

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 28/12/2022 16:20 (SGT)
Reported by Driver
Date of Accident 24/12/2022 10:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information CHANGI AIRPORT T2 BLVD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNB618S

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner EAGERNESS
Company Reg No 5332663E
Email Address FUJI001991@GMAIL.COM
Mobile Phone No (Phone) +65-96894955
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Sienta
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? No - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1500

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5119676451-02

DRIVER

Name of Driver NG HOCK KEE
NRIC No S1505088H
Date Of Birth 16/04/1961
Occupation Outdoor

| | |
|--|------------------------------|
| Date Of Driving Pass | 16/06/1980 |
| Driving experience | 42 YEARS AND 6 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-96894955 |
| Alt. Phone Number | - |
| Email Address | EMAXTEO@GMAIL.COM |
| Address | BLK510A YISHUN ST 51 #10-553 |
| Address complement | - |
| Postcode | 761510 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Hirer |
| 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 | PASSENGER |
| Gender | Female |

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

ATTACH POLICE REPORT

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 | SLV2235T |
| 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) | - |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|-------------|
| Name of injured person | NG HOCK KEE |
| Gender | - |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SNB618S |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN**IMPORTANT NOTICE**

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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.

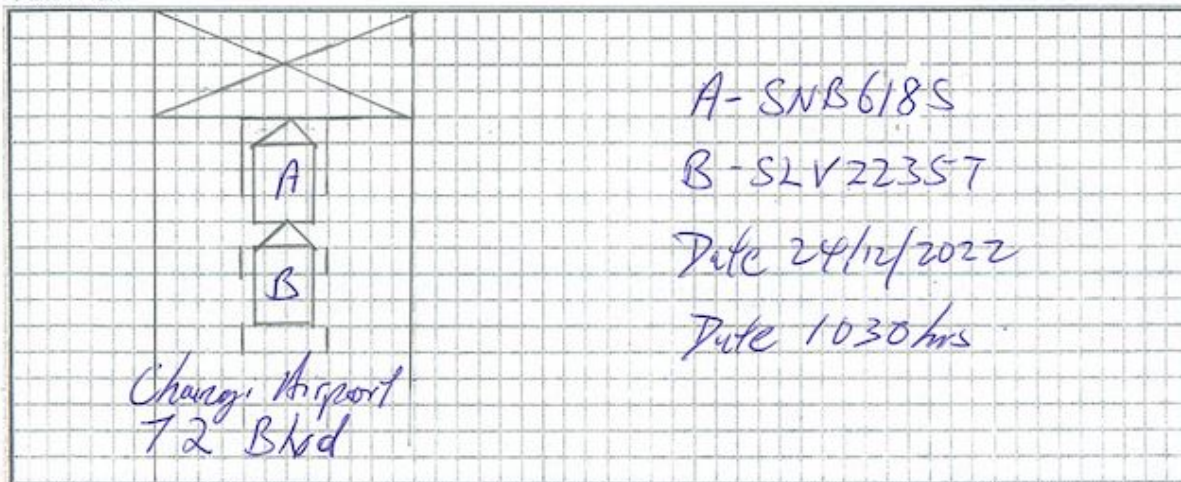


Policyholder's Signature / Date & Time



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

CITY AUTO PTE LTD
 Blk 8 Sin Ming Road
 #01-58/60/62 Sin Ming Ind Est
 Singapore 575643
 Tel: 6453 1235 Fax: 6453 7844
 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)

Sketch Plan


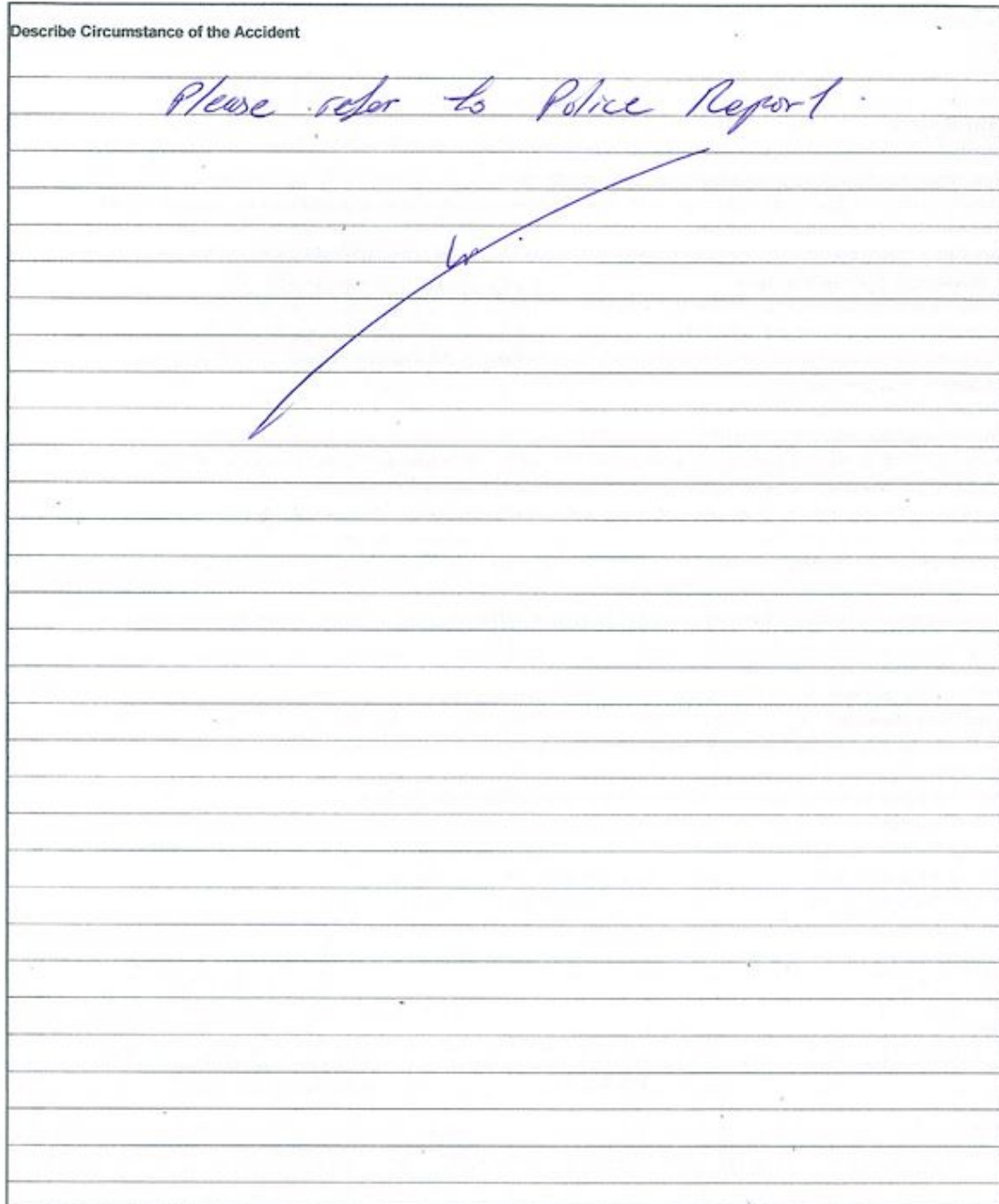
A-SNB618S
 B-SLV22357
 Date 24/12/2022
 Date 1030hrs
 Changi Airport
 72 Blvd

vJun2022

1

Describe Circumstance of the Accident

Please refer to Police Report.



Declaration

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



Policyholder's Signature / Date & Time



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

CITY AUTO PTE LTD
Btk 8 Sin Ming Road
#01-58/50/52 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

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







































**SINGAPORE
POLICE FORCE**



T/20221224/7031

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

2 of 3
Report No. T/20221224/7031

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|-----------------|-----------------------------------|--|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Passenger | | | |
| Name | CHUA CHERRY LIM | ID No. | NIL |
| Related Vehicle | SNB618S (Car) | Contact No. | 91502249 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | NIL | Date | NIL |
| No. of Days granted Medical Leave | NIL | Degree of | NIL |
| Driver | | | |
| Name | NG HOCK KEE | ID No. | S1505088H |
| Related Vehicle | SNB618S (Car) | Contact No. | 96894955 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: 2B,3,4,5 Date of Expiry: NIL |
| Date | NIL | Date | NIL |
| No. of Days granted Medical Leave | 03 | Degree of | Slight |

Brief Details.

On 24/12/2022 at around 1030hrs, i was fetching a passenger to changi airport. I was on my vehicle (SNB618S) along terminal 2 driveway on the center lane. There was a a beating amber light informing prepare to stop hence i slow down. As i approach the traffic light the light turns red, therefore i stop. While my vehicle was stationary, suddenly a vehicle (SLV2235T) hit onto my rear. The impact causes my vehicle to move forward. The passenger and i suffer injury on the neck. My vehicle suffers serious damage at the rear

When i alighted from my vehicle and i notice that the vehicle who hit onto me started catching on fire. The passenger in my vehicle then call for SCDF and traffic police. After a while the SCDF came. I was conveyed to Changi general hospital by ambulance for my injury.


**SINGAPORE
POLICE FORCE**


T/20221224/7031

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

1 of 3
Report No. T/20221224/7031

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made: 24/12/2022 18:16 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: NG HOCK KEE | | | Address: 510A YISHUN STREET 51 #10-553 SINGAPORE 761510 | | |
| ID Type / ID No.: NRIC NO / S1505088H | | | Contact No.: Home/Office: Mobile: 96894955 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: fuji00199@gmail.com | | |
| Sex: Male | Age: 61 | Date of Birth: 16/04/1961 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: GRAB DRIVER | | | Driving Licence Information: Class: 2B,3,4,5 | | Date of Expiry: |

General Information of the Accident

| | | | | |
|--|------------------------------|---|---|---|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 24/12/2022 10:30 | Type of Location: Straight Road |
| Location: changi terminal 2 | | | | |
| Lamp Post Number: 298 | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: No Traffic |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
|-------------|------|------|-------|-------|----------------------|-------|
| SLV2235T | Car | | | White | Seriously Damaged | 0 |
| SNB618S | Car | | | Black | Seriously Damaged | 1 |



**SINGAPORE
POLICE FORCE**



T/20221224/7031

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

3 of 3
Report No: T/20221224/7031

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 / TP1B /
MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476246

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

Date/Time:
24/12/2022 18:16

Classification Of Case:

This report is lodged at Yishun North NPC Kiosk 1
NP168



income
made yours

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: S119676457-02 Cover : drive CLASSIC

| | |
|---|-----------------|
| 1. Index mark and Registration Number of Vehicle | : SNB6185 |
| Chassis Number | : NHP1707180979 |
| 2. Name of Policyholder | : EAGERNESS |
| 3. Effective Date of Insurance | : 11 Nov 2022 |
| 4. Expiry Date of Insurance | : 10 Nov 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 | : N/A |
| REPAIR AT OWNER'S PREFERRED WORKSHOP | : NO |
| INSURE WITH COE | : YES |
| MCD PROTECTION | : YES (FREE) |
| ROADSIDE ASSISTANCE AND WELLNESS COVER | : NO |
| TRANSPORT ALLOWANCE | : NO |
| EXCESS-WAIVER | : NO |
| PRIMARY DRIVER | : N/A |
| NAMED DRIVER (1) | : N/A |
| NAMED DRIVER (2) | : N/A |
| HIRE PURCHASE COMPANY | : TECK WEI CREDIT PTE. LTD. |
| SUM INSURED | : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS |

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: VICOM (310 00000612210)
Date of Issue: 09 Nov 2022 13:23 hrs
Reprint: 09 Nov 2022 23:24 hrs

For INCOME INSURANCE LIMITED

