

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 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 Submission 13/10/2021 14:05 (SGT)
Date of Accident 12/10/2021 14:50 (SGT)
Exact Location of Accident Singapore
Additional Location Information WATERLOO STREET TOWARDS MIDDLE RD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMH4183H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TAN CHENG ANN
NRIC No S1315279I
Email Address SEASON222111@GMAIL.COM
Mobile Phone No (Phone) +65-94888389
Alternative Phone No +65-94888389

VEHICLE PARTICULARS

Manufacturer Honda
Model Jazz
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 1300

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5123693822
Cover Note Number -

DRIVER

Name of Driver TAN CHENG WEE

| | |
|--|----------------------------------|
| Date Of Birth | 18/10/1969 |
| Occupation | Outdoor |
| Date Of Driving Pass | 13/04/1993 |
| Driving experience | 28 YEARS AND 6 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-94888389 |
| Alt. Phone Number | - |
| Email Address | SEASON222111@GMAIL.COM |
| Address | BLK558, PASIR RIS ST 51, #04-309 |
| Address complement | - |
| Postcode | 510558 |
| 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 | Side Swipe |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 1 |
| 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) | 1 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

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

ATTACH POLICE REPORT

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | No |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SHC7240S |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Taxi |

| | |
|---|-------------|
| Name of Driver | NEO AH BENG |
| NRIC No | S1310987G |
| 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 CHENG WEE |
| Gender | - |
| Phone No | (Phone) +65-94888389 |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SMH4183H |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | Yes |

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.

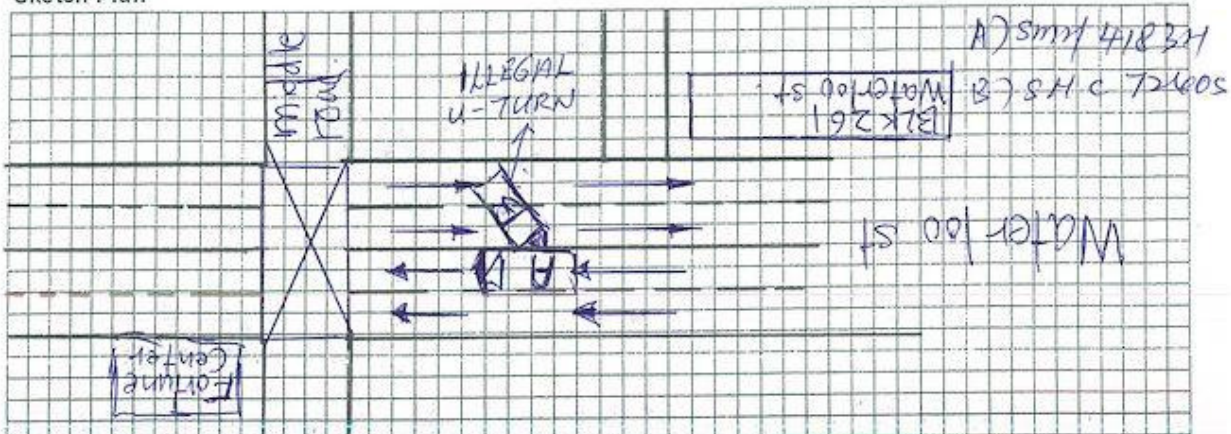
CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



T/20211012/7040

every respect.

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)
Witnessed by Reporting Centre
Personnel





















**SINGAPORE
POLICE FORCE**



T/20211012/7040

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

1 of 3

Report No. T/20211012/7040

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|-------------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made: 12/10/2021 21:32 | | Vide Report No.: A/20211012/0057 | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: TAN CHENG WEE | | | Address: 558 PASIR RIS STREET 51 #04-309 SINGAPORE 510558 | | |
| ID Type / ID No.: NRIC NO / S6936401B | | | Contact No.: Home/Office: Mobile: 94888389 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: season222111@gmail.com | | |
| Sex: Male | Age: 51 | Date of Birth: 18/10/1969 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: Private Hirer | | | Driving Licence Information: Class: 3 | | Date of Expiry: |

General Information of the Accident

| | | | | |
|--|------------------------------|------------------------------------|--|--------------------------------------|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 12/10/2021 14:50 | Type of Location: Straight Road |
| Location: WATERLOO STREET | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: 60 Km/h | |
| Traffic Flow: Two Way | | Traffic Control: Not Controlled | Traffic Volume: No Traffic | |
| Type of Collision: Taxi illegal U-Turn on opposite road and hit on my car driver side | | | | Anyone conveyed by ambulance: Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
|-------------|------|---------|-------|--------|------------------|-------|
| SHC7240S | Taxi | HYUNDAI | | Yellow | Slightly Damaged | 1 |
| SMH4183H | Car | | | | | 0 |



**SINGAPORE
POLICE FORCE**



T/20211012/7040

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

2 of 3

Report No. T/20211012/7040

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|------------------|-----------------------------------|---------------------------------|
| Details of Person Involved | | | |
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | TAN CHENG WEE | ID No. | S6936401B |
| Related Vehicle | SMH4183H (Car) | Contact No. | 94888389 |
| Hospital/Clinic | RAFFLES HOSPITAL | Class of Driving Licence & Expiry | Class: 3 Date of Expiry: NIL |
| Date | 12/10/2021 | Date | 12/10/2021 |
| No. of Days granted Medical Leave | 10 | Degree of | Serious |

Brief Details.

- 1-Accident happen along waterloo Street (50 meter in-front of Blk261 waterloo street)
- 2-My vehicle driving toward junction of waterloo street and middle road .
- 3-Out of sudden the Taxi from opposite lane of waterloo street toward Blk 261 waterloo street hit my car on driver side .
- 4-Too sudden and out of no where the Taxi crash my car by surprise . The driver side door was badly dented and could not open .
- 5-Worry that car might catch fire , i exit through the front passenger door . The Taxi revised his car around 3 meter from impact position .
- 6-Feeling bit giddy , i rest at the road side a while .
- 7-I agree the Taxi driver to get me an ambulance .
- 8-I took some pictures of the accident site before the ambulance arrive .
- 9-Ambulance medic attend to me and shortly after the Traffic Police arrived .
- 10-I was then send to Raffles Hospital .

Remark : I have car camera which record the accident . Some photos have been taken too . Traffic police have On site with some actual information . Please contact me if you required further information as the video and photo is large file to attach .



**SINGAPORE
POLICE FORCE**



T/20211012/7040

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

3 of 3

Report No. T/20211012/7040

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ABDUL MUHAIMIN BIN HUSSAIN
Contact No.: 65476090

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

Date/Time:
12/10/2021 21:32

Classification Of Case:



TAX INVOICE

| | | | |
|-----------------|--|---------------|-------------------|
| GST REGN NO | : M9-0000467-N | CLINIC | : 24 HR EMERGENCY |
| VISIT NO | : G09821062993 | BILL TYPE | : ECC_RPT_10_AE |
| VISIT DATE/TIME | : 12/10/2021 15:52:00 | BILL DATE | : 12/10/2021 |
| INVOICE NO | : PG09821062993-1 | PATIENT NAME | : TAN CHENG WEE |
| PAY BY | : *****401B | PATIENT ID NO | : *****401B |
| PAYER'S NAME | : TAN CHENG WEE | POLICY NO | : |
| ADDRESS | : 558 PASIR RIS STREET 51 #04-309 SINGAPORE 510558 | | |

| DESCRIPTION | REMARK | QTY | S\$ | S\$ |
|--|--------------|-----|--------|----------|
| ATTENDANCE FEE | STANDARD | 1.0 | 116.00 | 116.00 |
| MRSA PCR SCREENING (PINK E-SWAB) (A&E) | NON-STANDARD | 1.0 | 74.00 | 74.00 |
| CT CERVICAL SPINE | ECC CT/MRI | 1.0 | 536.00 | 536.00 |
| CT HEAD (PLAIN) | ECC CT/MRI | 1.0 | 538.00 | 538.00 |
| SUB-TOTAL | | | | 1,264.00 |
| LESS: GOVERNMENT SUBSIDY | | | | (644.00) |
| TOTAL CHARGES BEFORE GST | | | | 620.00 |
| GST @ 7% | | | | 43.40 |
| TOTAL CHARGES AFTER GST | | | | 663.40 |
| LESS: GST ABSORBED BY THE GOVERNMENT | | | | (43.40) |
| NET TOTAL CHARGES | | | | 620.00 |
| TOTAL AMOUNT PAID | | | | (620.00) |
| REG2101155457 - 12/10/2021 - MASTER | | | 620.00 | |
| TOTAL BALANCE DUE | | | | 0.00 |
| AMOUNT DUE FROM PATIENT | | | | 0.00 |

Raffles Hospital
 24 HR EMERGENCY
 558 North Bridge Road
 Raffles Hospital #04-309 Singapore 185770
 Tel: (65) 6311 1555 Fax: (65) 6311 1162

RafflesMedical
Your Trusted Partner for Health

MEDICAL CERTIFICATE

| | | | |
|------|-----------------|------------|-----------------------|
| NRIC | : S6936401B | VISIT DATE | : 12 Oct 2021 (15:55) |
| NAME | : TAN CHENG WEE | VISIT NO | : G09821062993 |

This is to certify that the above mentioned has been given:

OUTPATIENT SICK LEAVE for 7 days from 12 Oct 2021 to 18 Oct 2021

DOCTOR : LOI TSUAN HAO (M11137F)
CLINIC : 24 HR EMERGENCY CLINIC
ADDRESS : 585 NORTH BRIDGE ROAD LEVEL -01-00 RAFFLES HOSPITAL 188770

This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.
This certificate is electronically generated. No signature is required.

Printed: 12 Oct 2021, 05:54PM



Raffles Connect

Download RafflesConnect to:

- Teleconsult with our GP Doctor
- Request eQueue before coming to GP clinic
- Book an appointment for GP phone consult
- More features ...



Medicine Delivery

Medicine Delivery Service:

- Scan QR Code to request online.

Raffles Medical Group Ltd
585 North Bridge Road
Raffles Hospital F01-00 Singapore 188770
Tel: (65) 6711 1656 Fax: (65) 6331 1162



21-09-10:14:54 ;

▲ GUAN MOTOR ;

1/ 1

income
made yours

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: 5123693822

Cover : drive CLASSIC

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SMH4183H |
| Chassis Number | : JHMGK3850KS200226 |
| 2. Name of Policyholder | : TAN CHENG ANN |
| 3. Effective Date of Insurance | : 10 Sep 2021 |
| 4. Expiry Date of Insurance | : 09 Sep 2022 |
| 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 93 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 | : S\$1,000 |
| 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 | : TAN CHENG ANN |
| NAMED DRIVER (1) | : TAN CHENG WEE |
| NAMED DRIVER (2) | : N/A |
| HIRE PURCHASE COMPANY | : GUAN MOTOR LEASING 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)

Agency : S & M ALLIANCE PTE LTD (00000614373)

Date of Issue : 10 Sep 2021 13:54 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive