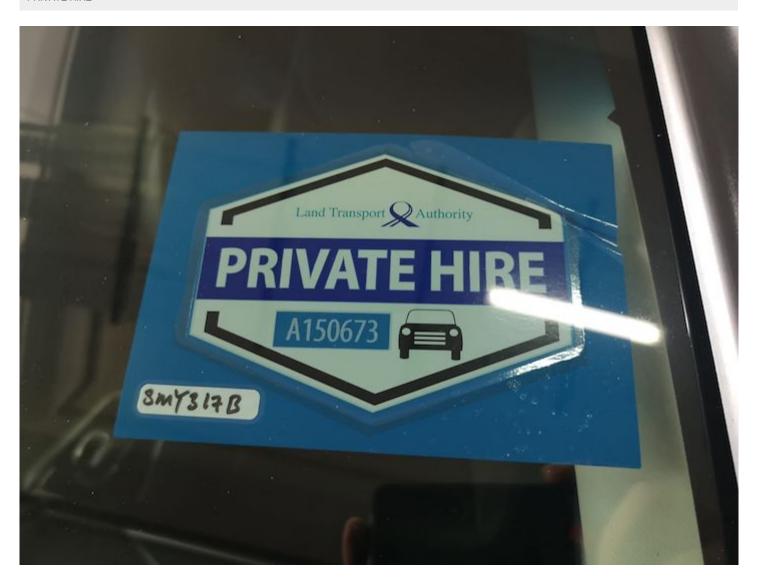
3 of 3 Report No. T/20210517/2049

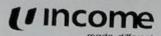
Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: F / Sgt 2 CHUA ZI HUA	Signature Of Informant:	
Signature Of Interpreter: Not applicable	Date/Time: 17/05/2021 15:19	
Officer In Charge Of Case: TP / GIT / Staff Sgt LEE GUANG HUI Contact No.: 65476138	Classification Of Case:	
Authentication Stamp 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: 5121465660

Cover : drivo CLASSIC 1. Index mark and Registration Number of Vehicle : 5MY317B Chassis Number : GP71218398 2. Name of Policyholder CHUN POH CHYE 3. Effective Date of Insurance : 27 Mar 2021 4. Expiry Date of Insurance : 26 Mar 2022

- 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.
- 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

EXCESS (SECTION 1) : \$\$2,000 EXCESS (SECTION 2) : \$\$1,500 WINDSCREEN EXCESS : \$\$100 ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF REPAIR AT OWNER'S PREFERRED WORKSHOP : NO

INSURE WITH COE : YES NCD PROTECTION : YES TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO

: CHUN POH CHYE PRIMARY DRIVER NAMED DRIVER (1) : TAN YAH MEI NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : PACE MOTORS 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)

: INSMART (INSURANCE) AGENCY PTE LTD (00000615165) Agency

: 25 Mar 2021 17:07 hrs Date of Issue

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive