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 Actual 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 22/09/2022 15:10 (SGT) Reported by Date of Accident 21/09/2022 19:00 (SGT) Exact Location of Accident Singapore Additional Location Information **BUKIT TIMAH ROAD** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number SMP6592F

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner TRANS LEASING PTE LTD Company Reg No 201603575K **Email Address** CLAIMS@TRANSCAB.COM.SG Mobile Phone No (Phone) +65-91462922 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Prius Variant Exact purpose for which vehicle was being used at time of accident Private hire Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private hire Transmission Auto CC 1800

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5128626563

DRIVER

Name of Driver CHEONG CHEE KEONG NRIC No S6909579H Date Of Birth 25/03/1969 Occupation Outdoor

Date Of Driving Pass	09/02/1998
Driving experience	24 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91462922
Alt. Phone Number	-
Email Address	STEVENSONKEONG1969@GMAIL.COM
Address	BLK 264 YISHUN STREET 22 #04-155
Address complement	-
Postcode	760264
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Chain Collision
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s)	J
soliciting/offering accident claims assistance?	No
Translator's name	
Translator's ID	_
Translator's phone number	
Translator's email	
Original language used in the statement	
PASSENGER 1	
Name	UNKNOWN
Gender	Male
DACCENOED 2	
PASSENGER 2	
Name	UNKNOWN
Gender	Male
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	Yes
Police Station Name	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given?	No
If yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
REFER TO POLICE REPORT	
ATTACHMENT(S)	

Yes No

Are accident photos available for attachment? Was there any video captured by Car Camera?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMZ1465U
Vehicle Manufacturer	Renault
Vehicle Model	Scenic
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private hire
Name of Driver	CHAN SENG KONG
NRIC No	S2687237E
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant	SLW3693Y Toyota Alphard
Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	ZULKIFLI BIN SHUKEE
NRIC No	S7005164H
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Actual 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 Traffic Police Department for investigation.
- 6. This report will be forwarded by the insurers to 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

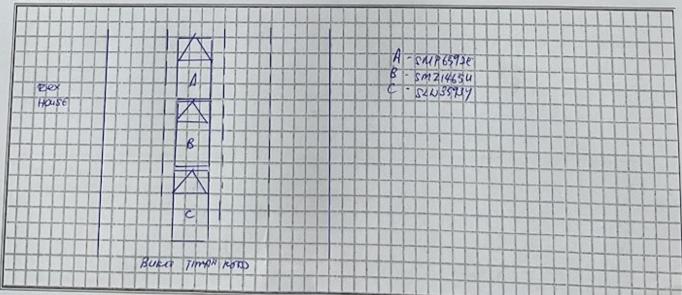
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 &

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

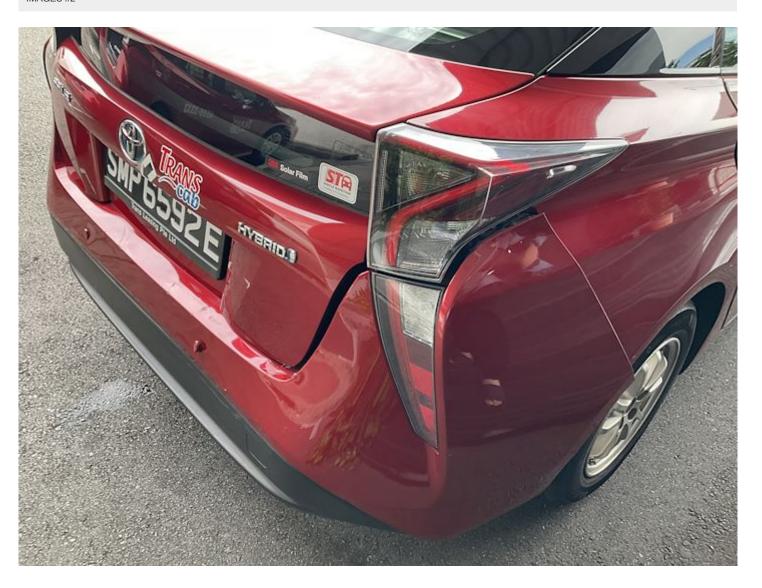
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstand	e of the Accident						
	REFER TO B	EPORT NUM	7/2022092	1/2126			
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Peclaration We declare the forego	ing particulars are	true in every resp	pect.				1.0
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olicyholder's Signature / [ate & Time D	river's Signature (if Time	driver is not the p	olicyholder) / Date	Witness	ed by Reporting Cers in NRIC/ID card)	ntre Personnel

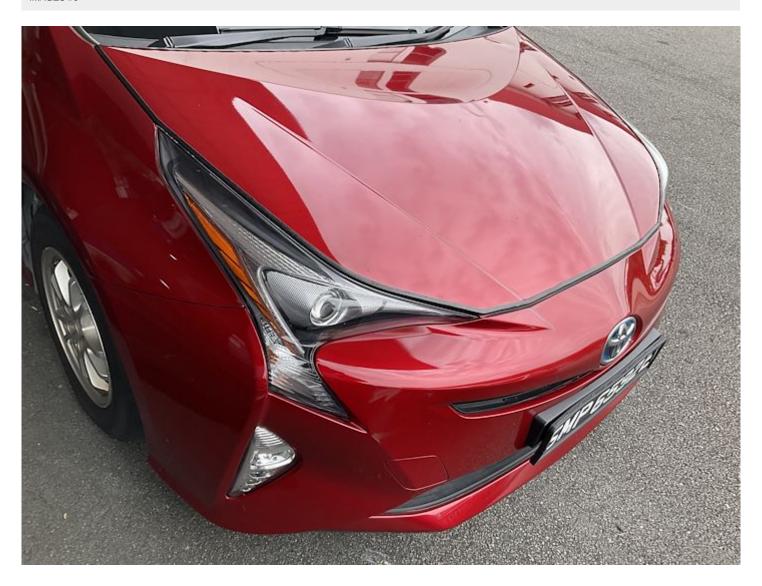






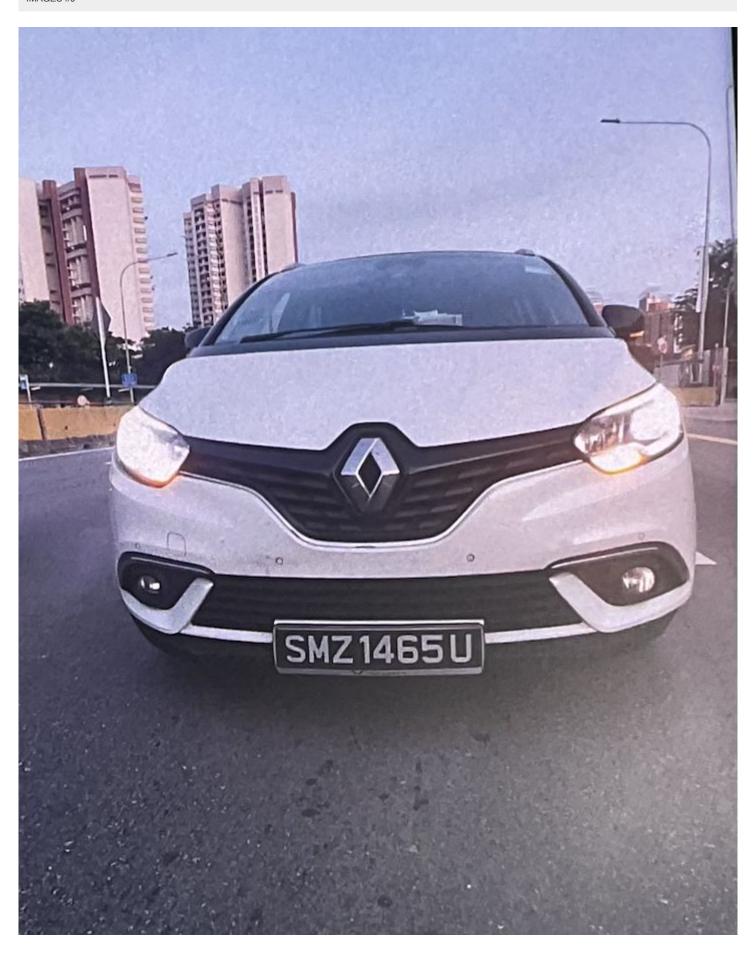
















Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999



Report No. T/20220921/2126

REPORT OF A TRAFFIC ACCIDENT	Vide Report No.:	Station Diary No.:		
Date/Time Report Made: 21/09/2022 23:20	Vide Report No.:	134		
Informant's Particulars				
Name of Informant: CHEONG CHEE KEONG	760264	STREET 22 #04-155 SINGAPORE		
ID Type / ID No.: NRIC NO / S6909579H	Contact No.: Home/Office: Mobile: 91462922			
Nationality:	Email:			

SINGAPORE CITIZEN Type of Informant: Date of Birth: Sex: Age: 25/03/1969 Driver Male 53 Institution / School Name: Language: Race: English Chinese Driving Licence Information: Occupation: Date of Expiry: Class: 3 PRIVATE HIRED DRIVER

General Information of the Accident Type of Location: Date/Time of Drink Injury Type of Straight Road Drive: Accident: Others Accident: 21/09/2022 19:00 No Location: **BUKIT TIMAH ROAD** Road Surface: Weather: Road Speed Limit: Dry Clear Traffic Control: Traffic Flow: Traffic Volume: Not Controlled One Way Heavy Type of Collision: Anyone conveyed by Between Moving Vehicles - Head To Rear ambulance: No

Vehicle No.	Туре	Make	Model	Color	Condition	No of D
SLW3593Y	Car				Condition	No of Passenge
SMP6592E	Car				Slightly	1
SMZ1465U	Car	CATTER TO STATE			Damaged	



T/20220921/2126

2 of 4

Report No. T/20220921/2126

Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999

CONTINUATION OF REPORT

Details of Perso	n Involved				
Any Pedestrian I	nvolved: No	Use of Peo	destrian	Cross	ing: NA
No. of Pedestrian	ns Injured: NIL	Use of Fee		1000000	
Driver			ID No.		S7005164H
Name	ZULKIFLI BIN SHUKEE				
Related Vehicle	SLW3593Y (Car)		Contact No.		NIL
Hospital/Clinic	NIL			of g e & Date	Class: NIL Date of Expiry: NIL
D 1 T 11	NIL	Date Disc			
Date Treatment	ted Medical Leave NIL	Degree of			
Control and the second of the	eu Medicai Leave IVIL		NIPS.	a contra	Bardisan Managar
Driver	CHEONG CHEE KEONG	1000	ID No.		S6909579H
Name CHEONG CHEE KEONG					
Related Vehicle	SMP6592E (Car)		Contact No.		91462922
Hospital/Clinic	NIL		Class Driving Licend Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Disc		NIL	
	ted Medical Leave NIL	Degree of		Slight	
200 200 200 200	all and the same				A CONTRACTOR
lame	CHAN SENG KONG	1	ID No.		S2687237E
Related Vehicle	SMZ1465U (Car)		Conta	ct No.	NIL
lospital/Clinic	NIL -//		Class Driving Licent Expiry	g e &	Class: NIL Date of Expiry: NIL
ate Treatment	NIL	Date Disc		NIL	Children of the last
are freedings		Date Dise			

Brief Details.

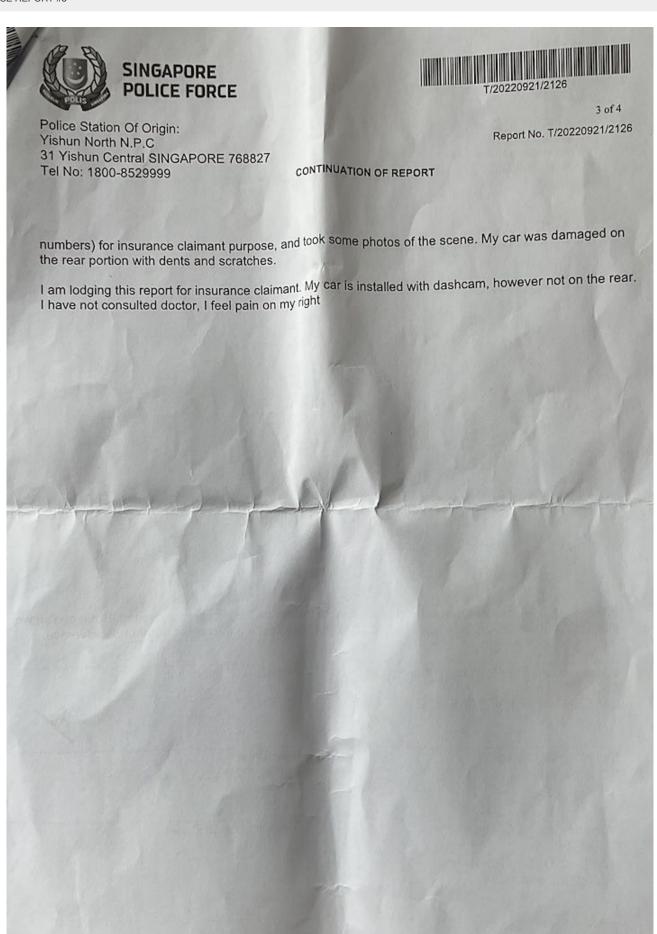
No. of Days granted Medical Leave

On 21/09/2022 at about 1859hrs, I was driving my car bearing registration number SMP6592E along Bukit Timah Road towards direction of KKH. The traffic volume was congested and it was slow moving. While I was driving near Rex House building, a vehicle from behind had collided to the back of my car. I had then stopped my car and alighted to check.

Degree of Injury | Slight

NIL

The vehicle bearing registration number SMZ1465U had collided to the back of my car as another car bearing registration number SLW3593Y had collided to the back of his car. The driver of SMZ1465U complaint of injury, however no ambulance was activated. We had exchanged particulars (no contact



SINGAPORE POLICE FORCE	T/20220921/2126
Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999	4 of 4 Report No. T/20220921/2126 CONTINUATION OF REPORT
Sketch Plan Informant is not able to provide sketch plan	
IMPORTANT: Please attach a copy of your vel the certificate with you now, please fax a copy	hicle's Insurance Certificate to this report. If you don't have to 65474885 stating the report number as reference.
Signature of Officer Recording The Report: L / SR STAFF SGT YAP YHEE HOE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 21/09/2022 23:20
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
NP168	

