

## SINGAPORE ACCIDENT STATEMENT

# **Accident Details**

Who reported the accide	nt?	Owner	/Driver	Both	
Date of Accident:	31/03/2023				
Time of Accident:	19:30				(AM /PM)
Location of Accident:	Junction of	Bishon	street	: 21 and	Bishan Roac
Country/State of Loss:		ingapor	e	,	
Type of Accident:	Hea	d-to-	Rear		
Weather Condition: Clea	r / Raining)		Road Su	rface: Dry	// Wet
If Not in List, please speci	fy				
Are you claiming under yo policy for repair to your v		ce	Yes No	)	
If No, please state action	to be taken		Third Par	ty / Repo	rting Only
Was any foreign vehicle in	nvolved in accide	ent?	Yes / No	i	
If yes, please state Vehicle No & Vehicle Type:			_		
No. of vehicles Involved in	n the accident (ir	nclude ov	vn vehicle	e)	
Has the driver been approaccident claims assistance		own perso	on(s) solid		ering
Was the accident reported to the police?			Yes /No		
If yes, police station name	e:	_			
Was notice of Prosecution	n given?		Yes No		
If yes, against whom?					
<u>Files</u>					
Are accident photos avail	able for attachm	ent?	Yes /No	)	
Was there any video captured?			Yes No		
Was there any audio capt	tured?		Yes /No		

Details of Own Vehicle			
Vehicle Registration No:	SKJ1818T		
Vehicle Category:			
Vehicle Manufacturer:	Mercedes Vehicle Model: Benz CIBO		
Transmission:	Manual / Auto Cc: 1.6		
Exact purpose for which	vehicle was being used at the time of accident:		
Private	Car / Private Use Employment		
No. of passengers (include	ling driver)		
Passenger Name:			
Gender:	Male / Female		
Passenger Name:			
Gender:	Male / Female		
Own Vehicle Policy Handling Insurer:	INcome		
Coverage Type: ACT / 0	Comprehensive / Third Party / Third Party, Fire & Theft		
Fleet Policy:	Yes /No		
Registered Owner Name	Yeo Geok Tee		
ID Type:	UEN NRIC / Passport or FIN / Work Permit		
Registered Owner ID:	96833897 <b>B</b>		
Email:	5-jonathan18@yahoo.com.sg		
Mobile No:	813 1 6133		
Alt. No Type:	Home / Office / Not in List		
If Not in List, please spec	ify		
Owner Alt Phone No:	_		

## **Driver's Information**

Is the dri	ver the policy holder?	Yes / No			
Name of Driver:		S Jonathan			
Gender:		Male / Female			
ID Type:		NRIC / Passport or FIN / Work Permit			
Driver's I	D:	S 7687414Z			
Date of Birth:		18/04/1976			
Driving Pass Date:		20/12/2010			
Mobile N	lo:	9088 9993			
Email:		s-jonathan18@yahoo.com.sg			
Address 1:		BLK 351 Tampines Street 33			
Address :	2:	# 08-476 Postal Code: 520351			
Occupati	on:	Indoor Outdoor			
Driver Owner Relationship Spouse		Spouse			
Does Driv	ver own other vehicles	? Yes No			
If yes, ple	ease provide Vehicle Re	egistration No:			
Handling Insurer:					
TP Vehicle or Property					
Was there any other vehicle or property damaged? Yes/ No					
If yes, ple	ease provide:				
(i) (ii) (iii)	Vehicle Registration N Vehicle Category: No. of passengers (inc	lo: SNHG750			
Passenge	er Name:				
Gender:	Male / Fema	ale			

<u>Translation</u>						
Was the Sketch Plan Statement translated from another language?						
Yes / No						
Name of Translator:						
ID Type: NRIC / Passport or FIN / Work Permit						
Phone No:						
Email:						
What is the original language used in the statement?						
English / Mandarin / Malay / Tamil / Others:						
Please attach the following documents:						
<ul> <li>Original report in original language</li> <li>Translated report to English</li> </ul>						
Injured Person's Details						
Was anyone injured in the accident? Yes No						
Any injured conveyed to hospital by Ambulance? Yes / No						
If yes, please provide:						
(i) Name:						
(ii) Gender: Male / Female						
(iii) Injured Person in which Vehicle?						
(iv) Full Address:						
Witness Details						
Was there any witnesses?						
If yes, please provide:						
Witness Name:						

Witness Contact:

#### SKETCH PLAN

### 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 <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.
- 6. This report will be forwarded by the insurers to 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)

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.

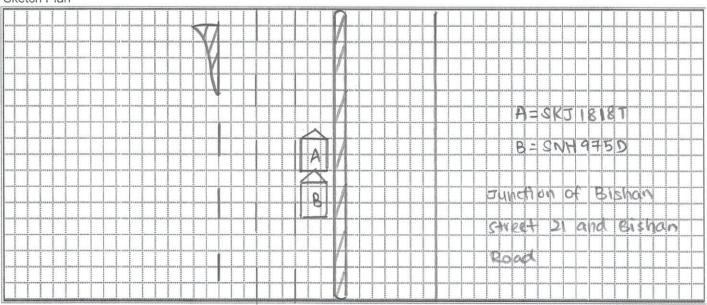
Policyholder's Signature / Date & Time

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

& Time

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





Describe Circumstance of the Accident
Refer to Attached
/ /
/

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

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

On 31.03.2023 at about 19:30 hours at Junction of Bishan Street 21 and Bishan Road, I was stationary on lane 1 (along Bishan Street 21) as the traffic light was red.

Suddenly, I heard a loud bang and felt a great impact from behind. When I alighted, I then realised it was vehicle (B) that collided onto the rear portion of my vehicle (A).

Vehicle (A): SKJ 1818T

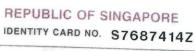
Vehicle (B): SNH 975D

Yeo



SKJ1818T Owner







Name

S JONATHAN

Race INDIAN Date of birth 18-04-1976 Country of birth MALAYSIA

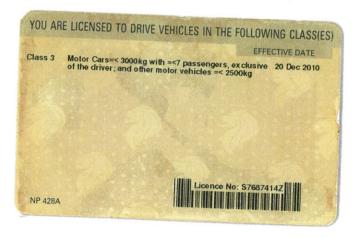


SKJ1818T Driver





SKJ1818T Driver





### 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: 5124527578-01 Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : SKJ1818T

Chassis Number : WDD2050402R279845

Name of Policyholder
 Effective Date of Insurance
 Expiry Date of Insurance
 YEO GEOK TEE
 22 Nov 2022
 Expiry Date of Insurance
 21 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 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) : N/A
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 (FREE)
ROADSIDE ASSISTANCE AND WELLNESS COVER : YES
TRANSPORT ALLOWANCE : NO
EXCESS WAIVER : YES
PRIMARY DRIVER : S JONATHAN
NAMED DRIVER (1) : N/A

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 : META AGENCY PTE. LTD. (00000573430)

Date of Issue : 26 Oct 2022 13:57 hrs

#### For INCOME INSURANCE LIMITED

Sun

Chief Executive