SN0722BO0007 / Income Insurance Limited ENTRY DATE & TIME: 24/11/2022 10:28 (SGT) SUBMITTED BY: Chen Jun Liang VERSION: 1 (24/11/2022 10:28 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. 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 mate ial facts may allow insurance companies to repudiate

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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 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 24/11/2022 10:28 (SGT) Reported by Owner Date of Accident 23/11/2022 09:35 (SGT) **Exact Location of Accident** Singapore KPE TOWARDS TOWN BEFORE PIE EXIT Additional Location Information

DETAILS OF OWN VEHICLE

Singapore

Vehicle Registration Number SKV9312U

INSURED/POLICYHOLDER

Country/State of Loss

Is company?

Name Of Registered Owner KOH CHIANG TECK (XU JIANDE) NRIC No S7917758Z

Email Address TECKLFC@GMAIL.COM Mobile Phone No (Phone) +65-81801700

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Honda Model Odyssey

Variant Exact purpose for which vehicle was being used at time of

Private use accident Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Transmission CC

No - Claiming third party Private car

Auto 2400

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5074510496-07

DRIVER

Name of Driver KOH THONG CHONG NRIC No S0220164Z Date Of Birth 02/05/1943 Occupation Outdoor

Accident report SN0722BO0007

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Date Of Driving Pass 04/03/1963 Driving experience 59 YEARS AND 8 MONTHS Gender Male Mobile Number (Phone) +65-96423466 Alt. Phone Number Email Address THONGCHONG.KOH@GMAIL.COM Address BLK 9 SENGKANG EAST AVE #17-28 Address complement Postcode 544742 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Parent 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 Chain Collision 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? No Was any injured conveyed to hospital by ambulance? 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 KOH CHIANG TECK Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes

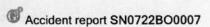
DETAILS OF OTHER VEHICLE PROPERTY 1

SD CARD WITH VEHICLE OWNER

 Vehicle Registration Number
 SLX7459X

 Vehicle Manufacturer
 Honda

 Vehicle Model
 City



Reasons for not uploading a video of the accident

Vehicle Variant	:*:
Vehicle Colour	Blue
Vehicle Category	Private car
Name of Driver	ANDY
Contact Number	(Phone) +65-97599617
Address	
Address complement	-
Postcode	÷ .
Insurance Company Name	
Nature Of Damage	FRONT AND REAR PORTIONS
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKP9368R
Vehicle Manufacturer	Toyota
Vehicle Model	Wish
Vehicle Variant	
Vehicle Colour	-100
Vehicle Category	Private car
Name of Driver	MALE CHINESE DRIVER
Contact Number	
Address	
Address complement	
Postcode	
Insurance Company Name	H300 (*)
Nature Of Damage	FRONT PORTION
Details of property damaged in accident	and the
No. Of Passenger (Including Driver)	1

			24/11/2022 / 10:17
INCOME MOTOR SERVICE CENTRE		Report Date & Start Time:	24/11/2022/10:17
Report No. MT/ D.O.s	23/11/2022	Vehicle No. SKV9312U	Reporting Type:
Time	09:35 hrs SKETCH PLAN		
IMPORTANT NOTICE			
1. Please report correctly the details of the ac	cident to speed up the claims process.		
2. This Form must be completed by the Policy	holder 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 Gen iral Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application. In insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application.
- 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 or wided 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 ir vestigations 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 ine, 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 Purpose's.

24/11/22 / 10:17
Policyholder's Signature (Date & Time Sketch Plan

A Chen JunLiang Winessed by Reporting Centre Peronnel (Name as in NRIC/ID card)

KPE TOWARDS TOWN BEFORE PIE EXIT

Vehicle A: SKV9312U

Vehicle B: SLX7459X

Vehicle C: SKP9368R

Describe Circumstances of the Accident MY VEHICLE WAS DRIVING ON THE RIGHTMOST LANE OF KPE TOWARDS TOWN BEFORE PIE EXIT. VEHICLES INFRONT OF ME STOPPED. I ALSO STOPPED ON TIME. VEHICLE B ALSO STOPPED. VEHICLE C DID NOT MANAGE TO STOP ON TIME AND HIT ONTO VEHICLE B. THUS VEHICLE B FURTHER HIT ONTO MY VEHICLE. NO ONE WAS				
INJURED.				

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

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

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

CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

This is to confirm that Koh Thong Chong, NRIC/FIN S0220164Z_, has reported to the Police a non-injury traffic accident which occurred at KPE towards Town before PIE exit_ on 23/11/2022 at 0935 am/pm involving the following vehicles:

- 1) SKV9312U
- 2) SLX7459X
- 3) SKP9368R
 - 2 If this accident was reported to the Police within 24 hours of its occurrence, Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Sgt3 Tay Yu Zhi

Date? 23/11/2022

S/D Ref: ____13

Police Post/Unit: Teck Ghee NPP

Original - to be issued to informant Duplicate - to be submitted to Traffic Police

CONFIDENTIAL

Version as of 15 Jan 2002

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