

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 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.

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 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 26/01/2023 16:58 (SGT) Reported by Date of Accident 26/01/2023 07:00 (SGT) Exact Location of Accident Singapore Additional Location Information SLE TOWARDS TUAS Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Nissan

Vehicle Registration Number SND6176A

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner NG SEE CHAU Company Reg No S7276665B Email Address NG.SEECHAU@YAHOO.COM Mobile Phone No (Phone) +65-97497695 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model KICKS PREMIUM Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private hire Transmission Auto CC

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5125401288-01

DRIVER

Name of Driver NG SEE CHAU Company Reg No S7276665B Date Of Birth 27/10/1972 Occupation Outdoor

Date Of Driving Pass 24/09/2002 Driving experience 20 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-97497695 Alt. Phone Number Email Address NG.SEECHAU@YAHOO.COM Address 619 WOODLANDS DRIVE 52 #02-66 Address complement Postcode 730619 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Nο 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 Raining Road Surface Wet 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? 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? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name **UNKNOWN** Gender

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name

Police Station Phone No

Alt. Police Station Phone No

Police Station Address

Traffic Police

(Phone) +65-65470000

(Fax) +65-65474900

10 Ubi Avenue 3 Singapore 408865

Was notice of intended Prosecution given?

No

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

Video WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1



Vehicle Registration Number	SND5672R
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKU7148X
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 SEE CHAU
Gender	-
Phone No	_
Address	_
Address Complement	_
Post Code	_
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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.
- The issue and acceptance of this Formby insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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)

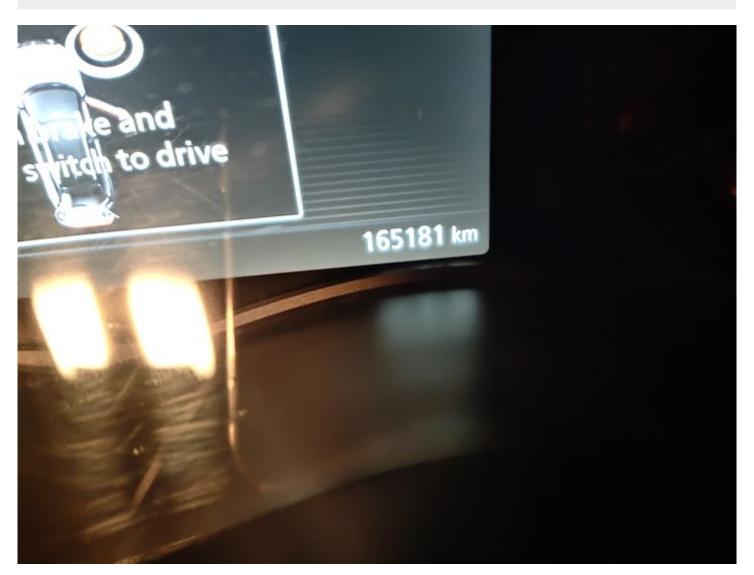
I understand, acknowledge, agree and consent that:

- (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' law yers/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")

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- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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.

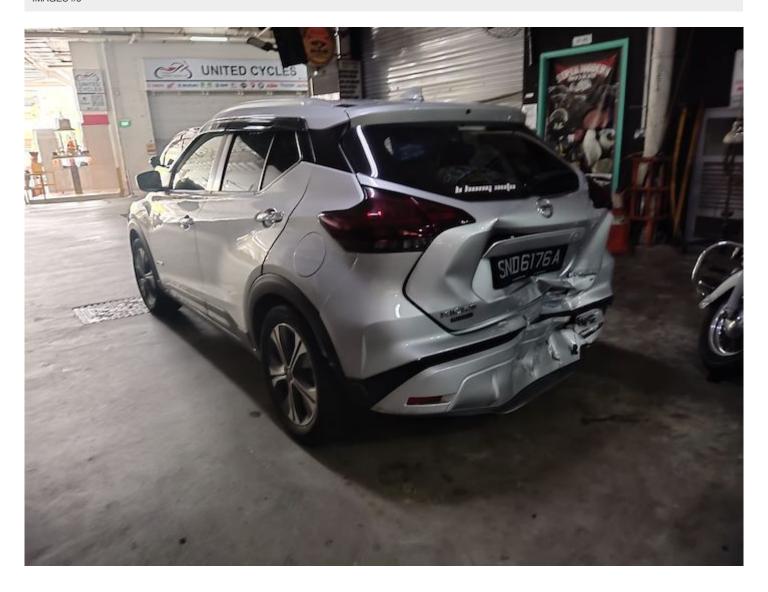
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Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
Sketch Plan		
		A = 5NB 507 > R C = 9KN 7748 >

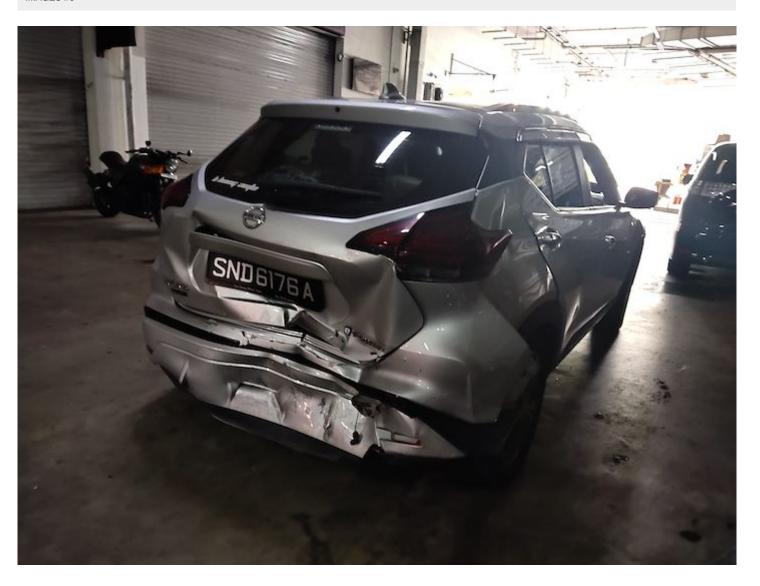




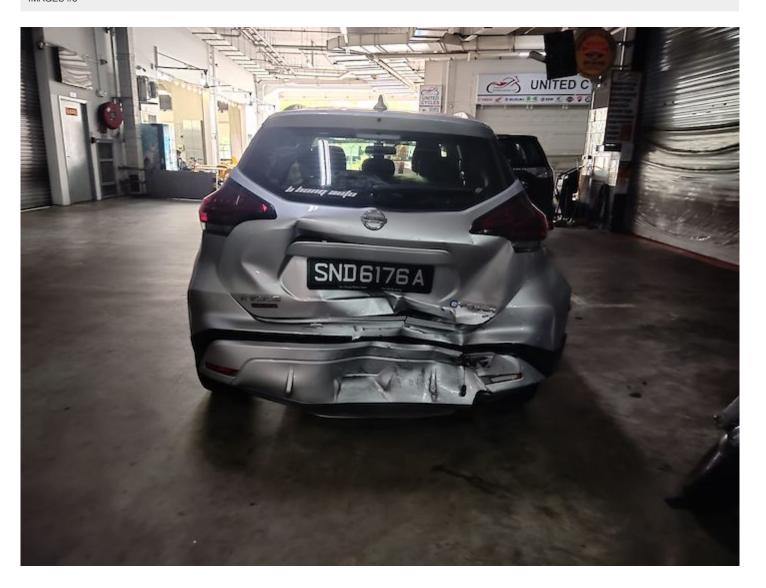
















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20230126/7130

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/01/2023 13:51		Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars			
Name of Informant: NG SEE CHAU			Address: 619 WOODLANDS DRIVE 52 #02-66 SINGAPORE 730619		
ID Type / ID No.: NRIC NO / S7276665B			Contact No.: Home/Office: Mobile: 97497695		
Nationality: MALAYSIAN		Email: NG.SEECHAU@YAHOO.COM			
Sex: Age: Date of Birth: Male 50 27/10/1972			Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: GRAB DRIVER		Driving Licence Inform Class: 3	ation: Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/01/2023 07:00	Type of Location: Straight Road
SELETAR EX	PRESSWAY	Road Surface:		Road Speed Limit:
		Wet		
Raining		AAGI		
Raining Traffic Flow: One Way		Traffic Control: Traffic Light - Work	ACCOUNT OF THE PERSON OF THE P	Traffic Volume: Heavy

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SND6176A	Car	NISSAN	KICKS PREMIUM PLUS 1.2L E -POWER	Silver	Seriously Damaged	1

Details of Vo	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20230126/7130

CONTINUATION OF REPORT

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
SND6176A	NTUC Income Insurance Co-Operative Limited	5125401288-01	14/01/2023	13/01/2024		

Details of Perso	n Involved	Allege 6		N Days in	
Any Pedestrian I	nvolved: No				
No. of Pedestrian	ns Injured: NIL		Use of Ped	destrian Cr	ossing: NA
Driver					
Name	NG SEE CHAU			ID No.	S7276665B
Related Vehicle	SND6176A (Car)			Contact N	No. 97497695
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY			Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	26/01/2023		Date	NI	L
No. of Days gran	ted Medical Leave	05	Degree of	Se	erious

Brief Details.

ON 26.01.2023 AT ABOUT 0700AM, I WAS TRAVELLING ALONG SLE TOWARDS TUAS, I WAS STATIONARY DUE TO THE FRONT TRAFFIC. SUDDENLY VEHICLE B HIT MY CAR REAR PORTION AND PUSHED MY CAR TO HIT VEHICLE C.

I WAS FELT BACK PAIN AND NECK PAIN AFTER THE ACCIDENT. I WAS WENT TO THE OUR FAMILY PHYSICIAN CLINIC & SURGERY TO CHECK UP, THE DOCTOR HAD GAVE ME 5DAYS MC.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20230126/7130

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Signature Of Informant: Not applicable The identity of the person making this report has been authenticated by Singpass. No signature is required. Signature Of Interpreter: Date/Time: Not applicable 26/01/2023 13:51 Officer In Charge Of Case: Classification Of Case: TP / TPIB / MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219 NP168

