

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 16/03/2022 16:14 (SGT)
Date of Accident 13/03/2022 16:40 (SGT)
Exact Location of Accident W Coast Hwy, Singapore
Additional Location Information WEST COAST HIGHWAY TOWARDS JURONG
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBH8270T

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ENG LEONG WORKSHOP
Company Reg No 5XXXX789W
Email Address a6679b@gmail.com
Mobile Phone No (Phone) +65-98754622
Alternative Phone No (Home) +65-98754622

VEHICLE PARTICULARS

Manufacturer Opel
Model Vivaro
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 Goods vehicle
Transmission Manual
CC 1598

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5104621600-03
Cover Note Number -

DRIVER

Name of Driver CHEONG DONG LEONG (JIANG DONGLIANG)
NRIC No SXXXX176D

Date Of Birth	22/07/1974
Occupation	Outdoor
Date Of Driving Pass	30/08/1994
Driving experience	27 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98754622
Alt. Phone Number	-
Email Address	A6679B@GMAIL.COM
Address	BLK 769 WOODLANDS DRIVE 60
Address complement	#05-132
Postcode	730769
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	DIRECTOR OF COMPANY
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	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	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

REFER TO SKETCH PLAN 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	GBJ6985S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	ALI BIN ASSHARI
NRIC No	SXXXX699A
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	CHEONG DONG LEONG (JIANG DONGLIANG)
Gender	Male
Phone No	(Phone) +65-98754622
Address	BLK 769 WOODLANDS DRIVE 60
Address Complement	#05-132
Post Code	730769
Approximate Age Years Old	47
Injuries Sustained	3 DAYS MC
Injured person in which vehicle?	GBH8270T
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 of the 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, 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, 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



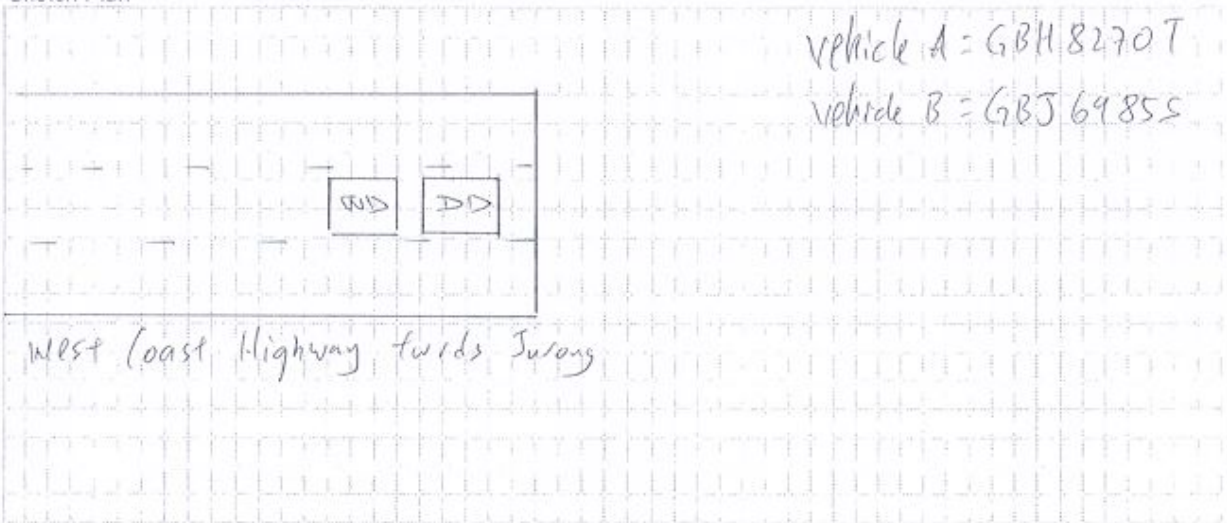
Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre / Date & Time

Sketch Plan



Refer to Police Report : T/20220314/7031

Declaration

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



Policyholder's Signature / Date & Time

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

[Handwritten Signature]
Witnessed by Repairing Centre Personnel



















CHASSIS NO : W0VF7G605JV606474
U. W. : 1665 KGS
M. L. W. : 2900 KGS
PASSENGER CAP : 002
TYRE SIZE : (F) 205/65/R16C
 : (R) 205/65/R16C





**SINGAPORE
POLICE FORCE**



T/20220314/7031

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

1 of 3
Report No. T/20220314/7031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/03/2022 15:34	Vide Report No.:	Station Diary No.:
Informant's Particulars		
Name of Informant: CHEONG DONG LEONG	Address: 769 WOODLANDS DRIVE 60 #05-132 SINGAPORE 730769	
ID Type / ID No.: NRIC NO / S7423176D	Contact No.:	Mobile: 98754622
Nationality: SINGAPORE CITIZEN	Email: cheongdongleong8085@gmail.com	
Sex: Male	Age: 47	Date of Birth: 22/07/1974
Race: Chinese	Type of Informant: Driver	Institution / School Name:
Occupation: Driver	Language: English	Date of Expiry:
	Driving Licence Information: Class: 2,3,4,5	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/03/2022 16:40	Type of Location: Straight Road
Location: WEST COAST HIGHWAY				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBH8270T	Van	OPEL	VIVARO	Red	Seriously Damaged	0
GBJ6985S	Van	TOYOTA		Silver	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220314/7031

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

2 of 3

Report No. T/20220314/7031

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHEONG DONG LEONG	ID No.	S7423176D
Related Vehicle	GBH8270T (Van)	Contact No.	98754622
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry	Class: 2,3,4,5 Date of Expiry: NIL
Date	13/03/2022	Date	13/03/2022
No. of Days granted Medical Leave	03	Degree of	Slight
Driver			
Name	ALI BIN ASSHARI	ID No.	S6926699A
Related Vehicle	GBJ6985S (Van)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 13/3/2022 at about 1640 Hrs,i was driving my Van GBH8270T along West Coast High Way towards Jurong.While i come to the Junction of West Coast High Way and Harbour Dr,the Lights was on RED so i come to a complete stopped at the said Junction.While waiting,Out of sudden i felt a great impact from behind and the impact surged my Van forward.I discover that a Van GBJ6985S cannot stop on time and rear ended my Van rear portion.As the impact cause my full body was in pain that i cannot come out from my Van.Ambulance and Police arrived and i was conveyed to NUH Hospital and was given 3 days MC. Police incident number,D/20220313/0116



**SINGAPORE
POLICE FORCE**



T/20220314/7031

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

3 of 3

Report No. T/20220314/7031

CONTINUATION OF REPORT

Sketch 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 / MUHAMMAD SYARIFUDDIN MUHAMMAD AJMAIN Contact No.: 65476367

NP168

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 14/03/2022 15:34
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 : 5104621600-03

Cover : Preferred Workshop Plan

- | | |
|---|----------------------|
| 1. Index mark and Registration Number of Vehicle | : GBH8270T |
| Chassis Number | : WOVF7G605JV606474 |
| 2. Name of Policyholder | : ENG LEONG WORKSHOP |
| 3. Effective Date of Insurance | : 11 Oct 2021 |
| 4. Expiry Date of Insurance | : 10 Oct 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 business or profession. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: UNITED OVERSEAS BANK 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 : ALPINE FINANCIAL PTE. LTD. (00000615217)
 Date of Issue : 05 Oct 2021 10:51 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive