

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 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	17/10/2022 16:33 (SGT)
Reported by	Driver
Date of Accident	14/10/2022 19:30 (SGT)
Exact Location of Accident	Bukit Timah Rd, Singapore
Additional Location Information	SLIP RD TWDS FARRER RD BESIDE SCIENCE CENTRE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM4822H
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HAPPY WAY 123
Company Reg No	53355396B
Email Address	WAY.MEK@GMAIL.COM
Mobile Phone No	(Phone) +65-96207499
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Niro
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 your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5117326481-02

DRIVER

Name of Driver	ONG HONG WAY
NRIC No	S7966209G
Date Of Birth	01/03/1979
Occupation	Outdoor

Date Of Driving Pass	10/09/2009
Driving experience	13 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96207499
Alt. Phone Number	-
Email Address	WAY.MEK@GMAIL.COM
Address	BLK 316B PUNGGOL WAY #06-713
Address complement	-
Postcode	822316
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	SOLE PROPRIETOR
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)	1
Has the driver been approached by unknown person(s) 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	-

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 POLICE REPORT: T/20221017/7039.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH7599B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ONG HONG WAY
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLM4822H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLANIMPORTANT NOTICE

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



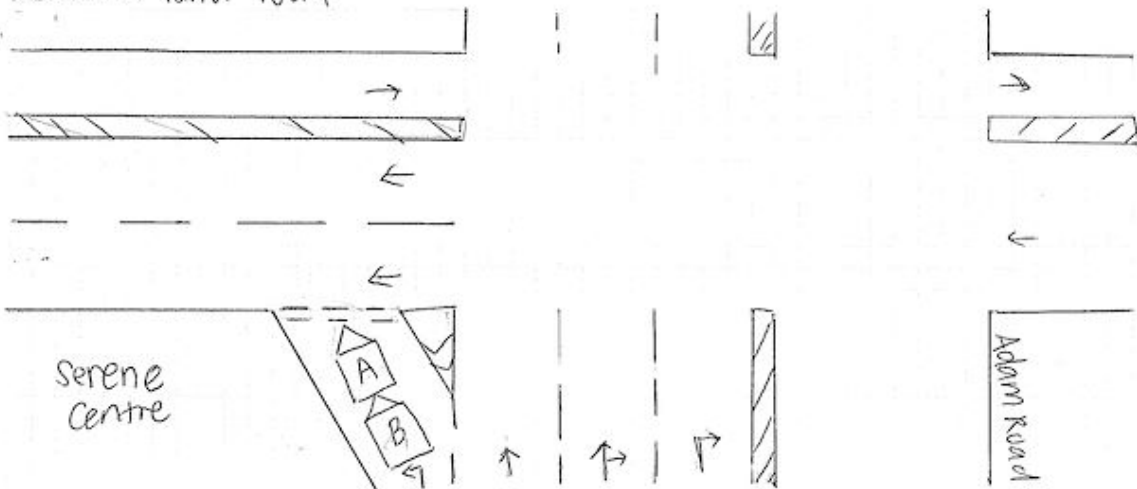
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

I hereby authorise SME Motor Pte Ltd to send my
Accident report to my workshop _____
via email / fax
Signature: _____

SKETCH PLAN farrey road



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to traffic police
Report NO: T/20221017/7039



Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

I/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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



























**SINGAPORE
POLICE FORCE**



T/20221017/7039

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

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Report No. T/20221017/7039

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/10/2022 15:05	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: ONG HONG WAY	Address: 316B PUNGGOL WAY #06-713 SINGAPORE 822316		
ID Type / ID No.: NRIC NO / S7966209G	Contact No.: Home/Office: Mobile: 96207499		
Nationality: SINGAPORE CITIZEN	Email: WAY.MEK@GMAIL.COM		
Sex: Male	Age: 43	Date of Birth: 01/03/1979	Type of Informant: Driver
Race: Chinese	Language: English		Institution / School Name:
Occupation: private hirer	Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/10/2022 19:30	Type of Location: SLIP ROAD
Location: BUKIT TIMAH ROAD				
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	Conditio	No of
SH7599B	Car					0
SLM4822H	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20221017/7039

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

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Report No. T/20221017/7039

CONTINUATION OF REPORT

Driver			
Name	ONG HONG WAY	ID No.	S7966209G
Related Vehicle	SLM4822H (Car)	Contact No.	96207499
Hospital/Clinic	CARE MEDICAL CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	17/10/2022	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

ON 14/10/2022 AT ABOUT 1930HRS AT ALONG SLIP ROAD OF BUKIT TIMAH ROAD TOWARDS FARRER ROAD BESIDE SERENE CENTRE. I WAS TRAVELLING AT THE ABOVE MENTIONED SLIP ROAD AND CAME TO A COMPLETE STOP WHILE WAITING FOR THE CLEARANCE OF THE MAIN TRAFFIC. SUDDENLY, I HEARD A LOUD BANG FROM THE REAR AND WHEN I ALIGHTED, I REALIZED THAT IT WAS VEHICLE (B) WHO HIT ONTO THE REAR PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. AFTER THE ACCIDENT, I WENT TO CONSULT A DOCTOR AND WAS GIVEN 5 DAYS MC FOR MY INJURY.

VEHICLE A: SLM4822H
VEHICLE B: SH7599B



**SINGAPORE
POLICE FORCE**



T/20221017/7039

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

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Report No. T/20221017/7039

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 /
TAN JEOK LENG
Contact No.: 65476151

NP168

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

Date/Time:
17/10/2022 15:05

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: 5117326481-02

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SLM4822H**
 Chassis Number : KNACC81CVH5053527
2. Name of Policyholder : HAPPY WAY 123
3. Effective Date of Insurance : 01 Apr 2022
4. Expiry Date of Insurance : 31 Mar 2023
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	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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 : INXURE NETWORK SERVICES (00000614975)

Date of Issue : 29 Mar 2022 17:01 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive