

# 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 ..... 21/01/2022 17:39 (SGT)  
Date of Accident ..... 20/01/2022 19:20 (SGT)  
Exact Location of Accident ..... Tanjong Rhu Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLU7876R

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... POON SIEW KWONG (PAN ZHAO GUANG)  
NRIC No ..... SXXXX676J  
Email Address ..... a6679b@gmail.com  
Mobile Phone No ..... (Phone) +65-94524774  
Alternative Phone No ..... (Home) +65-94524774

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Corolla  
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 hire  
Transmission ..... Auto  
CC ..... 1230

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5121768246  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... POON SIEW KWONG (PAN ZHAO GUANG)  
NRIC No ..... SXXXX676J

Date Of Birth .....	03/09/1973
Occupation .....	Outdoor
Date Of Driving Pass .....	19/12/1991
Driving experience .....	30 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-94524774
Alt. Phone Number .....	(Home) +65-94524774
Email Address .....	a6679b@gmail.com
Address .....	BLK 486 SEGAR ROAD
Address complement .....	#10-526
Postcode .....	670486
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
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 - Major/Minor Rd
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? .....	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 .....	Bedok Division Headquarters
Police Station Phone No .....	(Phone) +65-18002440000
Alt. Police Station Phone No .....	(Fax) +65-64443009
Police Station Address .....	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN AND POLICE REPORT ATTACHED

#### 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 .....	SLN1810G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	2

## INJURED PERSONS DETAILS

### INJURED 1


Name of injured person .....	SLN1810G DRIVER
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLN1810G
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

### INJURED 2

Name of injured person .....	SLN1810G PASSENGER
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLN1810G
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

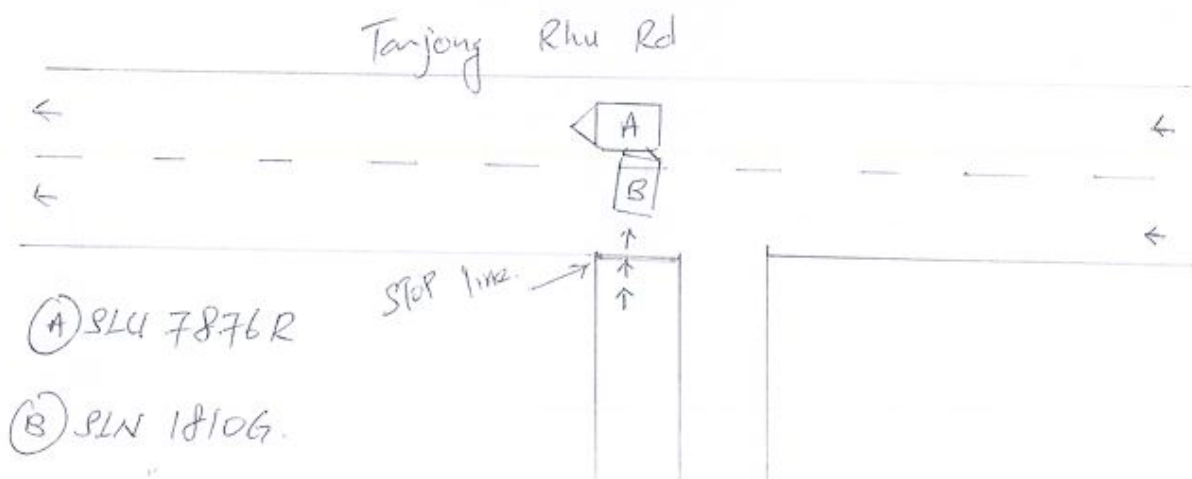
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)  
I understand, acknowledge, agree and consent that:  
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, d and/or process my personal data/personal information set out in this [form] and any other personal information provided by me possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to a who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relat 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 r 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 cor disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes, 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 t 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 ags (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 Person  
Co-Reg No. 2013100559

Sketch Plan




As Police Report : G/20320121/7037

Declaration

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 Co. Personnel



























**SINGAPORE  
POLICE FORCE**



G/20220121/7037

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**POLICE REPORT (NP299)**

Report No. G/20220121/7037

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

Date/Time Report Made 21/01/2022 15:01	Vide Report No.	Station Diary No.
Name Of Informant POON SIEW KWONG	Address 486 SEGAR ROAD #10-526 SINGAPORE 670486	
ID Type / ID No. NRIC NO / S7330676J	Contact No. Home/Office:	Mobile: 94524774
Nationality SINGAPORE CITIZEN	Email Address adwin_poon@yahoo.com.sg	
Occupation Self employed	Sex Male	Age 48
Institution/School Name	Date of Birth 03/09/1973	Race Chinese
Date/Time Of Incident 20/01/2022 19:20	Location Of Incident TANJONG RHU ROAD	

**Brief details.**

On the stated date and time I vehicle SLU7876R was travelling straight on Tanjong Rhu Road towards Kg Arang Rd. As I was passing the exit of Singapore Swimming Club on my left. A vehicle SLN1810G who was exiting the said club came straight at my vehicle and T-bone my vehicle left portion. My car turned 90degrees and the said vehicle went on and mounted the kerb.

The impact causes my left knee to hit onto the dashboard and I immediately felt pain on my neck and shoulder areas.

The next day i woke up and the pain on my body worsen. I then quickly proceeded to My Family Clinic (Segar) to seek treatment and I was given 3 days MC.

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: 21/01/2022 15:01
Officer In-Charge Of Case:	Classification Of Case:

**SINGAPORE  
POLICE FORCE**

G/20220121/7037

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20220121/7037

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: 21/01/2022 15:01
Officer In-Charge Of Case:	Classification Of Case:





### 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: 5121768246

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : SLU7876R  
 Chassis Number : MR053REH604572188
2. Name of Policyholder : POON SIEW KWONG (PAN ZHAOGUANG)
3. Effective Date of Insurance : 14 Apr 2021
4. Expiry Date of Insurance : 13 Jun 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 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\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
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	: POON SIEW KWONG (PAN ZHAOGUANG)
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TAI THONG LEE TRADING (PRIVATE) LIMITED
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 : TAI THONG LEE TRADING PTE LTD (00000612744)  
 Date of Issue : 01 Dec 2021 14:48 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive