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 09/11/2022 10:47 (SGT) Reported by Date of Accident 08/11/2022 20:23 (SGT) Exact Location of Accident Near Yishun Ave 2, Singapore Additional Location Information Yishun Avenue 2 junction of Yishun Avenue 1 toward SLE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Nissan

1198

Vehicle Registration Number SMY405E

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner Peter Chim Wei Foong NRIC No SXXXX616G Email Address peter chim@yosun.com.sg Mobile Phone No (Phone) +65-97513505 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Serena Variant E-Power Exact purpose for which vehicle was being used at time of accident Private use Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5125378560

DRIVER

CC

Name of Driver Peter Chim Wei Foong NRIC No SXXXX616G Date Of Birth 03/11/1968 Occupation Indoor

Date Of Driving Pass 05/10/1989 Driving experience 33 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-97513505 Alt. Phone Number Email Address peter_chim@yosun.com.sg Address Blk 166B, Punggol Central, #13-139 Address complement Postcode 822166 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 - Head to Rear Weather Conditions Raining Road Surface Wet 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 DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT Refer attachment. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number GBH704L Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Commercial vehicle

SXXXX632E

Nicholas Tan Chin Hwa

Vehicle Category

Name of Driver

NRIC No

Contact Number	(Phone) +65-81383271
Address	<u>-</u>
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	Front damaged
Details of property damaged in accident	<u> </u>
No. Of Passenger (Including Driver)	_

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 Actual 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>.
- 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.
- 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.
- 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:

)) 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 services of agents IAL PTE LTD (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above CAPORE 408623

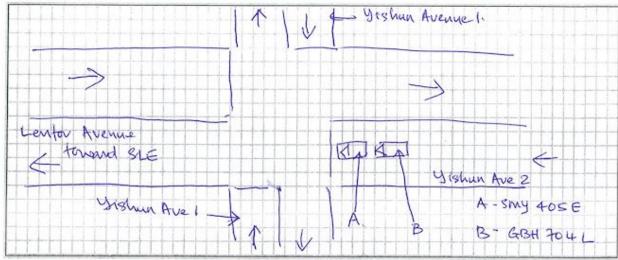
Av 9th Nov 22 /10.30a.m

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

Name as in NBIC/ID card)

L: 6490-9666 FAX: 6846 7483

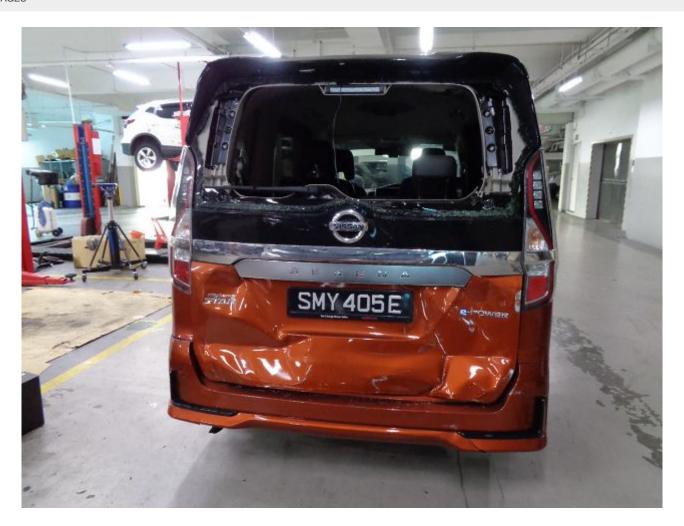
Sketch Plan



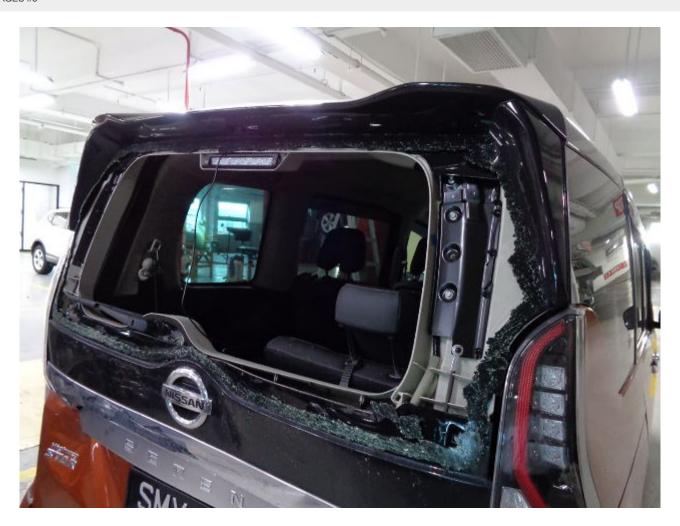
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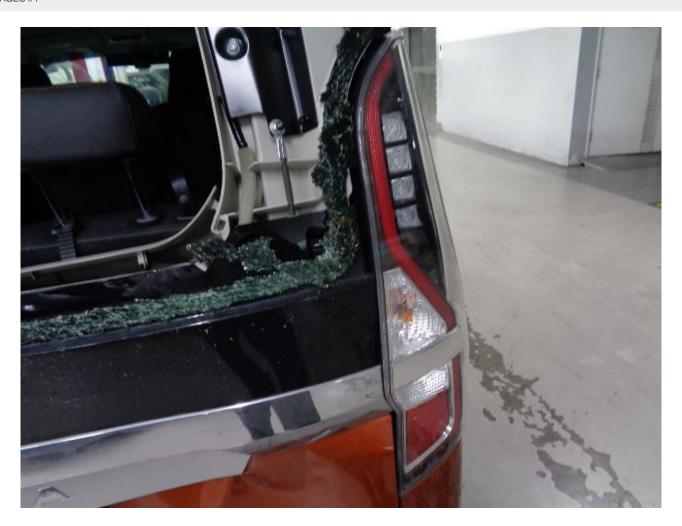
ribe Circumstance of the Accident was driving my vehicle A S venue 2. towards Lentor Ave / nction of Vishun Ave I, traffic d. I stopped my vehicle A' Vided into the back of my vehi	light change from amber to While stopping, vehicle 'B'
	/
	/
/	
	TOURS HOUSTON DE LTD
	JOLUTION INDUSTRIAL PTE LTD JBI ROAD 4
Jaration	M&APORE 408623
declare the foregoing particulars are true in every respect.	\ _
4	

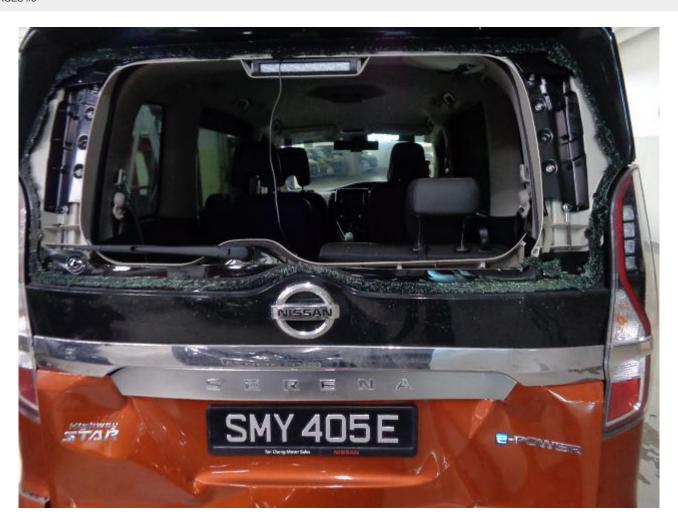
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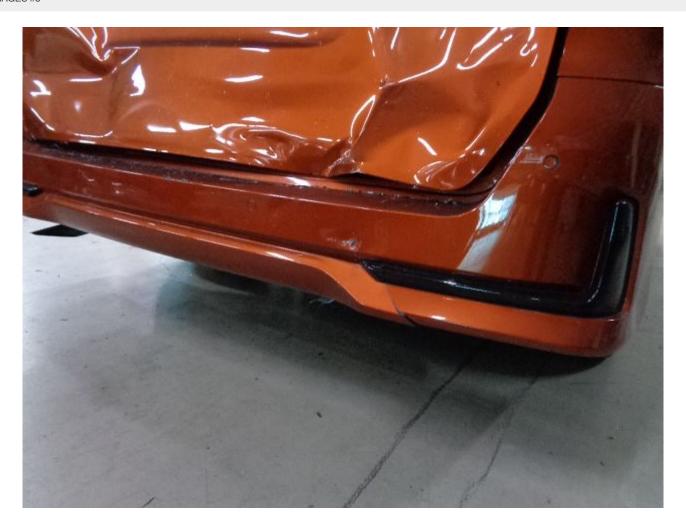


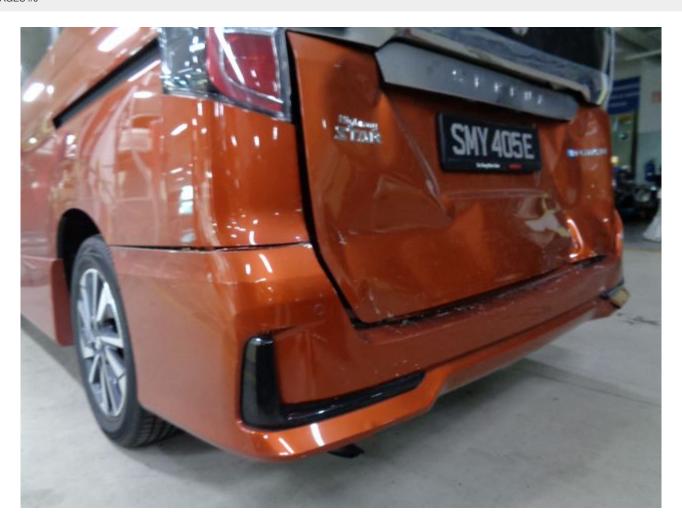


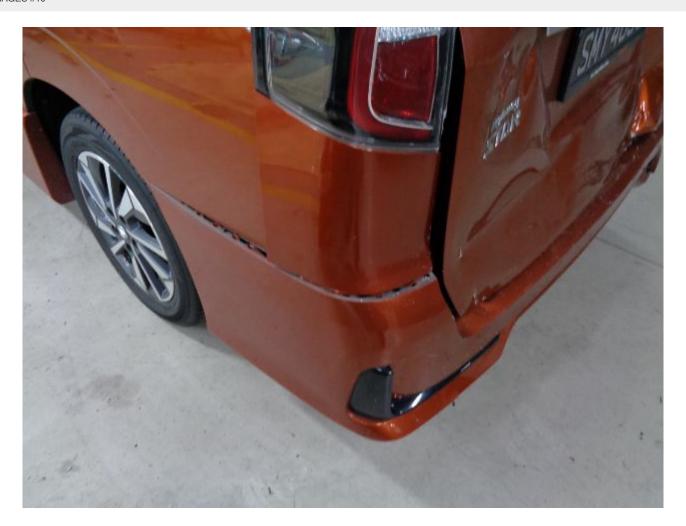


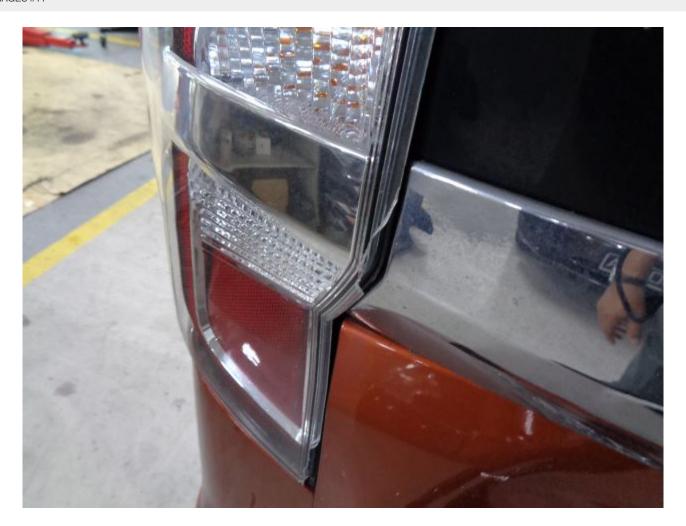


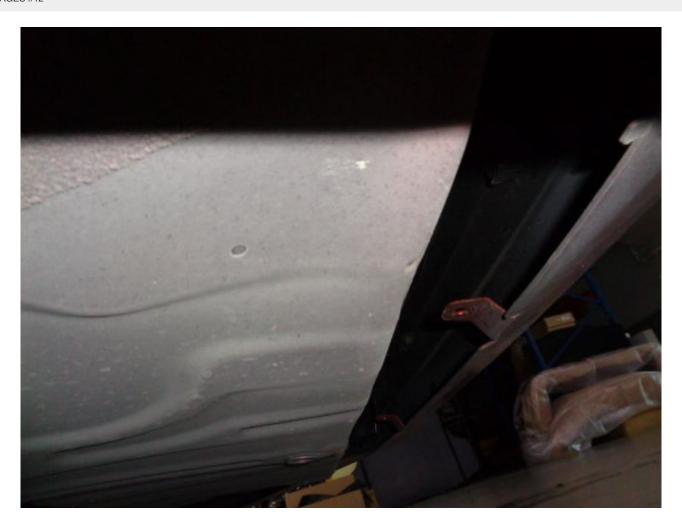




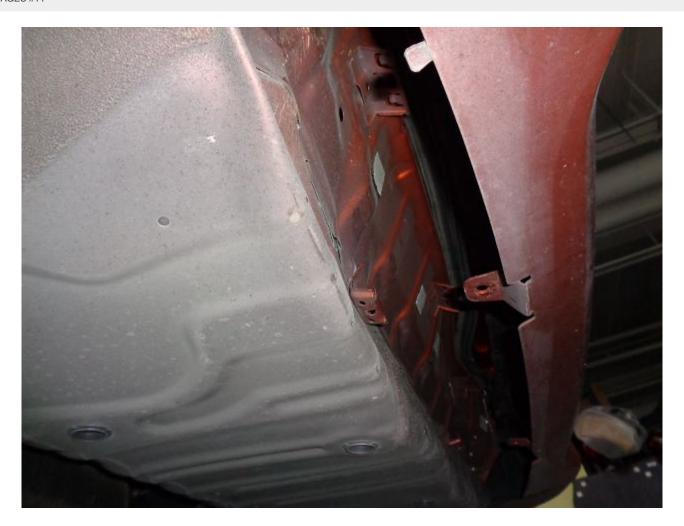




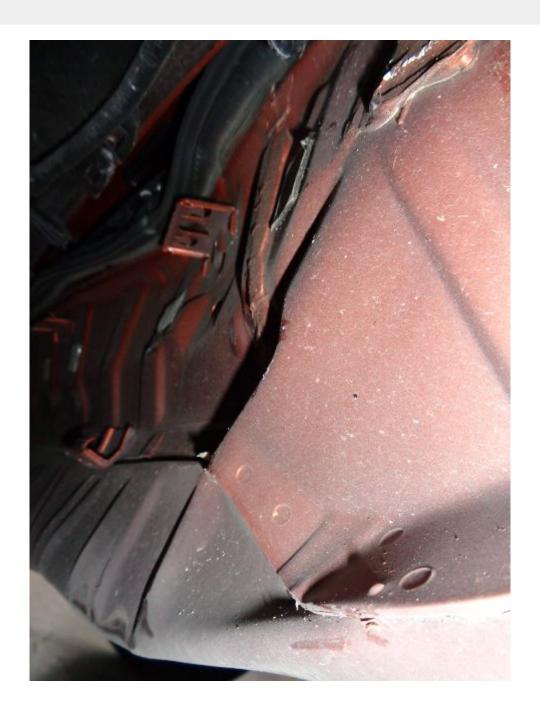


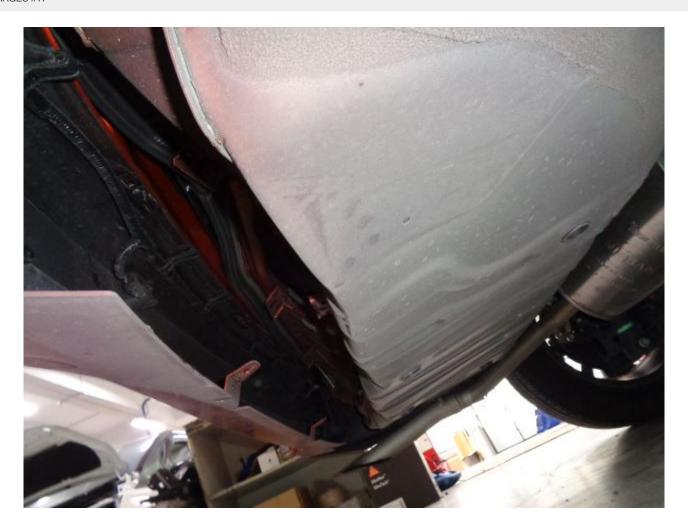




















Certificate of Insurance

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)

Cover : drivo CLASSIC Certificate Number: 5125378560

1. Index mark and Registration Number of Vehicle SMY405E

Chassis Number JN1EBAC27Z0000870 CHIM WEI FOONG PETER 2. Name of Policyholder

08 Feb 2022 3 Effective Date of Insurance 08 Feb 2023 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

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.

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

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1) \$\$600 N/A EXCESS (SECTION 2) \$\$100 WINDSCREEN EXCESS ADDITIONAL EXCESS UNNAMED DRIVER EXCESS

PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP NO INSURE WITH COE YES NCO PROTECTION NO ROADSIDE ASSISTANCE AND WELLNESS COVER NO TRANSPORT ALLOWANCE NO **EXCESS WAIVER**

PETER CHIM WEI FOONG PRIMARY DRIVER

NAMED DRIVER (1) NAMED DRIVER (2)

HIRE PURCHASE COMPANY HONG LEONG FINANCE LIMITED

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)

DIRECT BUSINESS DEPT (00000600280) Agency

07 Jan 2022 16:35 hrs Date of Issue

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Enquiries on claims, vehicle breakdown and towing services in Singapore.

Call our hotline at 6788 6616.

Referral services for Road and Medical assistance in West Malaysia

Call our 24-hour hotline at +603 2712 3187.

In the event of an accident

You must report the accident to us within 24 hours or by the next working day at any of our appointed Accident Reporting Centre. You must make your vehicle available for inspection at the Accident Reporting Centre, whether or not your vehicle has suffered any visible damage and whether or not you plan to claim under your policy or claim against any other person.

Location of accident reporting centre

Please refer to our website at www.income.com.sg/claims/motor/reportingCentres.asp or call our hotline 6788 6616 for the nearest location convenient to you.

Unnamed driver excess

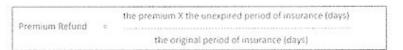
If the vehicle is driven by an unnamed driver, the following excess will apply.

The unnamed driver	Excess
Under 27 years old or has less than one year's driving experience	552,500
27 years old and above with one or more year's driving experience	S\$ 500

if you sell your vehicle

You can submit your request at olen.income.com.sg/motor or via our online form at www.income.com.sg/enquiry to cancel your policy. Any refund is worked out as follows.

If you take up another insurance policy with us within 90 days from the effective date this policy is cancelled, the following apply.



No refund of premium will be given in the event that any claim has been made or we have paid one or more claims under your policy. If your policy is cancelled before or after the effective date of insurance, we will charge a minimum premium of \$\$26.75 (after GST).

Policy Owners' Protection Scheme

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact Income or visit the GIA/LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

