SK0U22B30002 / KAN FOOK SING MOTOR WORKSHOP [533758] ENTRY DATE & TIME: 03/11/2022 11:46 (SGT) SUBMITTED BY: Boo Miow Hwa VERSION: 1 (03/11/2022 11:46 (SGT))

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.

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 03/11/2022 11:46 (SGT) Reported by Date of Accident 01/11/2022 23:00 (SGT) Exact Location of Accident Singapore Additional Location Information CROSS JUNCTION OF ANG MO KIO CENTRAL 1 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mercedes

Vehicle Registration Number SNG5632R

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **ZHANG CHENG** Passport No/FIN G1602679X Email Address zhangcheng025x@gmail.com Mobile Phone No (Phone) +65-84339380 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model A180 FL AMG LINE (R18 LED SR) 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 Private car Transmission Auto CC 1595

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5130869167

DRIVER

Name of Driver **ZHANG CHENG** Passport No/FIN G1602679X Date Of Birth 26/10/1997 Occupation Indoor

Date Of Driving Pass 09/07/2020 Driving experience 2 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-84339380 Alt. Phone Number Email Address zhangcheng025x@gmail.com Address APT BLK 11 BOON TECK ROAD #10-02 SUMMER GREEN (S) 329585 Address complement Postcode Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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 - Cross Junction 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? 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 Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name WANG XIAOCHI Gender Female 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 WITH ATTACHED. 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 Vehicle Manufacturer	SHD5524G -
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

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn?	TAY FAMILY CLINIC - 2 DAYS MC SNG5632R
Was this injured conveyed to hospital by ambulance?	-
INJURED 2	
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	- - TAY FAMILY CLINIC - 2 DAYS MC

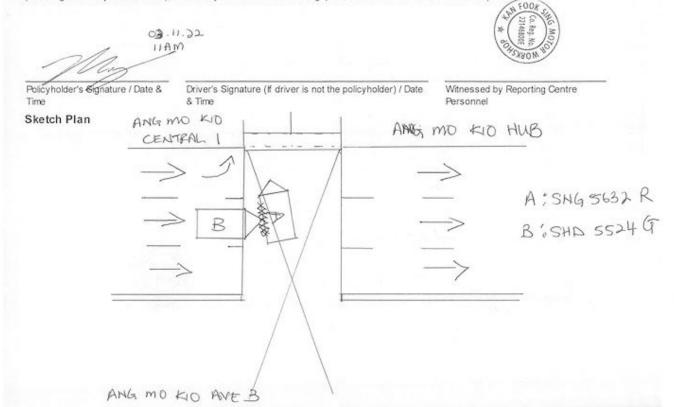
SKETCH PLAN

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. 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)

l 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' 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.



PLE	ASE	REFER	TO	POLICE	REPORT.
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		policy for mor			ime frame for you to submit an own damage claim under your own pol

Declaration

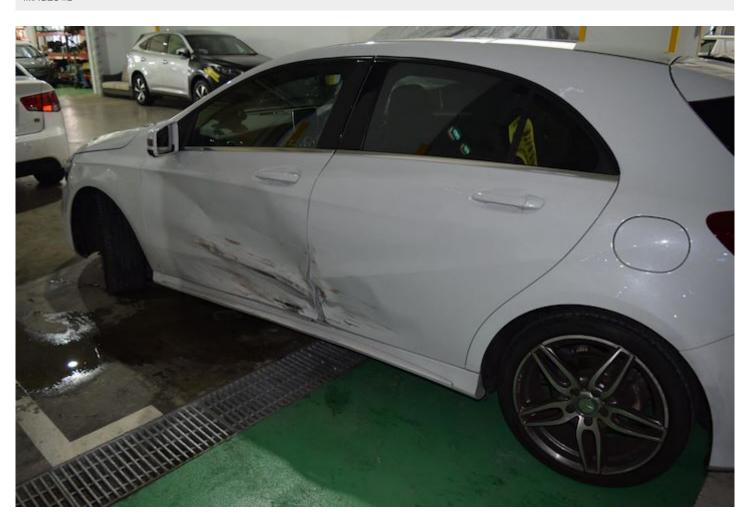
We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Driv Time & Ti

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

Witnessed by Reporting Centre Personnel



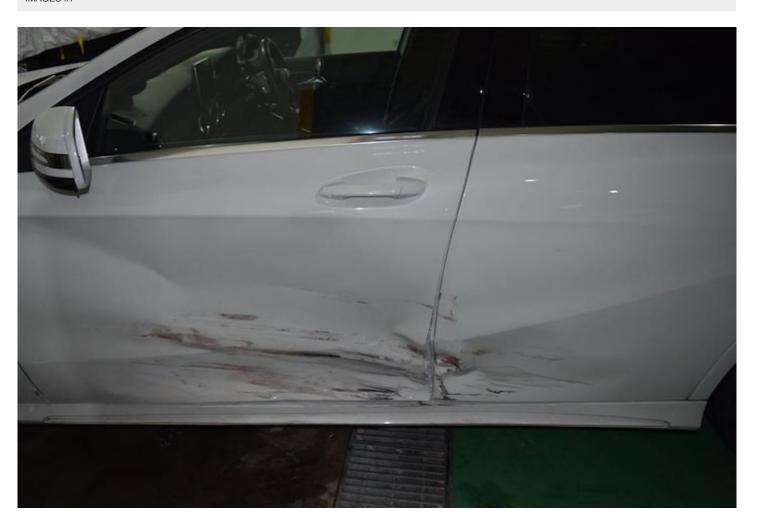








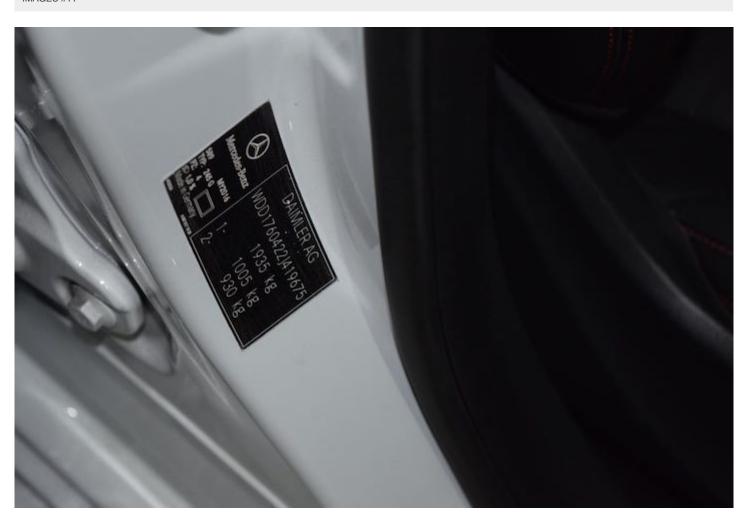




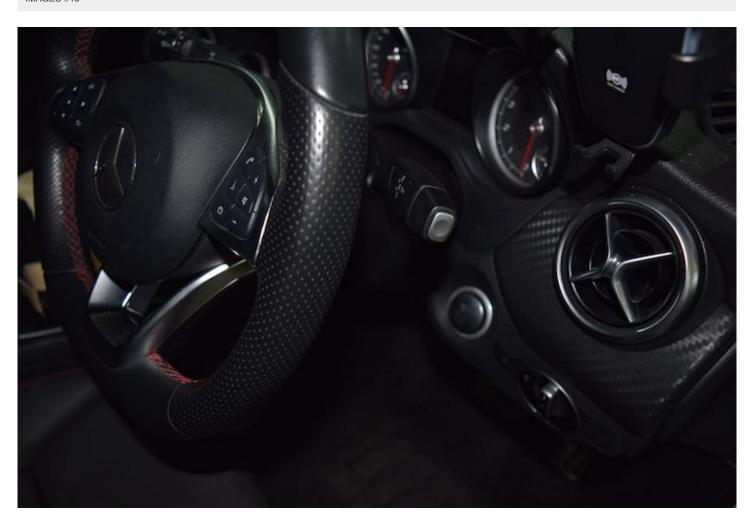








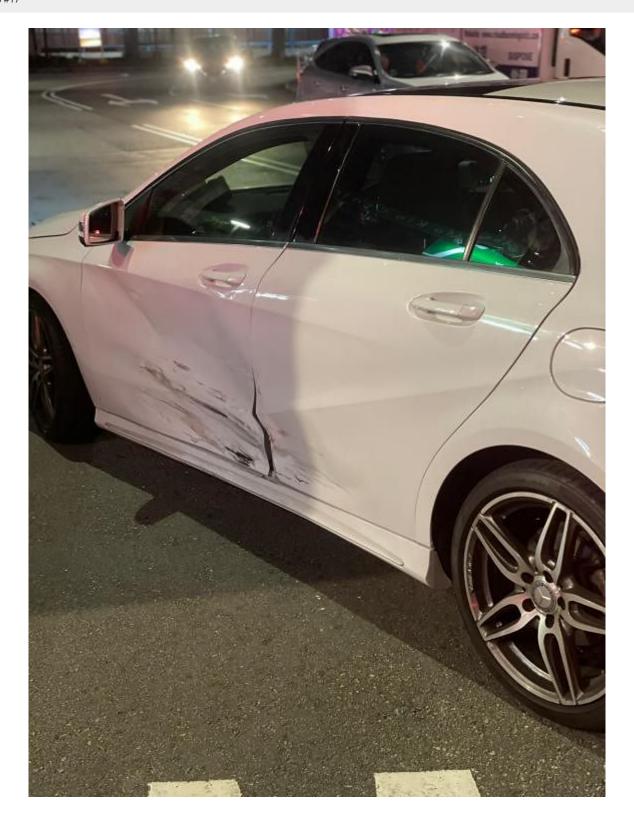


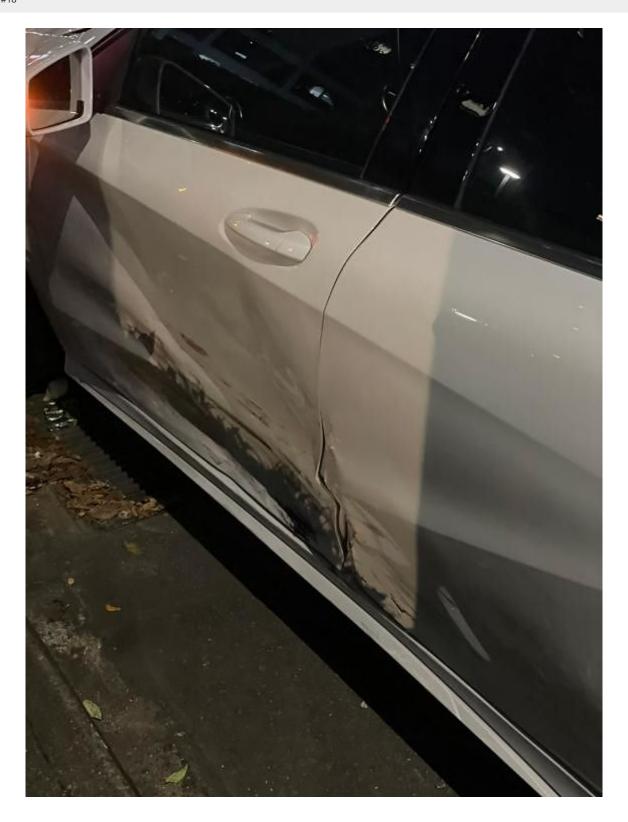


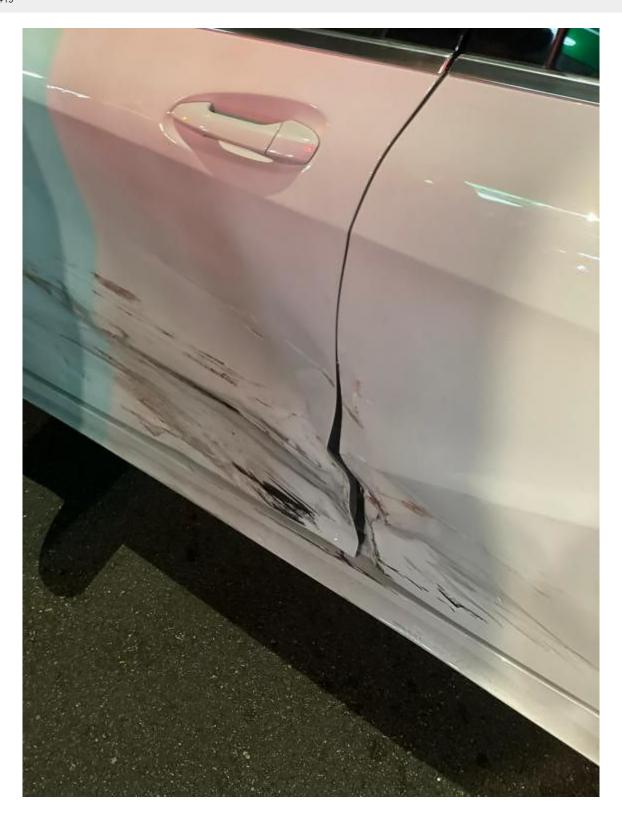




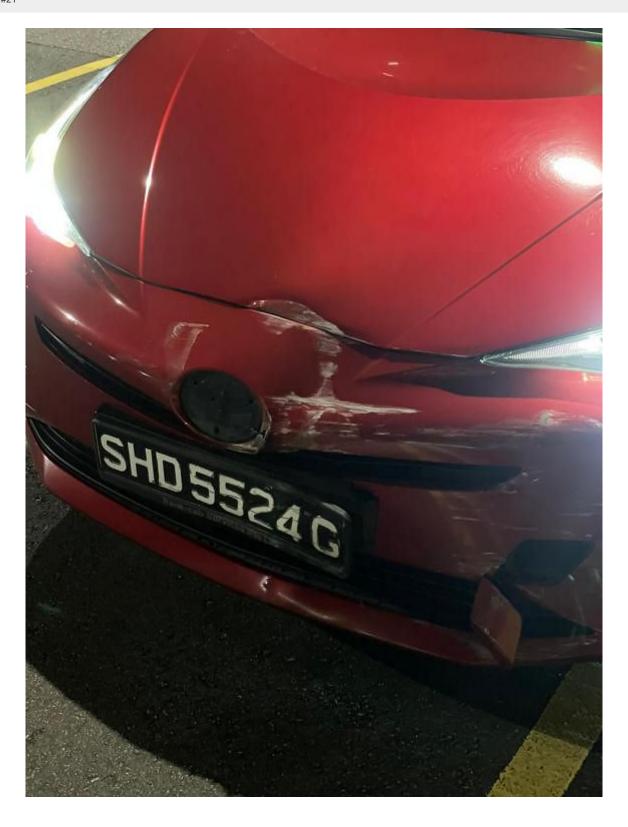


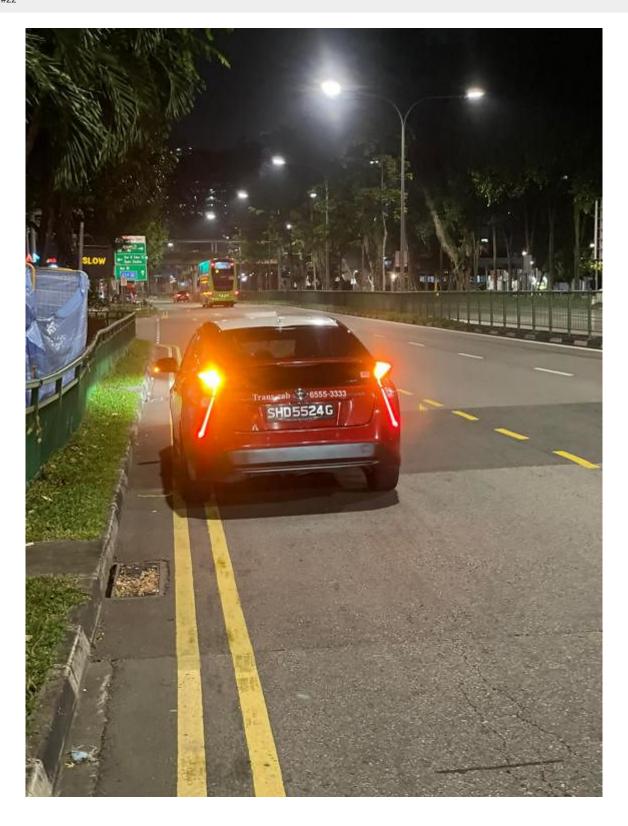


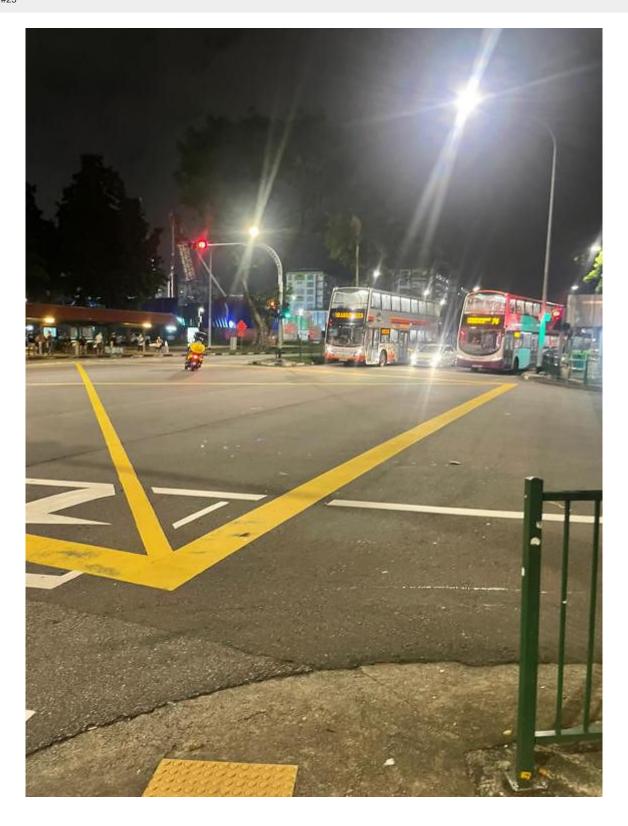
















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20221102/7049

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/11/2022 18:03			Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars			
	f Informant: CHENG		Address: APT BLK 11 BOON TECK RO SINGAPORE 329585	OAD #10-02 SUMMER GREEN	
ID Type / ID No.: FIN NO / G1602679X			Contact No.: Home/Office:	Mobile: 84339380	
National CHINES			Email: zhangcheng025x@gmail.com		
Sex: Male	Age: 25	Date of Birth: 26/10/1997	Type of Informant: Driver		
Race: Chinese			Language: Institution / School Name English		
Occupation:			Driving Licence Information: Class: 2B,3	Date of Expiry:	

General Infor	mation of the Acci	dent			ľ
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/11/2022 23:	Type of Location: T-Junction	10000
Location: ANG MO KIO	AVENUE 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - V		Traffic Volume: Moderate	
Type of Collis Between Mov	sion: ving Vehicles - Head	d To Side		Anyone conveyed by ambulance: No	

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SHD5524G	Taxi	ТОУОТА	Prius	Red	Slightly Damaged	0
SNG5632R	Car	MERCEDES BENZ	A180 FL AMG LINE (R18 LED SR)	White	Seriously Damaged	1





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20221102/7049

CONTINUATION OF REPORT

Details of V	ehicle Insurance			LE DELLES SIL
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNG5632R	NTUC Income Insurance Co-Operative Limited	5130869167	17/10/2022	24/10/2023
Details of P	erson Involved			
Any Pedestri	an Involved: No			
No. of Pedes	strians Injured: NIL	Jse of Pedestrian C	rossing: NA	

Details of Perso	n Involved	Link Fulk				
Any Pedestrian I	nvolved: No					
No. of Pedestriar	Use of Pe	edestriar	n Cross	ing: NA		
Passenger		語為別便		972 37	189676	
Name	WANG XIAOCHI			ID No).	G0646817P
Related Vehicle	SNG5632R (Car)			Conta	act No.	93238171
Hospital/Clinic	TAY FAMILY CLINIC			Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL
Date	02/11/2022 Date				/2022	
No. of Days gran	ted Medical Leave	Degree o	of Slight		t	
Driver	nkonsa asalahin	THREE				
Name	ZHANG CHENG			ID No).	G1602679X
Related Vehicle	SNG5632R (Car)			Contact No.		84339380
Hospital/Clinic	TAY FAMILY CLINIC			Class of Driving Licence & Expiry		Class: 2B,3 Date of Expiry: NIL
Date	02/11/2022		Date		02/11	/2022
No. of Days gran	ted Medical Leave	02	Degree of Slight			t

Brief Details.

I was driving with my girl friend to Ang Mo Kio Central 1 carpark turning in from Ang Mo Kio Ave 3. As i turning at the junction with green arrow indicating right turn passing through the yellow box. A taxi (SHD5524G) didnt stop at the traffic light and came right into my vehicle (SNG5632R). We were shocked and sober up to get out of the car checking on the damage. We didnt exchange particulars, as the taxi driver just ask me to report this accident individually. Due to the impact is great, me and my girl friend was suffering soreness on our neck, shoulder & back. So we went to consult doctor.









3 of 3 Report No. T/20221102/7049

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 02/11/2022 18:03
Officer In Charge Of Case: TP / TPIB / TAN JEOK LENG	Classification Of Case:
Contact No.: 65476151	



Certificate of Insurance

Cover : drivo CLASSIC

: WDD1760422J419675

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: 5130869167

1. Index mark and Registration Number of Vehicle

Chassis Number

Name of Policyholder
 Effective Date of Insurance

4. Expiry Date of Insurance

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.

: SNG5632R

: ZHANG CHENG

: 17 Oct 2022 : 24 Oct 2023

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

If 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.

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

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 : ZHANG CHENG

NAMED DRIVER (1) : N/A
NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : PURE MOTORS PTE. LTD.

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 : KHC HOLDINGS PTE. LTD. (00000613934)
Date of Issue : 17 Oct 2022 12:16 hrs

For INCOME INSURANCE LIMITED

Chief Executive