

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 | 21/11/2022 13:05 (SGT) |
| Reported by | Driver |
| Date of Accident | 19/11/2022 08:00 (SGT) |
| Exact Location of Accident | Pioneer Rd North, Singapore 627606 |
| Additional Location Information | PIONEER ROAD NORTH |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SMN4834G |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|--------------------------|
| Is company? | Yes |
| Name Of Registered Owner | ADVANCE CR PTE LTD |
| Company Reg No | 201320997M |
| Email Address | PEIJIE@EXPRESSCAR.COM.SG |
| Mobile Phone No | (Phone) +65-91998131 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Honda |
| Model | Freed |
| Variant | HYBRID 1.5G AUTO |
| Exact purpose for which vehicle was being used at time of accident | Private hire |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Private hire |
| Transmission | Auto |
| CC | 1496 |

INSURANCE COMPANY

| | |
|---|--------------------------|
| Name of Insurance Company | Income Insurance Limited |
| Policy Number / Cover Note Number | 5121553281-01 |

DRIVER

| | |
|----------------------|---------------|
| Name of Driver | CHENG NEE KOK |
| NRIC No | S7342092Z |
| Date Of Birth | 21/10/1973 |
| Occupation | Outdoor |

| | |
|--|--|
| Date Of Driving Pass | 22/09/1997 |
| Driving experience | 25 YEARS AND 2 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-98458582 |
| Alt. Phone Number | - |
| Email Address | PEIJIE@EXPRESSCAR.COM.SG |
| Address | BLK 655A JURONG WEST STREET 61 #16-526 |
| Address complement | - |
| Postcode | 641655 |
| 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? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| 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 | Tampines Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18005871999 |
| Alt. Police Station Phone No | (Fax) +65-65871699 |
| Police Station Address | 6 Tampines Ave 4 Singapore 529682 |
| 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? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|--------|
| Vehicle Registration Number | XE388X |
| Vehicle Manufacturer | Volvo |
| Vehicle Model | - |
| Vehicle Variant | - |

| | |
|---|----------------------|
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | RAMAIAH PALANIYAPPAN |
| NRIC No | G7823573Q |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

Describe Circumstances of the Accident

This morning around 8:00am I was on the way home my last trip at Pioneer Rd north
Abit to Redch Home, stopping at junction along Pioneer Rd north waiting traffic light
to change green light suddenly a lorry hit from my ~~car~~ back of my car.

Declaration

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 & Time

Witnessed by Reporting Centre Personnel

SKETCH PLAN

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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

[Signature]

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

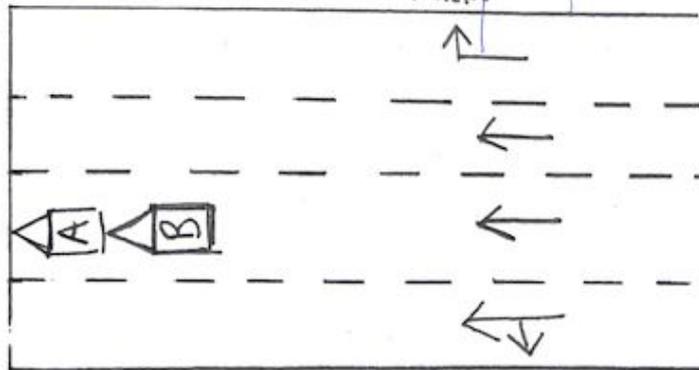


Witnessed by Reporting Centre Personnel

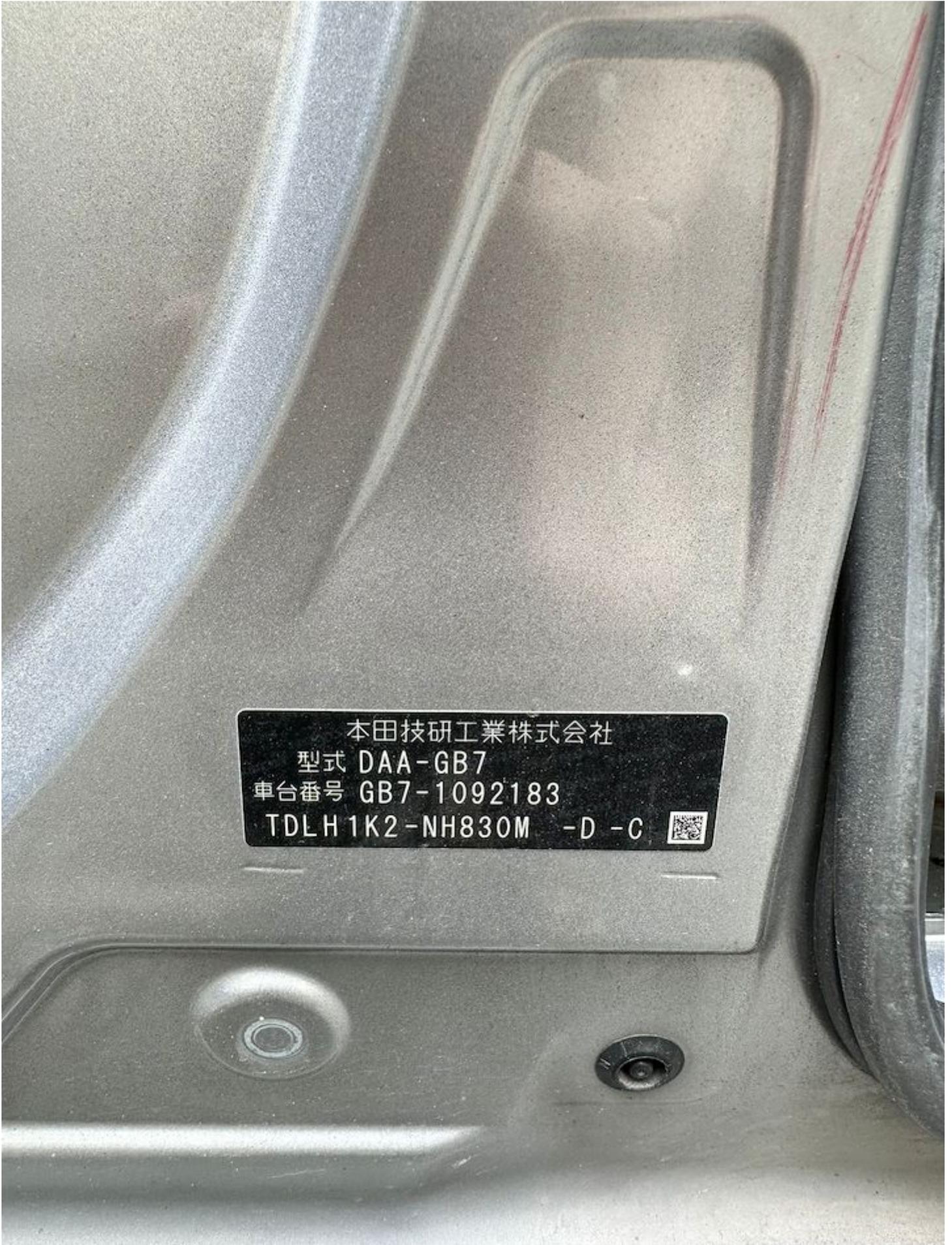
Sketch Plan

A-5MN4834G

B-XE388X



















**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999



T/20221119/2031

1 of 3

Report No. T/20221119/2031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
19/11/2022 13:24

Vide Report No.:

Station Diary No.:
66

Informant's Particulars

| | | | | | |
|--|------------|------------------------------|--|----------------------------|-----------------|
| Name of Informant: CHENG NEE KOK | | | Address: APT BLK 655A JURONG WEST STREET 61 #16-526 SINGAPORE 641655 | | |
| ID Type / ID No.: NRIC NO / S7342092Z | | | Contact No.: Home/Office: Mobile: 98458582 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: CHENG0343@YAHOO.COM.SG | | |
| Sex: Male | Age: 49 | Date of Birth: 21/10/1973 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | Institution / School Name: | |
| Occupation: PVT HIRE DRIVER | | | Driving Licence Information: Class: 3A,4 | | Date of Expiry: |

General Information of the Accident

| | | | | |
|--|---------------|---|--|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 19/11/2022 08:00 | Type of Location: X-Junction |
| Location: PIONEER ROAD NORTH | | | | |
| Weather: Drizzling | | Road Surface: Wet | | Road Speed Limit: |
| Traffic Flow: Dual Carriage 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 | Condition | No of Passenger |
|-------------|-------|-------|-------|--------|-------------------|-----------------|
| SMN4834G | Car | HONDA | FRED | Silver | Seriously Damaged | 0 |
| XE388X | Lorry | | | | No Damage | 0 |

Details of Person Involved

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



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6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999



T/20221119/2031

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Report No. T/20221119/2031

CONTINUATION OF REPORT

| Driver | | | |
|-----------------------------------|---------------------------------------|--|------------------------------------|
| Name | CHENG NEE KOK | ID No. | S7342092Z |
| Related Vehicle | SMN4834G (Car) | Contact No. | 98458582 |
| Hospital/Clinic | OUR FAMILY PHYSICIAN CLINIC & SURGERY | Class of Driving Licence & Expiry Date | Class: 3A,4 Date of Expiry: NIL |
| Date Treatment | 19/11/2022 | Date Discharge | 19/11/2022 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight |
| Driver | | | |
| Name | RAMAIAH PALANIYAPPAN | ID No. | G7823573Q |
| Related Vehicle | XE388X (Lorry) | Contact No. | 94235744 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On 19/11/2022 at about 0800hrs at the junction of Pioneer Road North and Kain Teck Way heading toward Jurong West, I am travelling in my vehicle-SMN4834G and had stopped due to red light. About few minutes later, I felt a bang at the rear portion of my vehicle and my vehicle inch forward. I step out of my vehicle to make a check and spoke to the driver. We agreed to settle the issue via insurance. The damage to my vehicle was at the rear portion and had been towed back to my rental company.

I am still feeling fine during the accident. However, I started to feel unwell and proceed to see a doctor and i was given 3 days mc.



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POLICE FORCE**

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6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999



T/20221119/2031

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Report No. T/20221119/2031

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

| | |
|---|--|
| Signature of Officer Recording The Report: G / SI Foo Chih Soon  | Signature Of Informant:  |
| Signature Of Interpreter: Not applicable | Date/Time: 19/11/2022 13:24 |
| Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414 | Classification Of Case: |

NP168

