

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	29/03/2022 16:13 (SGT)
Date of Accident	28/03/2022 19:50 (SGT)
Exact Location of Accident	Pasir Ris Industrial Drive 1, Singapore
Additional Location Information	PASIR RIS INDUSTRIAL DRIVE 1 TOWARDS PUNGGOL CENTRAL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA1118J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KIM RONG LOGISTICS
Company Reg No	5XXXX449E
Email Address	WEIYANGLWY@GMAIL.COM
Mobile Phone No	(Phone) +65-89426664
Alternative Phone No	(Home) +65-89426664

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5122927356
Cover Note Number	-

DRIVER

Name of Driver	LIM WEI YANG, JONATHAN
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NRIC No	SXXXX699C
Date Of Birth	22/01/1993
Occupation	Outdoor
Date Of Driving Pass	03/07/2012
Driving experience	9 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89426664
Alt. Phone Number	-
Email Address	WEIYANGLWY@GMAIL.COM
Address	BLK 206A PUNGGOL PLACE
Address complement	#13-2030
Postcode	821206
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	TAN WAN LI PAMELA
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
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?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJS9248A
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Vehicle Manufacturer	Suzuki
Vehicle Model	Swift
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LIM WEI YANG, JONATHAN
Gender	Male
Phone No	(Phone) +65-89426664
Address	BLK 206A PUNGGOL PLACE
Address Complement	#13-2030
Post Code	821206
Approximate Age Years Old	29
Injuries Sustained	3 DAYS MC
Injured person in which vehicle?	GBA1118J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	TAN WAN LI PAMELA
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBA1118J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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, 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.



Policyholder's Signature / Date & Time

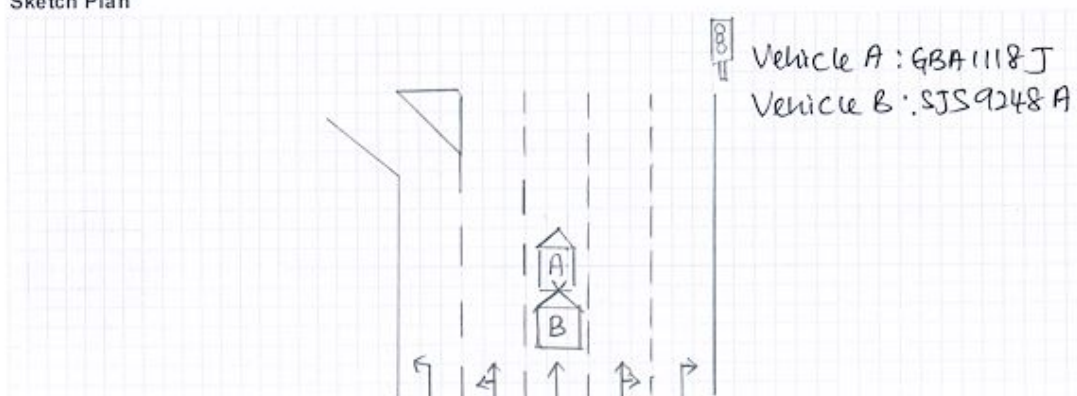
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Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

REFER TO POLICE REPORT
T/20220329/2041

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

[Signature]



Witnessed by Reporting Centre Personnel

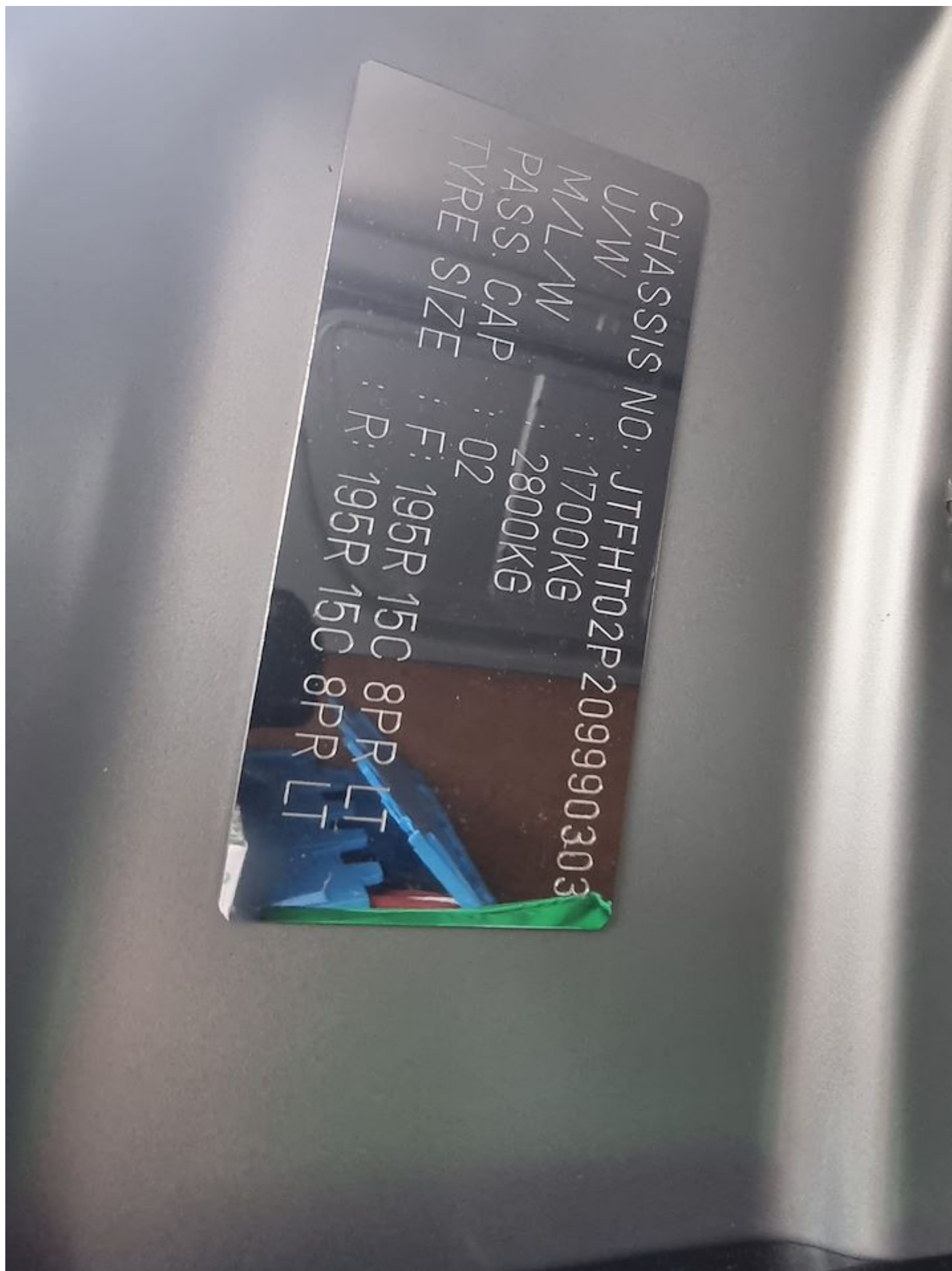












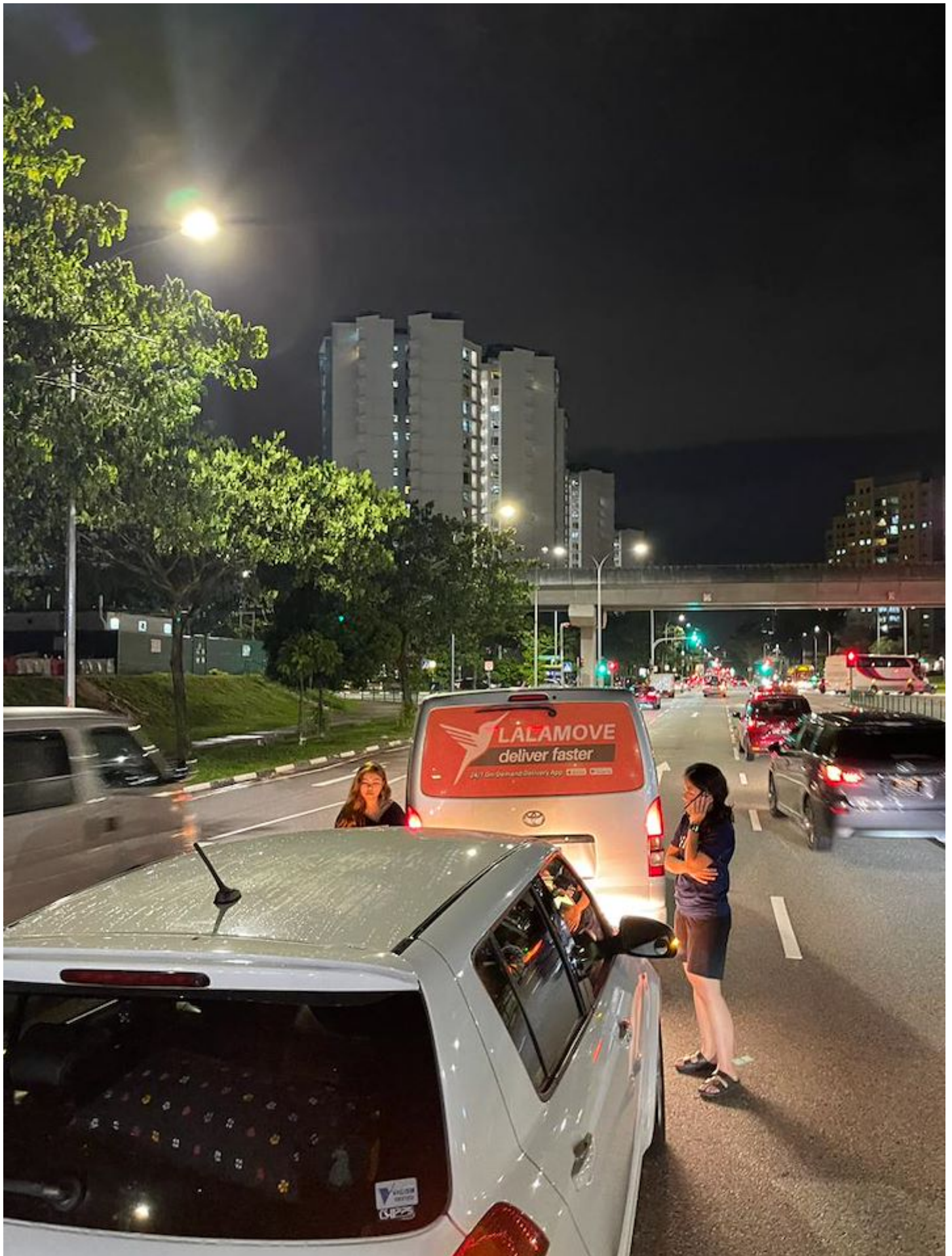
























**SINGAPORE
POLICE FORCE**



T/20220329/2041

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3
Report No. T/20220329/2041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/03/2022 13:28	Vide Report No.:	Station Diary No.: 51
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Informant's Particulars				
Name of Informant: LIM WEI YANG, JONATHAN		Address: APT BLK 206A PUNGGOL PLACE #13-2030 SINGAPORE 821206		
ID Type / ID No.: NRIC NO / S9302699C		Contact No.: Home/Office: Mobile: 89426664		
Nationality: SINGAPORE CITIZEN		Email: weiyanglwy@gmail.com		
Sex: Male	Age: 29	Date of Birth: 22/01/1993	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: freelance		Driving Licence Information: Class: 2B,2A,3,4,5		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/03/2022 19:50	Type of Location: Straight Road
Location: PUNGGOL CENTRAL				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBA1118J	Van				Slightly Damaged	1
SJS9248A	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20220329/2041

2 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No: T/20220329/2041

CONTINUATION OF REPORT

Driver			
Name	LIM WEI YANG, JONATHAN	ID No.	S9302699C
Related Vehicle	GBA1118J (Van)	Contact No.	89426664
Hospital/Clinic	TAMPINES MEDILIFE CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	29/03/2022	Date Discharge	29/03/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 28/09/2022 at about 1951hrs, I was driving my vehicle (V1: GBA1118J) at along Pasir Ris Industrial Drive 1 on the ~~second~~ lane. I had one passenger on my vehicle (Name: Tan Wan Li Pamela, HP: 89415565).

As I approached the junction of Punggol East, there was a red light as such I slowed down and prepared to stop. Before coming to a complete stop, I had signal left as I wanted to change lane, while checking my left blind spot before changing lanes, the vehicle (V2: SJS9248A) that was behind me on ~~lane 2~~ had hit onto the rear end of my vehicle.

The damages to my vehicle are scratch and dent to the rear end. The rear boot is also unable to close.

I felt pain at my neck, shoulder and lower back and it has caused me to experience headaches. My right thumb is swollen as I was holding onto the steering wheel during the impact. I have visited Tampines Medilife Clinic on 29/03/2022 and received 3 days medical leave.

My passenger informed they are not injured.

The driver of V2 is Amanda Hoo Hui Yi, HP: 81882200.

I have in-vehicle camera facing the front of my vehicle which had captured the accident.

Tampines NPC
No. 6 Tampines Avenue 4
Singapore 529682
Tel: 1800-5871999



**SINGAPORE
POLICE FORCE**



T/20220329/2041

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3

Report No. T/20220329/2041

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.

Signature of Officer Recording The Report:

G /
SGT 2 NURUL DIANA BINTE
MOHAMAD ROSLAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

29/03/2022 13:28

Officer In Charge Of Case:

TP / AEIT /
Other MUHAMMAD NOOR BIN ABDUL
RAHMAN
Contact No.: 65476201

Classification Of Case:

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 : 5122927356

Cover : Third Party

- | | |
|---|----------------------|
| 1. Index mark and Registration Number of Vehicle | : GBA1118J |
| Chassis Number | : JTFHT02P209990303 |
| 2. Name of Policyholder | : KIM RONG LOGISTICS |
| 3. Effective Date of Insurance | : 26 Aug 2021 |
| 4. Expiry Date of Insurance | : 25 Aug 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)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : ABWIN PTE LTD (00000614234)

Date of Issue : 13 Jul 2021 16:04 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

IMPORTANT NOTE: Please submit at

RECORDS MANAGEMENT CENTRE

TAMPINES MEDILIFE CLINIC
801 TAMPINES AVENUE 4 #01-263 TAMPINES POLYVIEW, SINGAPORE 520801
Tel1: 67825142 Fax: 67825142

Medical Certificate

Date : 29 Mar 2022

MC No. : 0000053834

This is to certify that :

Name : LIM WEI YANG JONATHAN
NRIC : S9302699C

DR. TAN EE POH MBBS (SINGAPORE)
TAMPINES MEDILIFE CLINIC
BLK 801, TAMPINES AVE 4
#01-263, SINGAPORE 520801
TEL/FAX: 67825142

is Unfit for Duty for 3 days
from 29 Mar 2022 to 31 Mar 2022 inclusive.

DR TAN EE POH
MBBS (SINGAPORE)

**This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*

TAMPINES MEDILIFE CLINIC

801 TAMPINES AVENUE 4 #01-263 TAMPINES POLYVIEW, SINGAPORE 520801

Tel1: 67825142 Fax: 67825142

GST Reg No : 53060849M

Co Reg No : 53060849M

TAX INVOICE

LIM WEI YANG JONATHAN
206A PUNGGOL PLACE
#13-2030
S(821206)

Invoice No. : 92911
Our Reference : 32845
Date : 29 Mar 2022

Patient : LIM WEI YANG JONATHAN(S9302699C)

Attending Doctor : DR TAN EE POH

DESCRIPTION	QTY	FEE
NAPROXEN SODIUM 275MG	10.00 tabs	\$6.00
SUNTACID	10.00 tabs	\$4.00
ANAREX	10.00 tabs	\$4.00
CONSULTATION		\$38.00
Total Amount Payable		\$52.00
Receipt No. 108730 - NETS Payment Received		\$52.00
Outstanding Balance		\$0.00

Inclusive of GST 7.0% : \$3.40

All Cheques should be crossed and made payable to :

TAMPINES MEDILIFE CLINIC

This is a computer generated invoice which does not require a signature