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SN0822C20007 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 02/12/2022 13:25 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (02/12/2022 13:25 (SGT))



SINGAPORE ACCIDENT STATEMENT

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.

4. The issue and acceptance of this Form by instance companies in the Solice for Investigation.

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

02/12/2022 13:25 (SGT) Date of Submission Reported by 26/11/2022 09:25 (SGT) Date of Accident **Exact Location of Accident** Stevens Rd, Singapore SLIP ROAD TOWARDS BUKIT TIMAH ROAD Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

SMD289J Vehicle Registration Number

INSURED/POLICYHOLDER

No Is company? Name Of Registered Owner

NRIC No **Email Address**

Mobile Phone No Alternative Phone No CHEONG KOK WING, LUCAS (ZHANG GUORONG, LUCAS)

SXXXX670B

gcb_1961@hotmail.com (Phone) +65-94526336

VEHICLE PARTICULARS

Manufacturer Model

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

CC

Nissan Note

Employment

No - Claiming third party

Private car Auto

1198

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number AIG Asia Pacific Insurance Pte. Ltd. 7210151745

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

CHEONG KOK WING, LUCAS (ZHANG GUORONG, LUCAS) SXXXX670B 02/01/1982

Outdoor

20/02/2004 Date Of Driving Pass 18 YEARS AND 9 MONTHS Driving experience Male Gender (Phone) +65-94526336 Mobile Number Alt. Phone Number gcb 1961@hotmail.com Email Address BLK 655B JURONG WEST STREET 61 #10-544 Address Address complement 642655 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 Collision - Head to Rear Type of Accident Clear Weather Conditions Dry Road Surface 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) 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 Yes Was the accident reported to the police? Traffic Police Police Station Name (Phone) +65-65470000 Police Station Phone No (Fax) +65-65474900 Alt. Police Station Phone No 10 Ubi Avenue 3 Singapore 408865 Police Station Address Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20221126/7024 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes WITH OWNER Reasons for not uploading a video of the accident

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number XE2759X
Vehicle Manufacturer Vehicle Model -

	_
Vehicle Variant	-
Vehicle Colour	Commercial vehicle
Vehicle Category	Commercial
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	15
Insurance Company Name	s=
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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?
Was this injured conveyed to hospital by ambulance?

CHEONG KOK WING, LUCAS (ZHANG GUORONG, LUCAS)
Male

-

SERIOUS INJURIES SMD289J Yes No

(Phone) +65-94526336

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 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
- 5. Any false reporting may be referred to the Traffic Police Department 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.
- 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)

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

Policyholder's Signature / Date & Time Dr iver's Signature (If driver is not the policyholder) / Date & Time	Minessed by Reporting Centre Personnel (Name as in Nric/ID card)
BUKIN TIMAH ROAD	A - 5MO 2893
STEVEN ROMB	B - XE 2759 X

scribe Circumsta	nces of the Accident
	REPER TO POLICE REPORT -
	T/2072 1126/7074
	/:

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



Report No. T/20221126/7024

Police Station Of Origin:

Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT	OF	Δ	TRAFFIC	3	AC	CI	DE	TI
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REPORT OF A	AIRAFFIC	ACCIDENT		Station Diary No.:
Date/Time Report Made: 26/11/2022 11:48		eport Made: Vide Report No.: 1:48		Otation Diary
Informant'	s Particu	lars		
Name of In	formant:	G, LUCAS	Address: 655B JURONG WEST STREE 642655	T 61 #10-544 SINGAPORE
D Type / ID No.: NRIC NO / S8200670B		0B	Contact No.: Home/Office:	Mobile: 94526336
Nationality: SINGAPORE CITIZEN			Email: SACUL_82@HOTMAIL.COM	
Sex: Male	Age:	Date of Birth: 02/01/1982	Type of Informant: Driver	Institution / School Name:
Race: Chinese	Race:		Language: English	Institution / School Name.
Occupatio Grab Drive			Driving Licence Information: Class:	Date of Expiry:

Seneral Inform Type of Accident:	Injury Others	Drink Drive:	Date/Time of Accident: 26/11/2022 09:25	Type of Location. Slip Road
Location: STEVENS R	DAC			
Weather:		Road Surface: Dry Traffic Control:		Road Speed Limit: Traffic Volume:
Traffic Flow:		Pedestrian Cross	ng	Moderate Anyone conveyed by

Details of V	enicle invo		Madal	Color	Conditio	No of
Vehicle No.	Type	Make	Model		001,01	10
SMD289J	Car	NISSAN	NOTE 1.2 CVT	Brown		0
XE2759X	Lorry					0

Details of V	ehicle Insurance	La suranza Na	Effective	Expiry Date
Vehicle No.	Insurance Company	Insurance No	Lilcotivo	



2 of 3

Report No. T/20221126/7024

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

CONTINUATION OF REPORT

Details of V	ehicle Insurance	Insurance No	Effective	Expiry Date
(1) 10 mm (1) A 2 Mm (1) Mm (O-manany		01/02/2022	31/01/2023

Details of Person Any Pedestrian In No. of Pedestrian	volved: No	Use of Pe	destrian (Crossi	ng: NA
Driver Name	CHEONG KOK WING, LUCAS		ID No.		S8200670B
Related Vehicle	SMD289J (Car)		Contac	t No.	94526336
Hospital/Clinic	SIN MIN CLINIC		Class of Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL
Date	26/11/2022 nted Medical Leave 07	Date Degree	<u> </u>		1/2022

On the stated dates, times and location, i was driving vehicle bearing plate number SMD289J along Steven road slip road towards Bukit Timah road, while reaching the give way line, there is oncoming traffic from the main road, as such i stop my vehicle to give way, suddenly i felt a very huge impact from the rear of my vehicle, i then stop and alighted from my vehicle, realized that vehicle bearing plate number XE2759X failed to keep a safety distant and collided onto my vehicle, the collision causes serious damage to my vehicle and also contributed to my injury.





3 of 3

Report No. T/20221126/7024

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

CONTINUATION OF REPORT

Sketch Plan					
Informant is	not	able	to	provide	sketch

NP168

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: 26/11/2022 11:48
Officer In Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:



Email: sm@idac.com.sg Tel no: 6555 6888
*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week. Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 26/11/22	(dd/mm/yy)	Time of Accident:	09 25	(24-HR-FORMAT)	
Vehicle No. : SMD 289 J		/ Engine (cc): Nissan	Note	Private Hire: (Y)/N	
Exact location of Accident:	Steven Road Slip roa	ad to Bukit Timah Ro	ad		
Policyholder's Name / IC No.	Channa Kali Mina Luga	s (Zhang Guorong, Lucas)		00670B	
Driver's Name / IC No. :				(As Above)	
Driver's Contact No. :	Comp	oany Contact No / Owner Co	ontact No: 9452	2 6336	
Driver's Address: Apt Blk	655B Jurong West S	Street 61 #10-544 S	642655		
Owner Email address : GCE	3_1961@hotmail.co	m Insurance C	Company: AIG		
Driver Email address :					
Relationship between Owne Owner / Spouse / Children / F	r & Driver: (Please CIRC) Friend / Parents / Sibling / R	CLE one only) Relative / Employee / Hirer of	or Others specify		
What do you wish to claim?	(Please TICK one on	ly)			
Own Insurance / Oth	er Vehicle (The one you wo	ant to claim against) /	Reporting (For R	ecord Purpose)	
Exact purpose for which the Was being used at time of acc	vehicle cident?	Occupation (nature of job)	Indoor/ 🗸	Outdoor	
Private use / Work	purpose *	No. of Passengers (Including	ng Driver): 1	Parketing Control of the Control of	
*Passanger Name: *Passanger Name:			Gende Gende		
Weather condition & Road	conditions? (On the day of	accident)			
Clear & Dry / Rain	ing & Wet / After-Ra	in & Wet / Drizzling &	& Wet / Others:		
Was there any video capture	d by your Car Camera?	✓ Yes / No			
Any Injuries: Yes /	No (If YES) Injured Pe	erson' Name: Cheong Ko	ok Wing, Luc	cas .	
Injuries Sustain:		Injured Person in V	Which Vehicle:	SMD 289 J	
Police Report filed: Y		hich Police Station:			
	The Oth	ner Party(s) Details	<u>:</u>		
1. Driver's Name / IC No:			Vehicle No	xE 2759 X	
Driver's Contact No:					
2. Driver's Name / IC No (If			Vehicle No	o:	
Driver's Contact No:				-	
*Independent Witness (If Any			Contact No:		
	me:Contact No:				



CERTIFICATE OF INSURANCE

RIDE SHARE PRIVATE VEHICLE

Name of Policyholder : Cheong Kok Wing, Lucas : 01 Feb 2022 To 31 Jan 2023

Period of Insurance Engine No.

: HR12199070J

Chassis No.

: JN1TAAE12Z0982003

Vehicle No.

: SMD289J

Policy No.

: 7210151745

Endorsement No. : 000000000442916 Issued Date

: 29 Apr 2022

ABOUT THE COVER

Make/Model

: NISSAN NOTE 1.2 (SUPERCHARGED/NON-SUPERCHARGED)

Engine Capacity/Tonnage: 1,198.00 CC

Sum Insured : Market Value

First Year of Registration : 2018

Driver Restriction

Off Peak Car : No

: NA

Insuring with COE/PARF : Yes

Person 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.

This Policy will Indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition

When the Vehicle is used for the carriage of passenger for hire or reward, such authorised driver must be named under the Policy and registered with an intermediary which facilitates the carriage of

have to pay an additional sum of \$\$\$3,000 as "Young and/or hexpenenced Driver Excess" ("YIDR") If You are or Your Authorised Driver (named or unnamed) is under the ago of 23 and/or has less 12 years" driving experience.

Age Condition

: All Age Condition

Mileage Condition

: Unlimited Mileage

Limitation as to use* :

Use for social, demestic, pleasure purposes and business purposes of any person to whom the Vehicle is hired. Use for the carriage of passengers for hire or reward by any person to whom the Vehicle is hired. This Policy does not cover.

I) use for driving fulton, driving test, racing, pace-making, reliability trial or speed-testing;
2) use whist drawing a trailer except the towing (other than for reward) of anyone disabled using a mechanically propelled vehicle, and
3) use for any purpose in connection with Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1997 (Molaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$1800 Theft - \$0 Flood Cover - \$1800

Property Damage - \$2000

Windscreen: \$100

Named Driver and Excess (where applicable)

Cheona Kok Wine Lucas - \$1800 (Own Damage) \$2000 (Property Damage). \$1800 (Flood Cover)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Approved Reporting Centreel AIG Authorised Repairers (For claims related repairs) Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore. You have the option of having the accident repairs carried out at the Sola Agent's workshop For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotine at +85 6338 6200. Alternatively, You may refer to AIG website www.aig.sg. or AIG SG Mobile App. Simply search and download "AIG SG from flunes or Google Play.

IMPORTANT NOTES

If the vehicle is used for the carriage of passenger for hire or reward, such driver must be named under the Policy and registered with an intermediary which facilitates the carriage of passengers for hire or reward. Should you decide to include any other driver, please contact us. (Company reserves the right to accept/reject the inclusion of any Named Drivers).

Hire Purchase Company/Employer's Loan: MayBank

Wile hereby pertify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part N of the Road Transport Act. 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Porty Risks) Rules, 1959 (Malaysia)

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DIRECT CLIENTS 01.4.95

AIG Asia Pacific Insurance Pte. Ltd.

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Underwritten by AIG Asia Pacific Insurance Pte. Ltd.