

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 | 31/03/2023 15:17 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 30/03/2023 17:35 (SGT) |
| Exact Location of Accident | New Bridge Rd, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SJF8472T |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|----------------------|
| Is company? | Yes |
| Name Of Registered Owner | EUWEN MOTORS PTE LTD |
| Company Reg No | 202210920K |
| Email Address | CHUAPWX@GMAIL.COM |
| Mobile Phone No | (Phone) +65-83333396 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | ALTIS |
| 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 | 1600 |

INSURANCE COMPANY

| | |
|---|--------------------------|
| Name of Insurance Company | Income Insurance Limited |
| Policy Number / Cover Note Number | 5133009896 |

DRIVER

| | |
|----------------------|------------------|
| Name of Driver | WONG HSIEN LOONG |
| NRIC No | S7102396F |
| Date Of Birth | 19/01/1971 |
| Occupation | Outdoor |

| | |
|--|--------------------------------|
| Date Of Driving Pass | 29/09/2017 |
| Driving experience | 5 YEARS AND 6 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-83333396 |
| Alt. Phone Number | - |
| Email Address | CHUAPWX@GMAIL.COM |
| Address | BLK 327 CLEMENTI AVE 5 #10-197 |
| Address complement | - |
| Postcode | 120327 |
| 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 | 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 POLICE REPORT: T/20233031/7039.

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 | SHC3010R |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |

| | |
|---|-----------|
| Vehicle Colour | - |
| Vehicle Category | Taxi |
| Name of Driver | - |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | VEHICLE B |
| No. Of Passenger (Including Driver) | - |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|------------------|
| Name of injured person | WONG HSIEN LOONG |
| Gender | Male |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SJF8472T |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 insurers who have insured vehicle(s) involved in this accident (all insurers 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 purposes 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 Insurers 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 also 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.



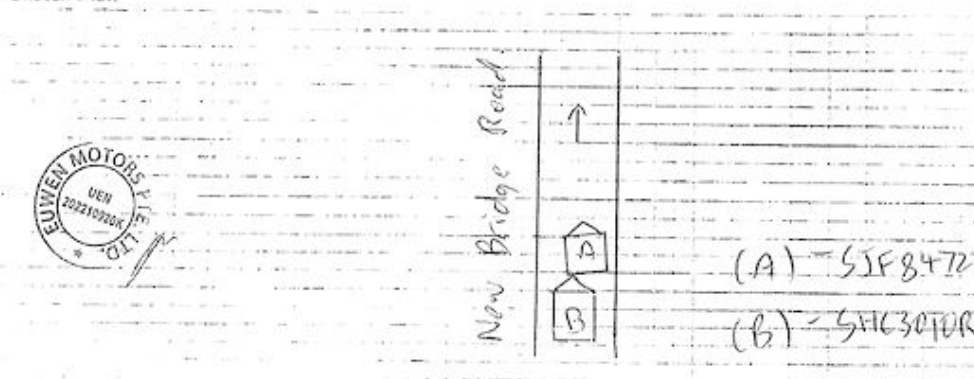
Policyholder's Signature / Date & Time

Wang

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

— Refer to police report attached —
 Report No. : T/20230331/7039



Declaration

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



Holder's Signature Date & Time

Wang

Driver's signature, if driver is not the holder, name Date & Time

Witnessed by Reporting Centre Personnel















**SINGAPORE
POLICE FORCE**



T/20230331/7039

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

1 of 3

Report No, T/20230331/7039

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made: 31/03/2023 13:40 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: WONG HSIEN LOONG | | | Address: 21 WEST COAST CRESCENT #08-02 SINGAPORE 128045 | | |
| ID Type / ID No.: NRIC NO / S7102396F | | | Contact No.: Home/Office: Mobile: 83333396 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: HSIENLOONG_WONG@YAHOO.COM.SG | | |
| Sex: Male | Age: 52 | Date of Birth: 19/01/1971 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: SALES EXECUTIVE | | | Driving Licence Information: Class: | | Date of Expiry: |

General Information of the Accident

| | | | | |
|--|------------------|---|--|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 30/03/2023 17:35 | Type of Location: Straight Road |
| Location: UPPER PICKERING STREET | | | | |
| Weather: Raining | | Road Surface: Wet | | Road Speed Limit: 30 Km/h |
| Traffic Flow: One Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: Moderate |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
|-------------|------|------|-------|-------|----------|-------|
| SHC3010R | Car | | | | | 0 |
| SJF8472T | Car | | | | | 0 |

Details of Person Involved

| | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE
POLICE FORCE**



T/20230331/7039

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

2 of 3

Report No. T/20230331/7039

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|------------------|-----------------------------------|-----------------------------------|
| Driver | | | |
| Name | WONG HSIEN LOONG | ID No. | S7102396F |
| Related Vehicle | SJF8472T (Car) | Contact No. | 83333396 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | 31/03/2023 | Date | 31/03/2023 |
| No. of Days granted Medical Leave | 03 | Degree of | Serious |

Brief Details.

On the stated date & time, I was driving my Vehicle SJF8472T from Havelock Road, making a right turn to New Bridge Road on the extreme right lane. I stopped as there was pedestrian crossing on the green man light. After i have stopped for around 3 seconds, I suddenly felt a huge impact from the rear. When I alighted, I realised it was Vehicle SHC3010R who collided into the rear portion of my Vehicle, causing damages to my Vehicle SJF8472T, causing damages to my Vehicle.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000



T/20230331/7039

3 of 3

Report No. T/20230331/7039

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 /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476219

NP168

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

Date/Time:
31/03/2023 13:40

Classification Of Case:



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: 5133009896

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SJF8472T**
 Chassis Number : **MR053ZEE106110735**
2. Name of Policyholder : **EUWEN MOTORS PTE. LTD.**
3. Effective Date of Insurance : **29 Dec 2022**
4. Expiry Date of Insurance : **28 Dec 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 the carriage of passengers for reward purposes.
- (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) | : S\$1,500 |
| ADDITIONAL EXCESS | : N/A |
| REPAIR AT OWNER'S PREFERRED WORKSHOP | : NO |
| INSURE WITH COE | : N/A |
| NCD PROTECTION | : NO |
| PRIMARY DRIVER | : N/A |
| NAMED DRIVER (1) | : N/A |
| NAMED DRIVER (2) | : N/A |
| HIRE PURCHASE COMPANY | : N/A |
| SUM INSURED | : N/A |

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 : **IVAN INSURANCE BROKERS PTE LTD (00000691209)**
 Date of Issue : **28 Dec 2022 15:53 hrs**

For **INCOME INSURANCE LIMITED**

Chief Executive

EUWEN MOTORS PTE LTD Address: 756 Upper Serangoon Rd #01-27A S(534626)
Registration No.: 202210920K

This Document Shall Form Part of the Rental Agreement and All Other Terms and Conditions Remain Unchanged.

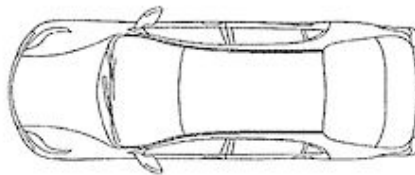
| | |
|---|--|
| Vehicle Registration No: 3JF8472T | Date & Time Out: 29/12/2022 @ 11:05am |
| Make & Model: TOYOTA COROLLA ALTIS 1.6A | Date Return/Rental Period: 6 months |
| NON WAIVER EXCESS \$1500 (THIRD PARTY) Not covered For Drivers Less Than 2 Years Experience OR Below 22 Years Old | Petrol: E <input checked="" type="radio"/> F <input type="radio"/> |

D: DENT / C: CRACK / S: SCRATCH / G: GAP / P: PAINT OFF

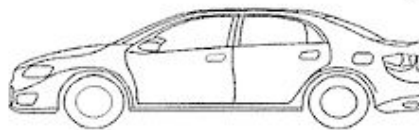
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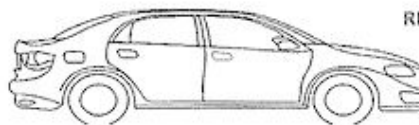
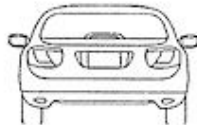
Video Recorded: YES / NO



LEFT VIEW



RIGHT VIEW



| | |
|--|---|
| Interior & Exterior Check | |
| Wing Mirror (Function Check): YES / NO | Tool Kit (Hook / Jack / Wrench): YES / NO |
| Audio Player : YES / NO | Car Mat (4 / 5 PCS) : YES / NO |
| Spare Tyre / Rim : YES / NO | PHV Decal : YES / NO |

I Acknowledged That The Vehicle Assessment Was Inspected By Myself With The Presence Of A Rental Staff.

Vehicle Hirer's Signature:

Rental Staff's Signature:



| | |
|----------------------------|--------------------------------------|
| HIRER'S PARTICULARS | |
| Name (as in NRIC): | WONG HSIEN LUNG |
| NRIC/ Passport No.: | 37102316F |
| Date of Birth: | 19-01-1971 |
| Residential Address: | 327 CLEMENTI AVE S #10-147 S(120327) |
| Email Address: | |
| Contact No.: | 82333376 / 96899908 |

Kindly Remove All Your Cash & Valuables From The Vehicle When You Return.

Hirer's Signature

Name:

NRIC: