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.

- 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 Submission 26/08/2021 17:48 (SGT) Date of Accident 25/08/2021 12:40 (SGT) Exact Location of Accident Church St, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

1500

Vehicle Registration Number SGW8668S

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAY SIEW LENG NRIC No. S1812083F Email Address tsl.siew@gmail.com Mobile Phone No (Phone) +65-90179234 Alternative Phone No +65-90179234

VEHICLE PARTICULARS

Manufacturer

Model Mobilio 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

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy Policy Number 5119700010 Cover Note Number

DRIVER

CC

Name of Driver TAY CHUN KENG NRIC No. S7037355F

Date Of Birth 27/10/1970 Occupation Indoor Date Of Driving Pass 26/10/1988 Driving experience 32 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-90179234 Alt. Phone Number Email Address tsl.siew@gmail.com Address BLK 305B PUNGGOL RD #08-723 Address complement Postcode 822305 Is the driver the policyholder? No If No. Relationship of the Driver with the Insured Sibling 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 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Yes 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? Nο PASSENGER 1 Name **ALFRED** Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Sengkang Neighbourhood Police Centre Police Station Phone No (Phone) +65-18003438999 Alt. Police Station Phone No (Fax) +65-63438939 Police Station Address 2 Sengkang Square #01-02 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO POLICE REPORT NO.T/20210826/2022. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Reasons for not uploading a video of the accident WITH OWNER Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMF6108Z

Vehicle Manufacturer	_
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-97336473
Address	<u>-</u>
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 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?	- - - - - SGW8668S
INJURED 2	
Name of injured person Gender Phone No Address Address Complement Post Code	
Approximate Age Years Old	-

Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn? SGW8668S Was this injured conveyed to hospital by ambulance?

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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)
- (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
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to
- (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
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

- (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/kw 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

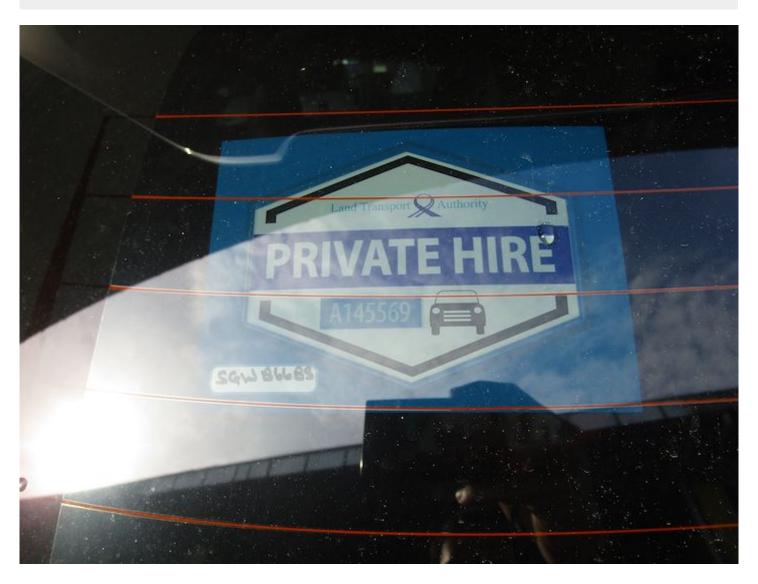
& Time

Witnessed by Reporting Centre Personnel

Sketch Plan

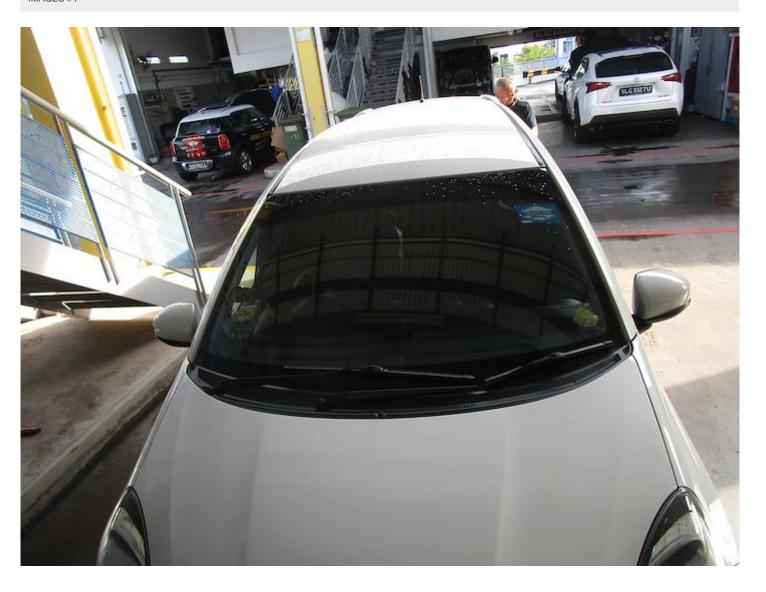
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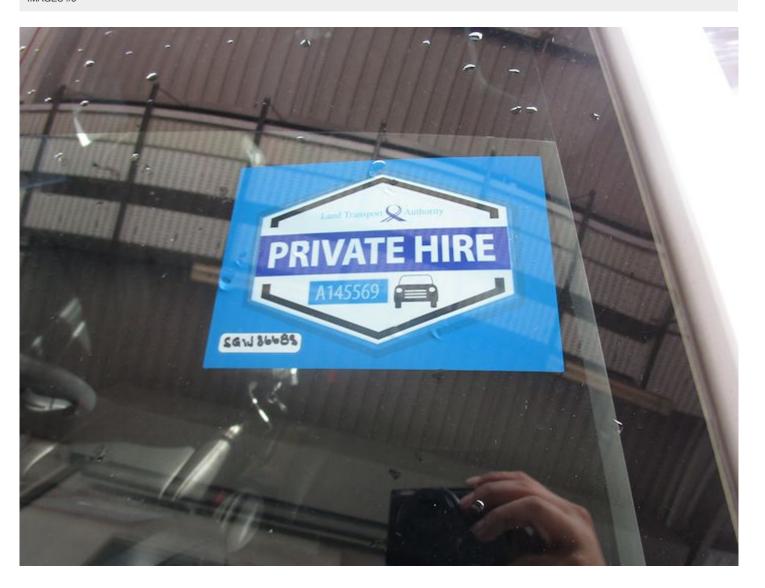
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/20210826/2022

1 of 3

Report No. T/20210826/2022

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

The second second	F A TRAFFIC		•	Ctation Diona No.		
Date/Tim 26/08/20	e Report M 21 11:01	ade:	Vide Report No.: A/20210825/0046	Station Diary No. 38		
Informar	nt's Particu	ılars				
	Informant: JN KENG		Address: APT BLK 305B PUNGO 822305	GOL ROAD #08-723 SINGAPORE		
ID Type	/ ID No.: D / S703735	55F	Contact No.: Home/Office:	Mobile: 90179234		
Nationali SINGAP	ity: ORE CITIZ	EN	Email:			
Sex: Male	Age:	Date of Birth: 27/10/1970	Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name:		
Occupat Other ca drivers r	ar and light	goods vehicle	Driving Licence Information: Class: Date of Expiry:			

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/08/2021 12:40	Type of Location
Location: CHURCH ST	REET			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Colli	sion: ving Vehicles - Head To F			Anyone conveyed by ambulance:

Details of Ve	sincle mvo		Model	Color	Condition	No of Passenger
Vehicle No.	Туре	Make	Model	COICI	Seriously	
SGW8668S	Car				Damaged	
						0
SMF6108Z	Car					10.50 10.50

Details of Person Involved	
Any Pedestrian Involved: No	Line Consider Consider NA
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	Ose of Fodounds



2 of 3

Report No. T/20210826/2022

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

CONTINUATION OF REPORT

AY CHUN KENG			III) No		S7037355F
AT CHOIN ILINO			ID No.		370070001
SGW8668S (Car)			Conta	ct No.	90179234
	241 11005	NTAI	Class	of	Class: NIL
SINGAPORE GENER	KAL HUSP	TIAL	Driving	g ce &	Date of Expiry: NIL
05/00/0004		Date Dis	-		3/2021
	Too				
		SINGAPORE GENERAL HOSE	SINGAPORE GENERAL HOSPITAL 25/08/2021 Date Dis	SINGAPORE GENERAL HOSPITAL Class Driving Licence Expiry 25/08/2021 Date Discharge	Class of Driving Licence & Expiry Date Discharge 25/08/2021

Brief Details.

On 25/08/2021 at about 1240 hrs , I was fetching one male passenger from 18 Cross street and was going to 60 Paya Lebar Road as her destination.

At about 1245 hrs, I was waiting for the traffic light at Church Street as it was red and there were about 2 cars in front of me. Out of sudden, one vehicle SMF6108Z hit me from behind and it cause a dent at my car boot area. We both alighted from our vehicles but he refused to give me his particulars. As such , I decided to call for Police.

Police and Ambulance came down and both me and my passenger was conveyed to Singapore General Hospital. I was advised by the Traffic Police to lodged a Traffic report reference report number A/20210825/0046 after I was discharge from hospital.

I was discharged on the same day and was given 3 days out patient MC from 25-27 Aug.







Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025 3 of 3 Report No. T/20210826/2022

Tel No: 1800-343 8999

CONTINUATION OF REPORT

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.

ime:
2021 11:01
fication Of Case:





Certificate of Insurance

: SK\$3446Y

: TAY SIEW LENG

: 03 Nov 2020

: 02 Nov 2021

Cover : drivo CLASSIC

: MRHDD4870FP000061

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: 5119700010

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

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

EXCESS (SECTION 1) : S\$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 NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO

PRIMARY DRIVER : TAY SIEW LENG

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 : INSMART (INSURANCE) AGENCY PTE LTD (00000615165) Date of Issue : 03 Nov 2020 12:12 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive