

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 15/12/2022 18:12 (SGT)
Reported by Driver
Date of Accident 13/12/2022 20:57 (SGT)
Exact Location of Accident Orchard Link, Singapore
Additional Location Information ORCHARD LINK TWDS ORCHARD RD, OUTSIDE HILTON HOTEL
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLW4035K

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner HISAKA (SINGAPORE) PTE LTD
Company Reg No 2XXXXX124K
Email Address GERALDCHENG@HISAKA.COM.SG
Mobile Phone No (Phone) +65-93393915
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Corolla
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 car
Transmission Auto
CC 1598

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5120911725-01

DRIVER

Name of Driver CHENG ZHI HAO
NRIC No SXXXX967I
Date Of Birth 13/06/1992

Occupation	Indoor
Date Of Driving Pass	14/03/2012
Driving experience	10 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93393915
Alt. Phone Number	-
Email Address	GERALDCHENG@HISAKA.COM.SG
Address	23 PASIR RIS WAY
Address complement	-
Postcode	518539
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 - Major/Minor Rd
Weather Conditions	Raining
Road Surface	Wet

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)	1
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?	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 TO SKETCH PLAN ATTACHED

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	SHC889S
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	3

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHENG ZHI HAO
Gender	Male
Phone No	(Phone) +65-93393915
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	3 DAYS MC
Injured person in which vehicle?	SLW4035K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

WITNESS DETAILS

WITNESS 1

Name	JORDAN TAN
Phone	(Phone) +65-97423299
Email	-

SKETCH PLAN

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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.

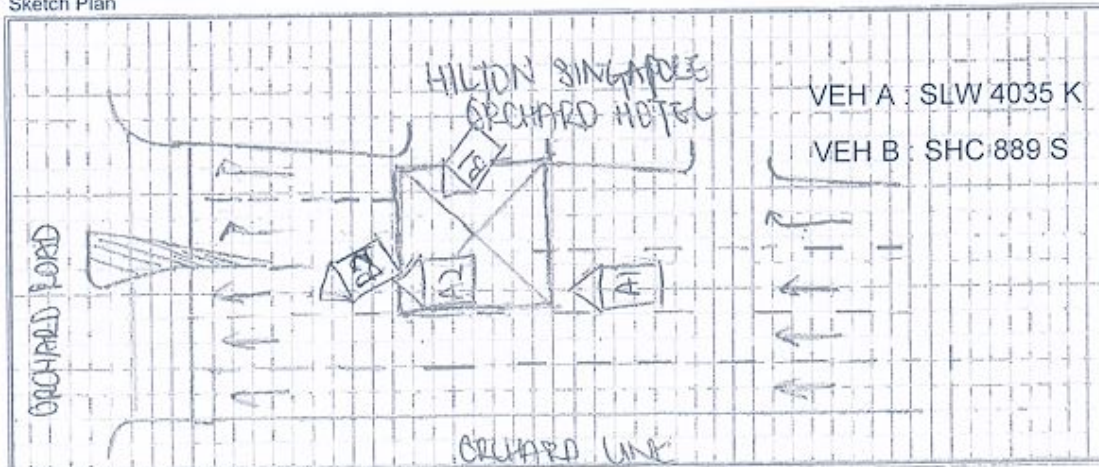


Policyholder's Signature / Date & Time

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- T/20221215/7007

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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



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



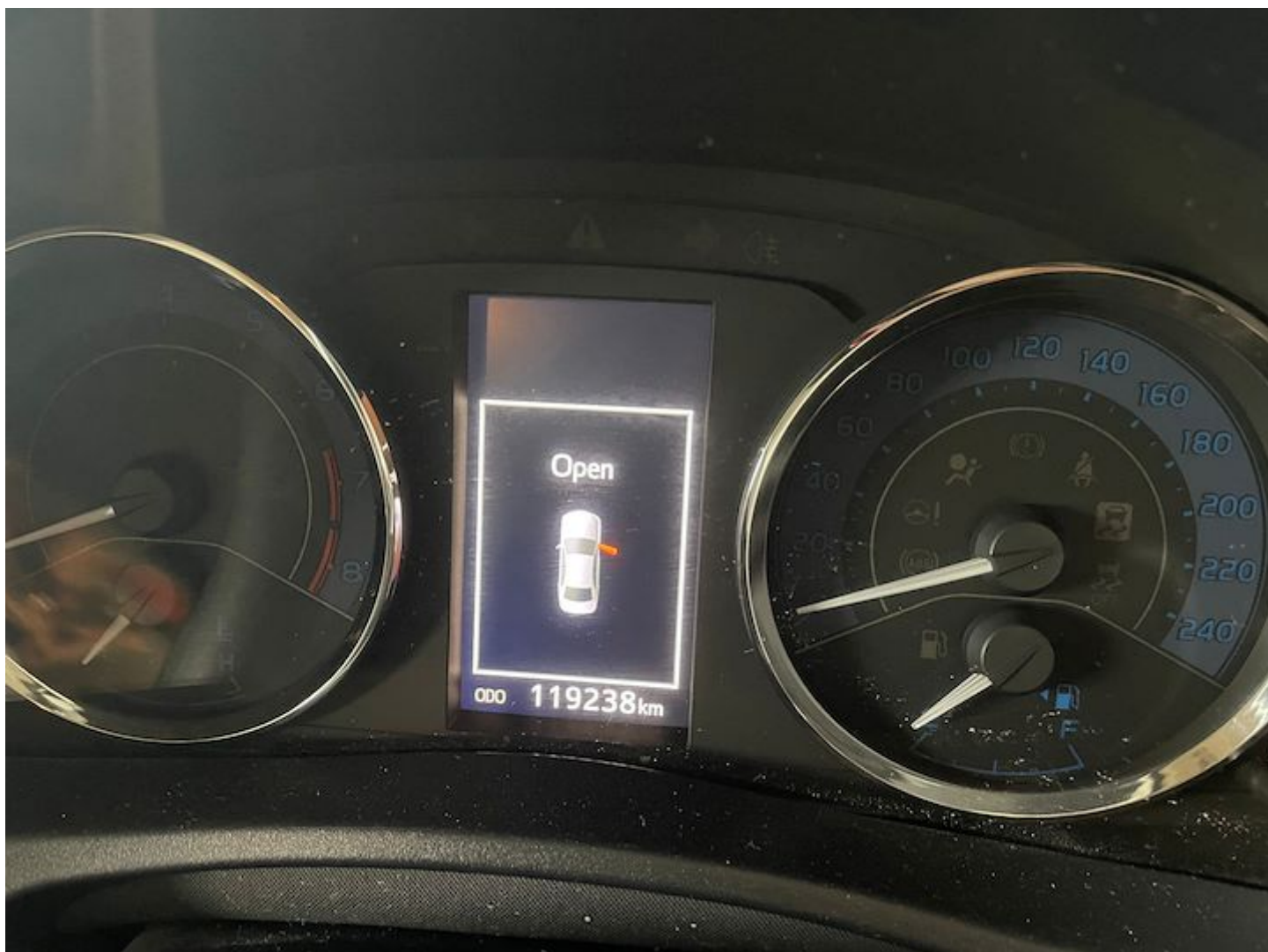




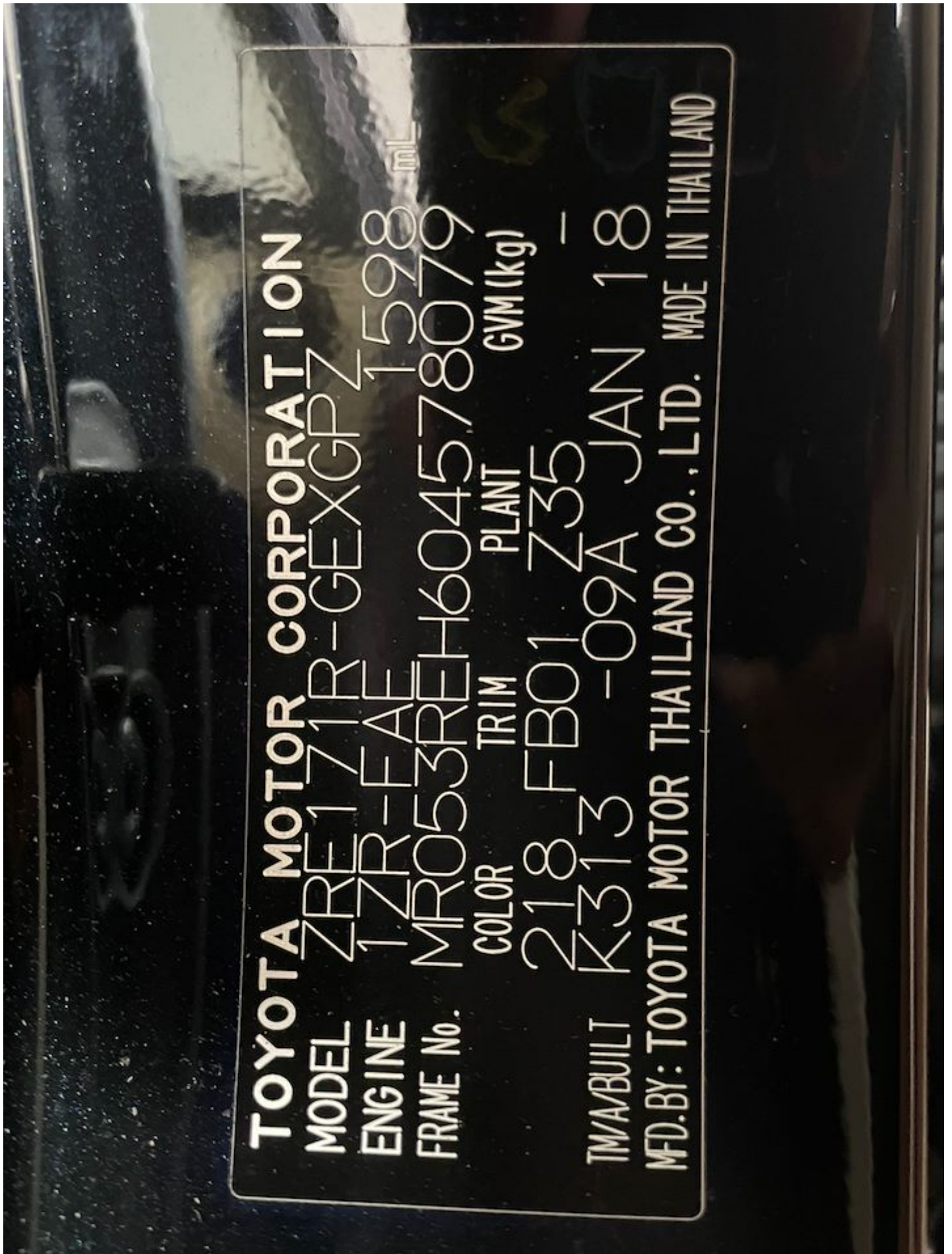














**SINGAPORE
POLICE FORCE**



T/20221215/7007

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

1 of 3
Report No. T/20221215/7007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/12/2022 10:49	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: CHENG ZHI HAO			Address: 23 PASIR RIS WAY SINGAPORE 518539	
ID Type / ID No.: NRIC NO / S92209671			Contact No.:	Mobile: 93393915
Nationality: SINGAPORE CITIZEN			Email: GERALD_CHENG_ZHI_HAO@HOTMAIL.COM	
Sex: Male	Age: 30	Date of Birth: 13/06/1992	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: OPERATIONS MANAGER			Driving Licence Information: Class: 3A Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/12/2022 20:55	Type of Location: Straight Road
Location: ORCHARD ROAD				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHC889S	Car	TOYOTA		Yellow		3
SLW4035K	Car	TOYOTA	ALTIS	Black		1

Details of Person Involved

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20221215/7007

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

2 of 3

Report No. T/20221215/7007

CONTINUATION OF REPORT

Driver			
Name	CHENG ZHI HAO	ID No.	S92209671
Related Vehicle	SLW4035K (Car)	Contact No.	93393915
Hospital/Clinic	SHENTON MEDICAL GROUP	Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL
Date	14/12/2022	Date	14/12/2022
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On stated date and time I was driving my company vehicle (SLW4035K) along second lane of Orchard Link towards Orchard Road. As I approached Hilton Singapore Orchard Hotel, vehicle B (SHC889S) exited from the drop off point at Hilton Hotel and abruptly cut 3 lanes to go towards Paragon Shopping Centre without signaling.

I jammed on my brakes immediately to avoid the collision but still could not avoid colliding with the rear left portion of vehicle B.

My vehicle suffered damages on the front right portion due to Vehicle B reckless manoeuvre.

I suffered injuries to the right portion of my body in the neck and upper back. I consulted a doctor at Shenton Medical Group (Elias Mall) and was given 3 days MC.



**SINGAPORE
POLICE FORCE**

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



T/20221215/7007

3 of 3

Report No. T/20221215/7007

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
CHONG GUAN FATT
Contact No.: 65472077

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
15/12/2022 10:49

Classification Of Case:

NP168



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)

Certificate Number: 5120911725-01

Cover : drive CLASSIC

- | | |
|--------------------------------------------------|------------------------------|
| 1. Index mark and Registration Number of Vehicle | : SLW4035K |
| Chassis Number | : MR053REH604578079 |
| 2. Name of Policyholder | : HISAKA (SINGAPORE) PTE LTD |
| 3. Effective Date of Insurance | : 09 Feb 2022 |
| 4. Expiry Date of Insurance | : 08 Feb 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 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 headings.

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

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES
ROADSIDE ASSISTANCE AND WELLNESS COVER	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: TAN YONGMING JORDON
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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 : VISION ADVISORY MANAGEMENT PTE. LTD. (00000573844)
 Date of Issue : 26 Jan 2022 11:56 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive