

## 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 ..... 21/11/2022 19:10 (SGT)  
Reported by ..... Both  
Date of Accident ..... 17/11/2022 16:00 (SGT)  
Exact Location of Accident ..... Orchard Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLK5836Y

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... ZHENG ZHONG YAU MATTHEW  
NRIC No ..... S1825751C  
Email Address ..... SALESYEOWKOON@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-81687766  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Chevrolet  
Model ..... ORLANDO 1.4AT TURBO  
Variant ..... -  
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 your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private hire  
Transmission ..... Auto  
CC ..... 1362

#### INSURANCE COMPANY

Name of Insurance Company ..... Income Insurance Limited  
Policy Number / Cover Note Number ..... 5114470160-02

#### DRIVER

Name of Driver ..... ZHENG ZHONG YAU MATTHEW  
NRIC No ..... S1825751C  
Date Of Birth ..... 28/10/1967  
Occupation ..... Indoor

Date Of Driving Pass .....	27/09/1988
Driving experience .....	34 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81687766
Alt. Phone Number .....	-
Email Address .....	SALESYEOWKOON@GMAIL.COM
Address .....	BLK 272 PASIR RIS ST 21
Address complement .....	02-468
Postcode .....	510272
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 .....	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) .....	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 .....	MIAO MIAO
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Teck Ghee Neighbourhood Police Post
Police Station Address .....	Blk 321 Ang Mo Kio Street 31 Singapore 560321
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

-

#### 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 .....	SHA2253Z
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 .....	-
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	ZHENG ZHONG YAU MATTHEW
Gender .....	Male
Phone No .....	(Phone) +65-81687766
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLK5836Y
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	MIAO MIAO
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLK5836Y
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

IMPORTANT NOTES

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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:

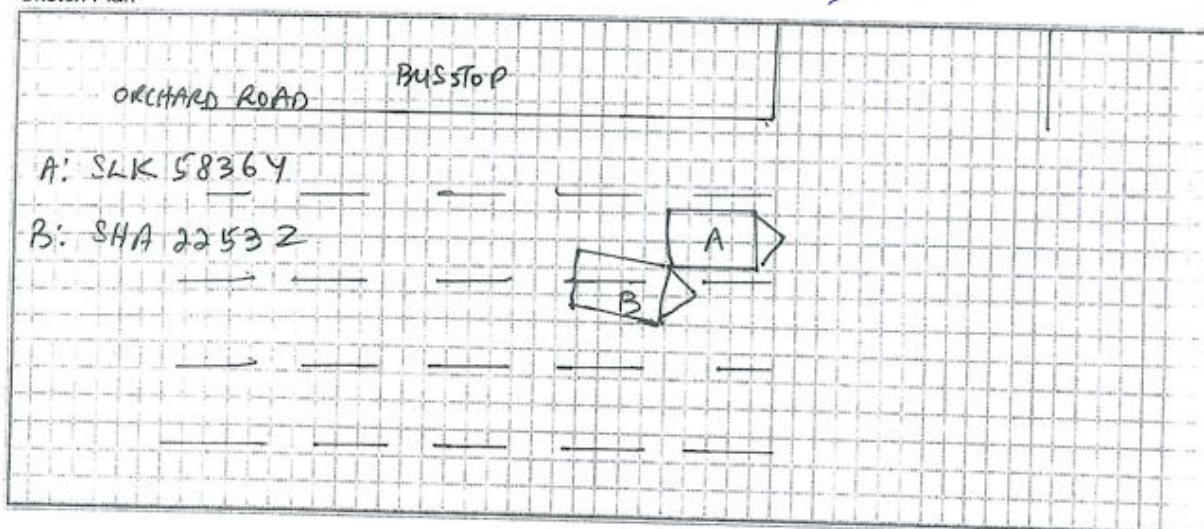
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

**Sketch Plan**



Describe Circumstance of the Accident


REFER TO POLICE REPORT


Was there any video captured by Car Camera? ☒ Yes / No  
 Has the driver been approached by unknown person(s)? Yes / ☒ No  
 Number of Passengers (Including Driver)? 02  
 Name MIAO MIAO Gender: FEMALE  
 Name Gender:  
 Name Gender:

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

  
 Witnessed by Reporting Centre Personnel  
 (Name as in NRIC/ID card)





### Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1950  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** S114470160-02

**Cover :** drive CLASSIC

1. Index mark and Registration Number of Vehicle

: SLK5836V

Chassis Number

: KL1YA7589HK608364

2. Name of Policyholder

: TAY JUN XIONG MATTHEW

3. Effective Date of Insurance

: 20 Jan 2022

4. Expiry Date of Insurance

: 19 Jan 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	: S\$500
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
ROADSIDE ASSISTANCE AND WELLNESS COVER	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: TAY JUN XIONG MATTHEW
NAMED DRIVER (1)	: ONG POH CHIN
NAMED DRIVER (2)	: KAY YAN QING CLEMENT
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).

Agency : AUTOSHIELD PTE. LTD. (00000573459)

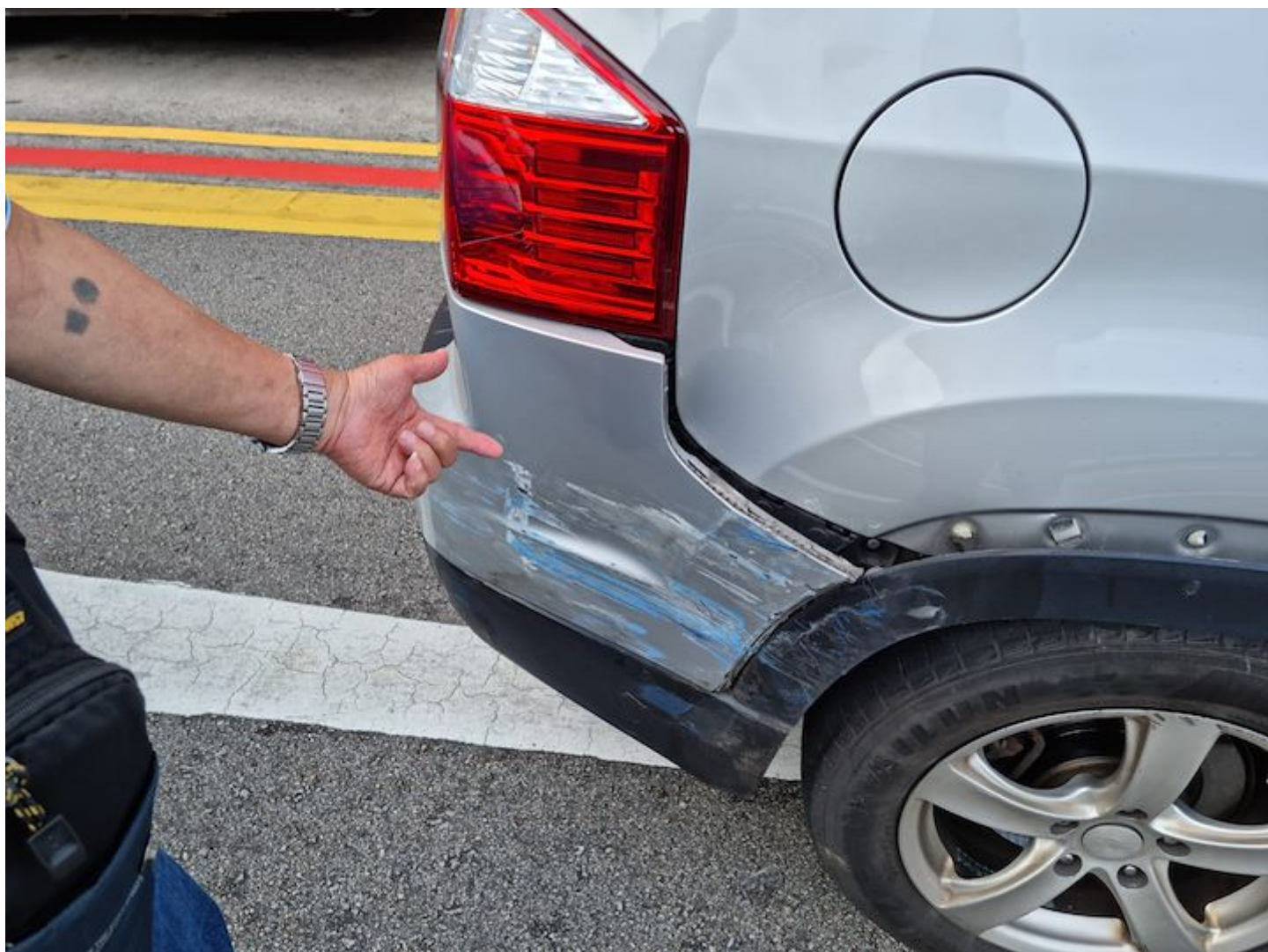
Date of Issue : 07 Dec 2021 12:09 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive









































**SINGAPORE  
POLICE FORCE**



T/20221118/2078

Police Station Of Origin:  
Teck Ghee NPP  
321 Ang Mo Kio Street 31 SINGAPORE  
560321  
Tel No: 1800-4599999

1 of 4

Report No. T/20221118/2078

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/11/2022 16:42		Vide Report No.:		Station Diary No. 22	
<b>Informant's Particulars</b>					
Name of Informant: ZHENG ZHONG YAU MATTHEW			Address: APT BLK 272 PASIR RIS STREET 21 #02-468 SINGAPORE 510272		
ID Type / ID No.: NRIC NO / S1825751C			Contact No.: Home/Office: Mobile: 81687766		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 55	Date of Birth: 28/10/1967	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/11/2022 16:00	Type of Location: Straight Road
Location: ORCHARD ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA2253Z	Car	HYUNDAI	AE IONIQ HEV 1.6 DCT	Blue	Seriously Damaged	0
SLK5836Y	Car	CHEVROLET	ORLANDO 1.4AT TURBO	Silver	Seriously Damaged	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20221118/2078

Police Station Of Origin:  
Teck Ghee NPP  
321 Ang Mo Kio Street 31 SINGAPORE  
560321  
Tel No: 1800-4599999

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Report No. T/20221118/2078

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLK5836Y	NTUC Income Insurance Co-Operative Limited	5114470160-02	20/01/2022	19/01/2023

Details of Person Involved			
Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	TAN LIAM MENG	ID No.	S0030052G
Related Vehicle	SHA2253Z (Car)	Contact No.	97608351
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	ZHENG ZHONG YAU MATTHEW	ID No.	S1825751C
Related Vehicle	SLK5836Y (Car)	Contact No.	81687766
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	18/11/2022	Date Discharge	18/11/2022
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On 18/11/2022 at about 1600hrs, I was driving my vehicle bearing registration plate SLK5836Y with one passenger. My vehicle was stationary at a red traffic light near to a bus stop (08057). After about a minute, there was a sudden impact coming from the rear of my vehicle. The collision was strong that it surged my vehicle forward, but it did not collide into the car in front of me. After the collision, I alighted and spotted one taxi bearing registration plate SHA2253Z has collided into the rear right side of my vehicle. I observed that the rear bumper, the rear body of the car has suffered serious damages. The taxi suffered damages on its front left side of the vehicle. I spoke to the taxi driver who informed that he was feeling a bit tired, he saw my car and tried to avoid but it was too late. I got his particulars, and we did not call for traffic police or ambulance. At that time, I did not see anyone with visible injuries.

On the same day at about 2200hrs, I started to feel pain on my body, discomfort on the neck, shoulders, my lower back and both of my legs. I went to the doctor at Mount Alvernia Hospital on 18/11/2022, and received 5 days of MC. From 18/11/2022 to 22/11/2022. I was advised by my insurance to lodge a traffic police report.



**SINGAPORE  
POLICE FORCE**



T/20221118/2078

Police Station Of Origin:  
Teck Ghee NPP  
321 Ang Mo Kio Street 31 SINGAPORE  
560321  
Tel No: 1800-4599999

3 of 4

Report No. T/20221118/2078

**CONTINUATION OF REPORT**

My vehicle has an in-car camera front and back with SD card.



**SINGAPORE  
POLICE FORCE**



T/20221118/2078

Police Station Of Origin:  
Teck Ghee NPP  
321 Ang Mo Kio Street 31 SINGAPORE  
580321  
Tel No: 1800-4599999

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Report No. T/20221118/2078

**CONTINUATION OF REPORT**

**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 2 MUHAMMAD  
NURFIRDAUS BIN MOHD NIZAR

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

18/11/2022 16:42

Officer In Charge Of Case:

JP / AEIT /  
SI TAN JEOK LENG  
Contact No.: 65476151

Classification Of Case:

NP168



