SUBMITTED BY: Suann

VERSION: 1 (18/10/2022 18:07 (SGT))



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 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.

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 18/10/2022 18:07 (SGT) Reported by Driver Date of Accident 17/10/2022 23:20 (SGT) Exact Location of Accident Singapore Additional Location Information JUNCTION OF HOUNGANG AVE 4 &HOUGANG AVE 10 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private hire

Private hire

No - Claiming third party

Vehicle Registration Number SJH7328Z

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner **ZOOM CARS** Company Reg No 53403568W Email Address Mobile Phone No (Phone) +65-

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Nissan Model Latio 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? Vehicle Category

Transmission Auto 1500

INSURANCE COMPANY

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

DRIVER

Name of Driver ANG KWANG CHEW NRIC No 668H Date Of Birth 11/03/1954 Occupation Outdoor





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Date Of Driving Pass 19/01/1973 Driving experience 49 YEARS AND 9 MONTHS Gender Male Mobile Number (Phone) +65-! Alt. Phone Number Email Address Address Address complement Postcode 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 Collision - Change/cross lane Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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 PASSENGER 1 PASSENGER Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Hougang Neighbourhood Police Centre Police Station Phone No (Phone) +65-18004890999 Alt. Police Station Phone No (Fax) +65-63128989 Police Station Address 60 Hougang Ave 9 Singapore 538775 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT ATTACHMENT(S) Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

No



Was there any video captured by Car Camera?



Vehicle Registration Number	SHD8534H
Vehicle Manufacturer	4
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	-
No. Of Passenger (Including Driver)	1
5 , 5 ,	53



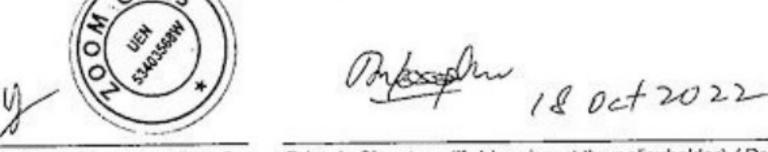
SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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.
- The 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.
- 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)

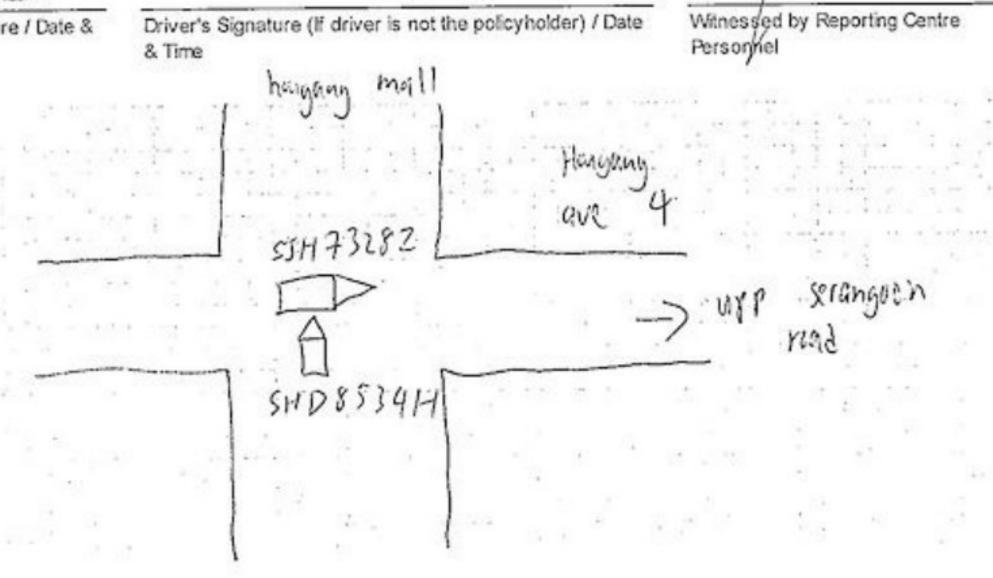
Lunderstand, acknowledge, agree and consent that:

- (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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

Sketch Plan



Howying Aut 10

Describe Circumstance:	s of the Accident		
LICENSE PLATE: SJH	7328#~	ACCIDENT DATE & TIME: 17 Oct	5055 11:50 pm
CONTACT NUMBER: 92:	271336	E-MAIL ADDRESS: angkwangche	ev@yahoo.com.sg
LOCATION: Junction 534 733	1 Of Hougans	Ave 4 a Ave 13	Solve . Zoom car & Algmin C
		ig Ave 4 toward upp. sex	rangoon Rd
when approa	ching the Juni	tien of Ave 10. Gree	n Light
I proceed.	At the middle	of junction, A Taxi	SHD 8534 4
Hit the Righ	nt portion of m	y vehule.	
Eyewitnes	s: (1) Cheng	Tel\$: 86604722 (Ped.	estrian)
	V	on Loh 92994220 (My	
The taxi	SHD 85344 A	vas traveling Ralong Hou	agang Ave 10
	ward Houg		
		/	
NOTE: PLEAS	SE NOTE THAT YOUR INSUR	ER MAY HAVE 14 DAYS TIME FRAME FOR YOU	TO SUBMIT AN
		OLICY. PLEASE CHECK YOUR POLICY FOR MC	
Please state:			
() Claim Own Police	cy () Claim Third Part	ty () Claim OD/TP at other workshop	() Reporting Only

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

Deportus 18 oct 2022

Witnessed by Reporting Centre

Personnel

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Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

lof3 Report No. T/20221018/2002

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 122 00:59	fade:	Vide Report No.: F/20221017/0201	Station Diary No.:	
Informa	nt's Particu	ulars			
	Informant: VANG CHE		Address: APT BLK 520 WOODLAND 730520	S DRIVE 14 #12-295 SINGAPORE	
ID Type / ID No.: NRIC NO / S0147668H		68H	Contact No.: Home/Office: Mobile: 92271336		
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Age: Date of Birth: Male 68 11/03/1954			Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: GOJEK DRIVER			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/10/2022 23:20	Type of Location T-Junction	
Location: HOUGANG	AVENUE 4	Road Surface:		Road Speed Limit:	
Traffic Flow:		Dry Traffic Control:	49	Traffic Volume: Light	
Traffic Flow:		Traffic Light - Wor	rking	Light	

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHD8534H	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Yellow	Slightly Damaged	0
SJH7328Z	Car	NISSAN	LATIO 1.5L A	Red	Seriously Damaged	1





T/20221018/2002

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999 2 of 3 Report No. T/20221018/2002

100	CONTIN	TAU	ION	OF	REPORT	

Any Pedestrian Ir	volved: No				
			of Pedestrian Crossing: NA		
Driver					
Name	ANG KWANG CHEW		ID No.		S0147668H
Related Vehicle	NIL		Conta	ct No.	92271336
Hospital/Clinic	NIL		Class Drivin Licent Expiry	g ce &	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL Date		harge	NIL	
The second secon	ted Medical Leave NIL	Degree of	Injury	NIL	

Brief Details.

On the 17/10/2022 at around 2320hrs, I met with an accident at the junction of hougang ave 4 and hougang ave 10. My car, number: SJH7328Z, was hit by another car, number: SHD8534H. The car hit the driver side of my vehicle thus causing it unable to open.

Police attended to my area, reference F/20221017/201. No one was injured.

I am lodging this police report for claiming insurance purposes.







Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999 CONTINUATION OF REPORT

3 of 3 Report No. T/20221018/2002

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: F / SGT 1 MUHAMMAD RAFIQUE BIN ROSLAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/10/2022 00:59
Officer In Charge Of Case: TP / GIT / SI VILTON HIA WEE SIANG Contact No.: 65476232	Classification Of Case:
NP168	

