

## 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	03/05/2023 14:50 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	28/04/2023 22:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BUANGKOK VIEW
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFK636L
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEO BI QIN (ZHANG BIQIN)
NRIC No	S8411474Z
Email Address	shawnfan78@yahoo.com
Mobile Phone No	(Phone) +65-92376622
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Qashqai
Variant	SUV
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	1200

#### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5132859132

#### DRIVER

Name of Driver	FAN BOON KION
NRIC No	S7803797J
Date Of Birth	27/02/1978
Occupation	Indoor

Date Of Driving Pass	15/12/2003
Driving experience	19 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92376622
Alt. Phone Number	-
Email Address	shawnfan78@yahoo.com
Address	APT BLK 282C SENGKANG EAST AVENUE
Address complement	#13-559
Postcode	543282
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 - Cross Junction
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?	Yes
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	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

SEE ATTACHED SKETCH PLAN, PHOTO, POLICE REPORT AND VIDEO FOOTAGE

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLH3078Y
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-



Vehicle Colour	Gray
Vehicle Category	Private hire
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	FAN BOON KION PAN WENGQUIANG
Gender	Male
Phone No	(Phone) +65-92376622
Address	APT BLK 282C SENGKANG EAST AVENUE
Address Complement	#13-559
Post Code	543282
Approximate Age Years Old	45
Injuries Sustained	HEAD INJURY, NECK PAIN, BODY PAIN, LEG LEFT AND RIGHT BRUISES
Injured person in which vehicle?	SFK636L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

### 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 truthful and accurate as possible. Any willful 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 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 a/crossed.
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 used outside of Singapore, for one or more of the above Purposes.

02/05/2023 5:58  
Sketch Plan

Driver's Signature of driver is not the policyholder: (Date & Time: 02/05/2023 15:58

Autolution Industrial Pte Ltd  
19 Ubi Road  
Singapore 408628  
Tel: 64939655 Fax: 6646 7483  
Witnessed by: Training Centre Personnel  
(Signed as in Part C) (Sd)

A. SFK636L  
 B. SLH3078Y



Describe Circumstance of the Accident

Empty lined area for describing the accident circumstances.

Declaration

We declare the foregoing particulars are true in every respect

*[Signature]*  
 Policyholder's Signature / Date & Time  
 02/05/2023  
 15:58

*[Signature]*  
 Driver's Signature (if driver is not the policyholder) / Date & Time  
 02/05/2023  
 15:58

AUTOLUTION INDUSTRIAL PTE LTD  
 19 UBI ROAD 4  
 SINGAPORE 408623  
 TEL: 6790 1666 / FAX: 6846 7483  
 Witnessed by Reporting Centre Personnel  
 (Name as in NRIC/ID card) *ETIMER AIFONSO*  
 6XXXX824L 2







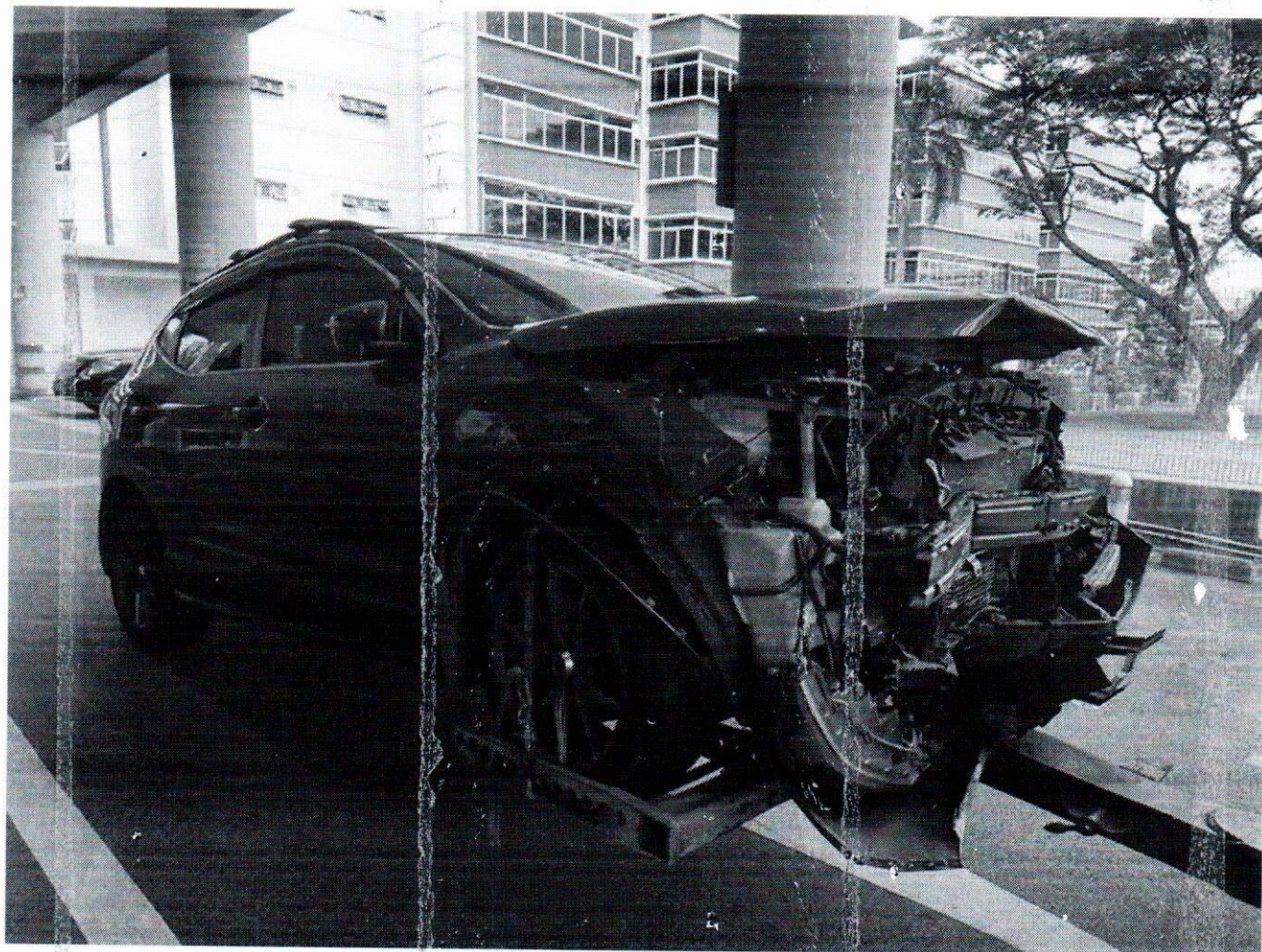




IMAGES #3



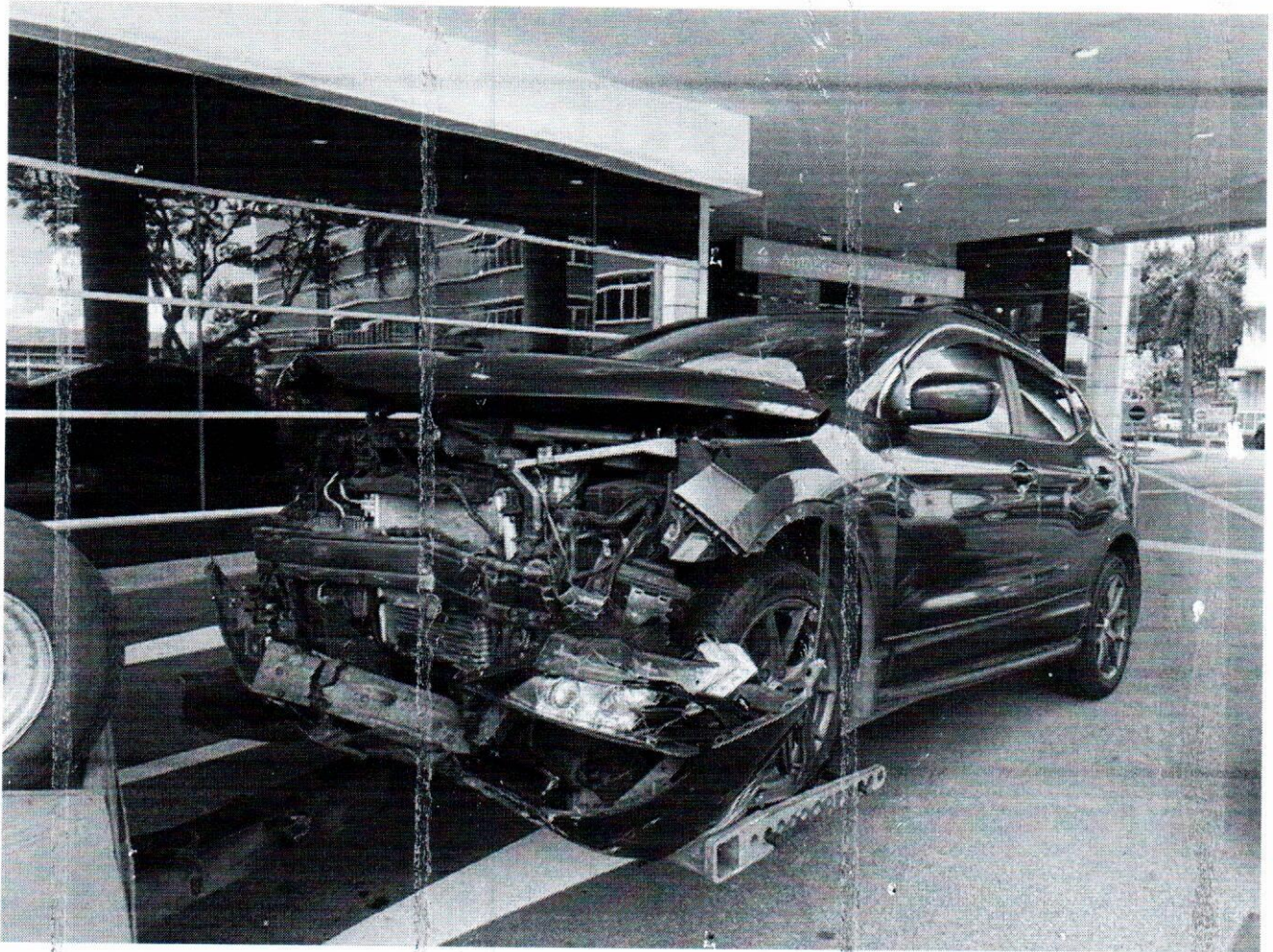






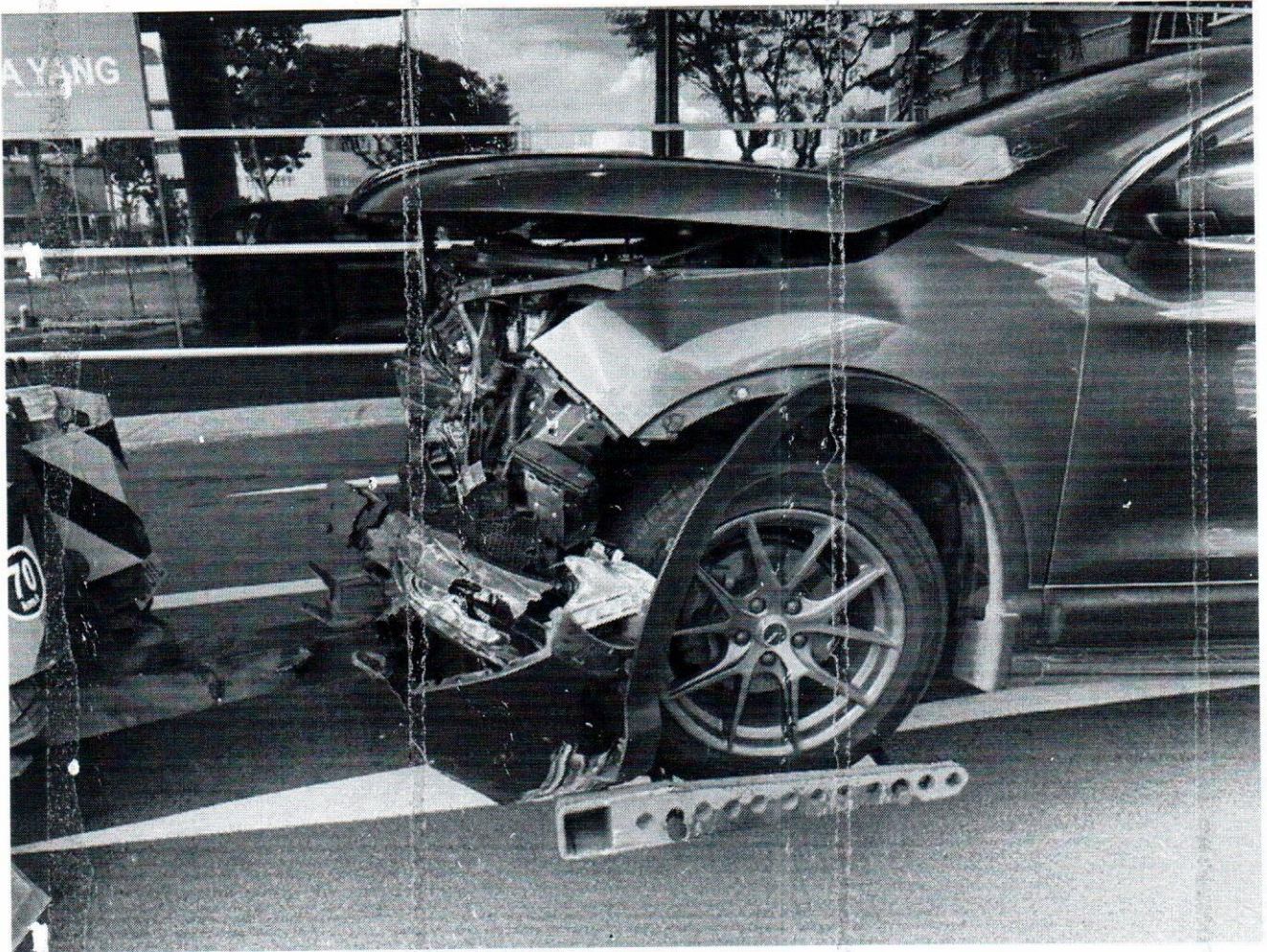








IMAGES #7

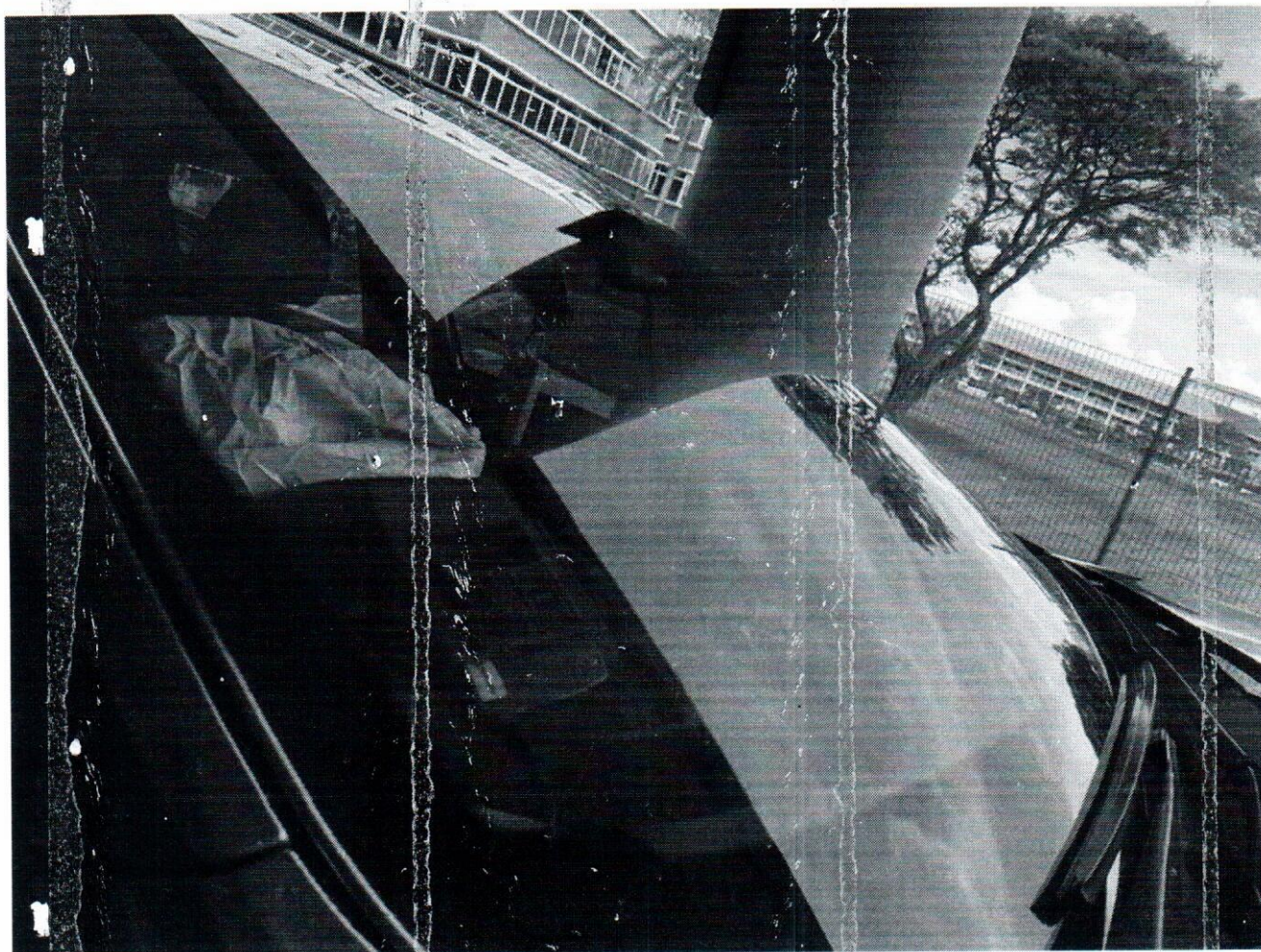








IMAGES #9









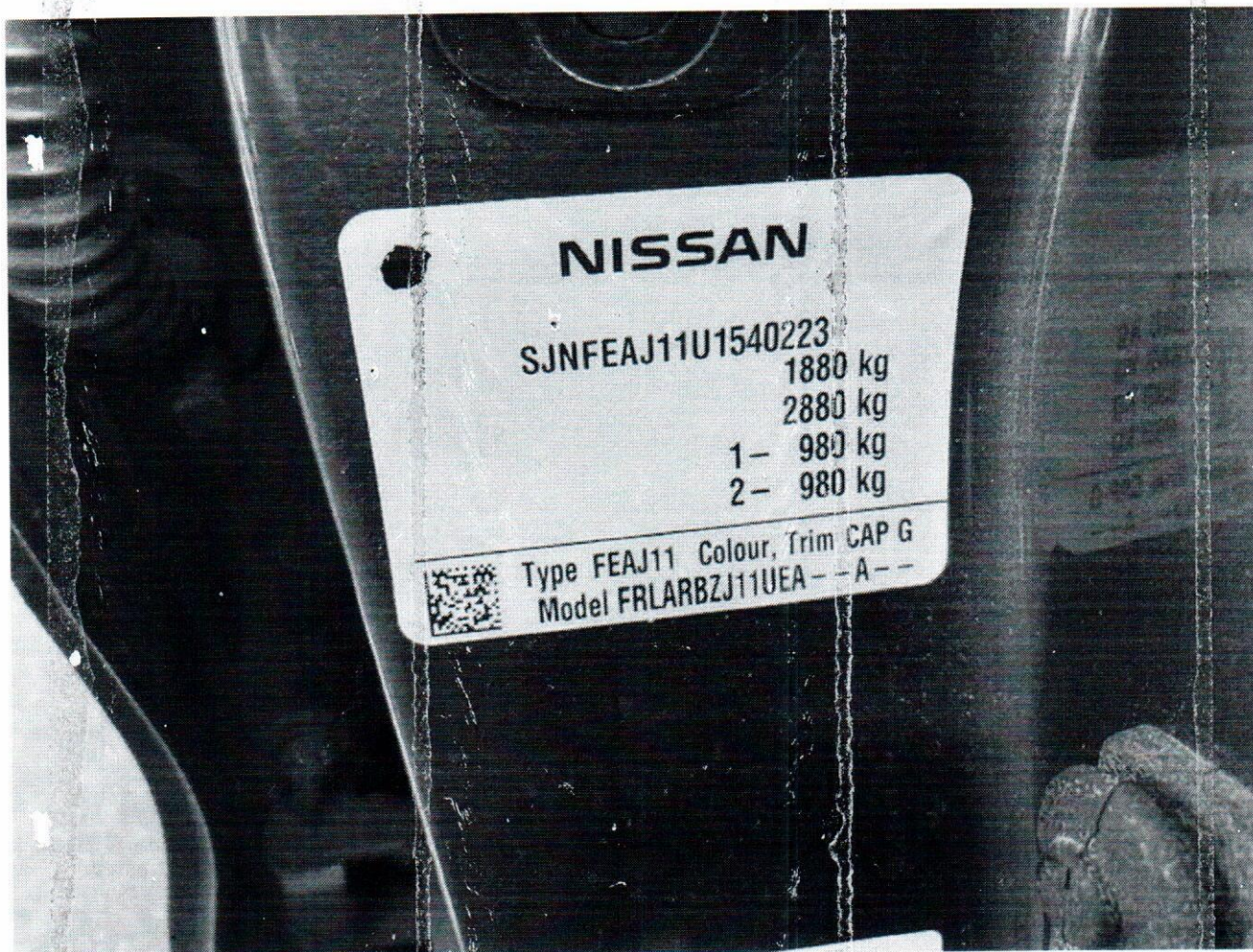
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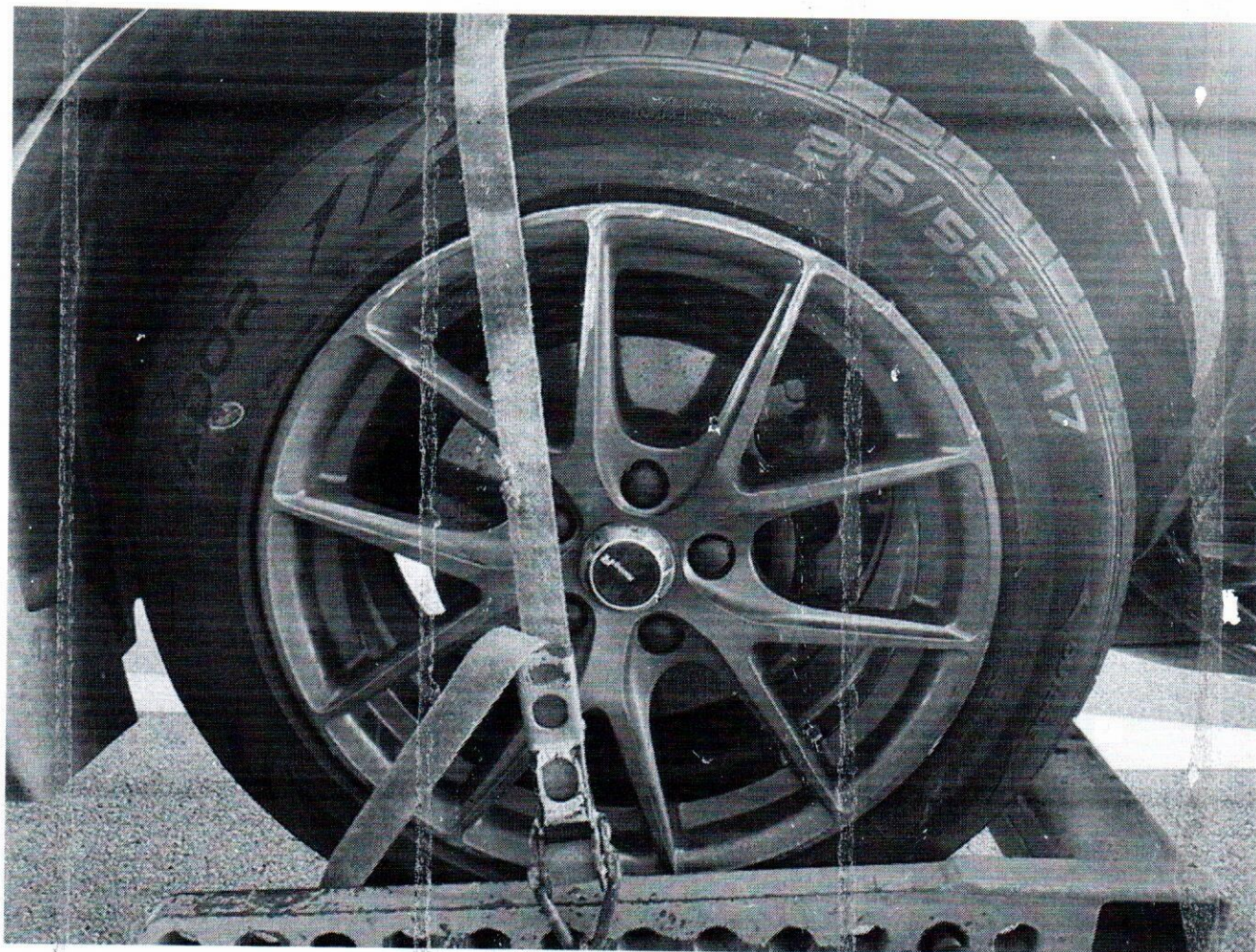






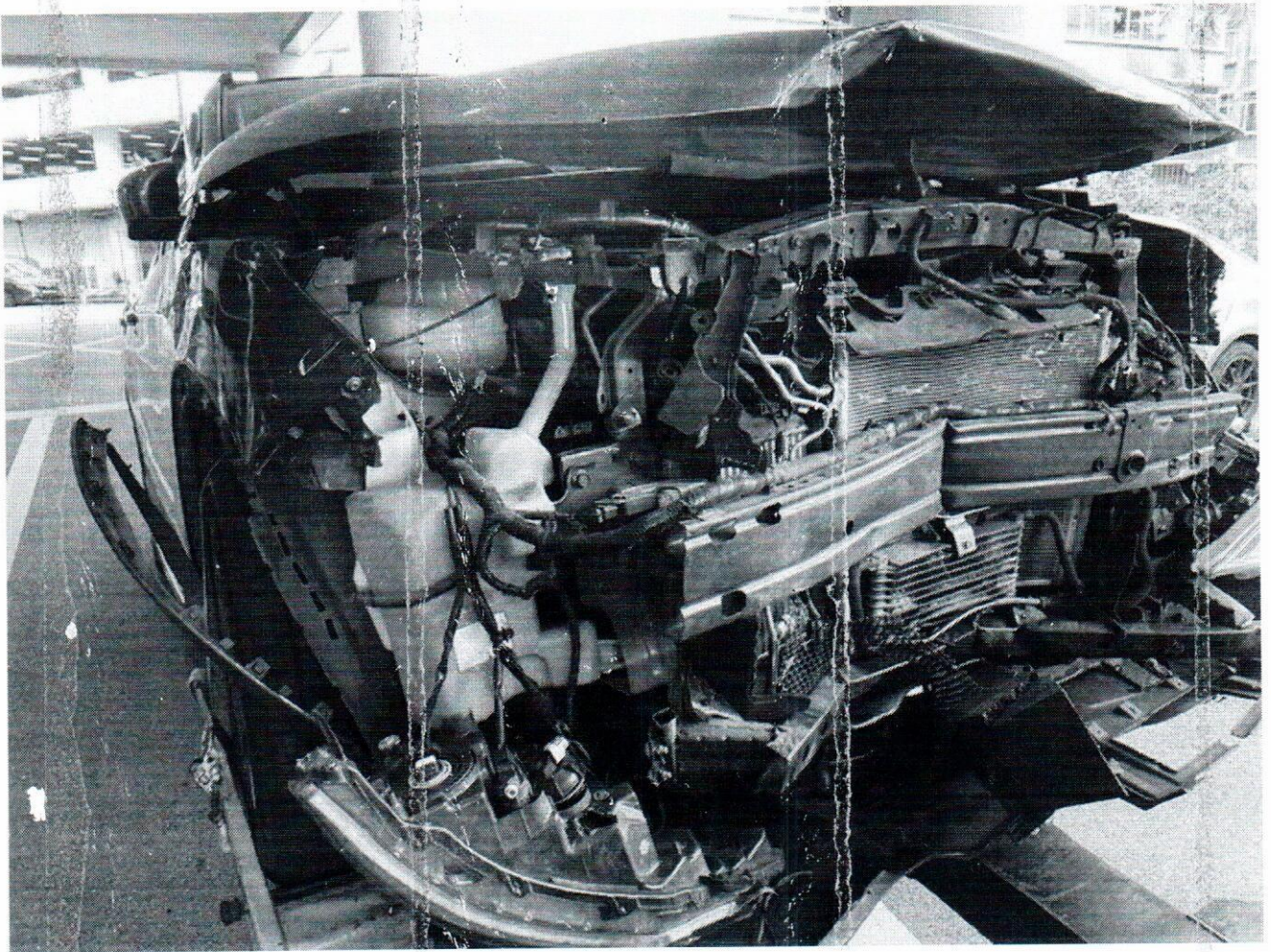




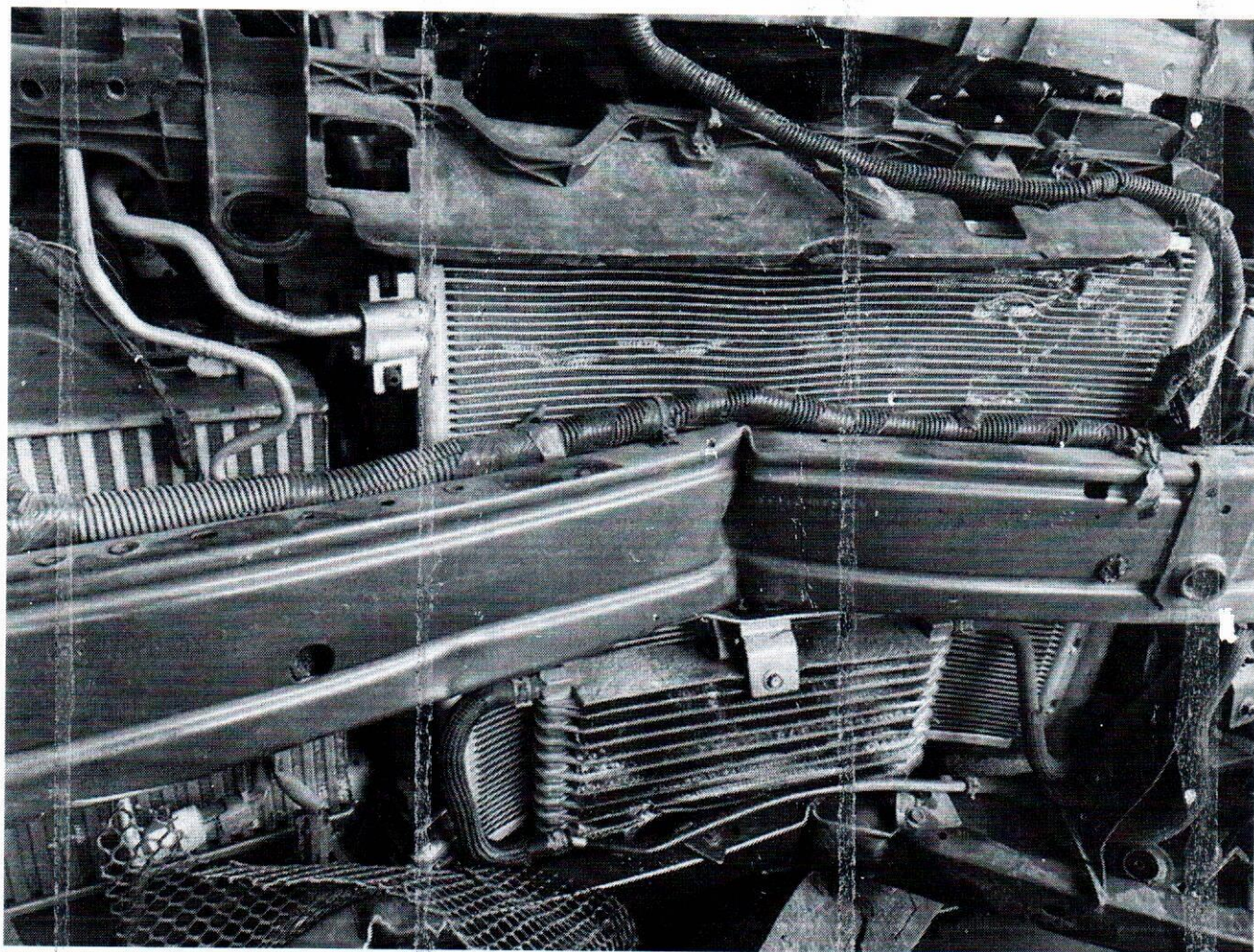




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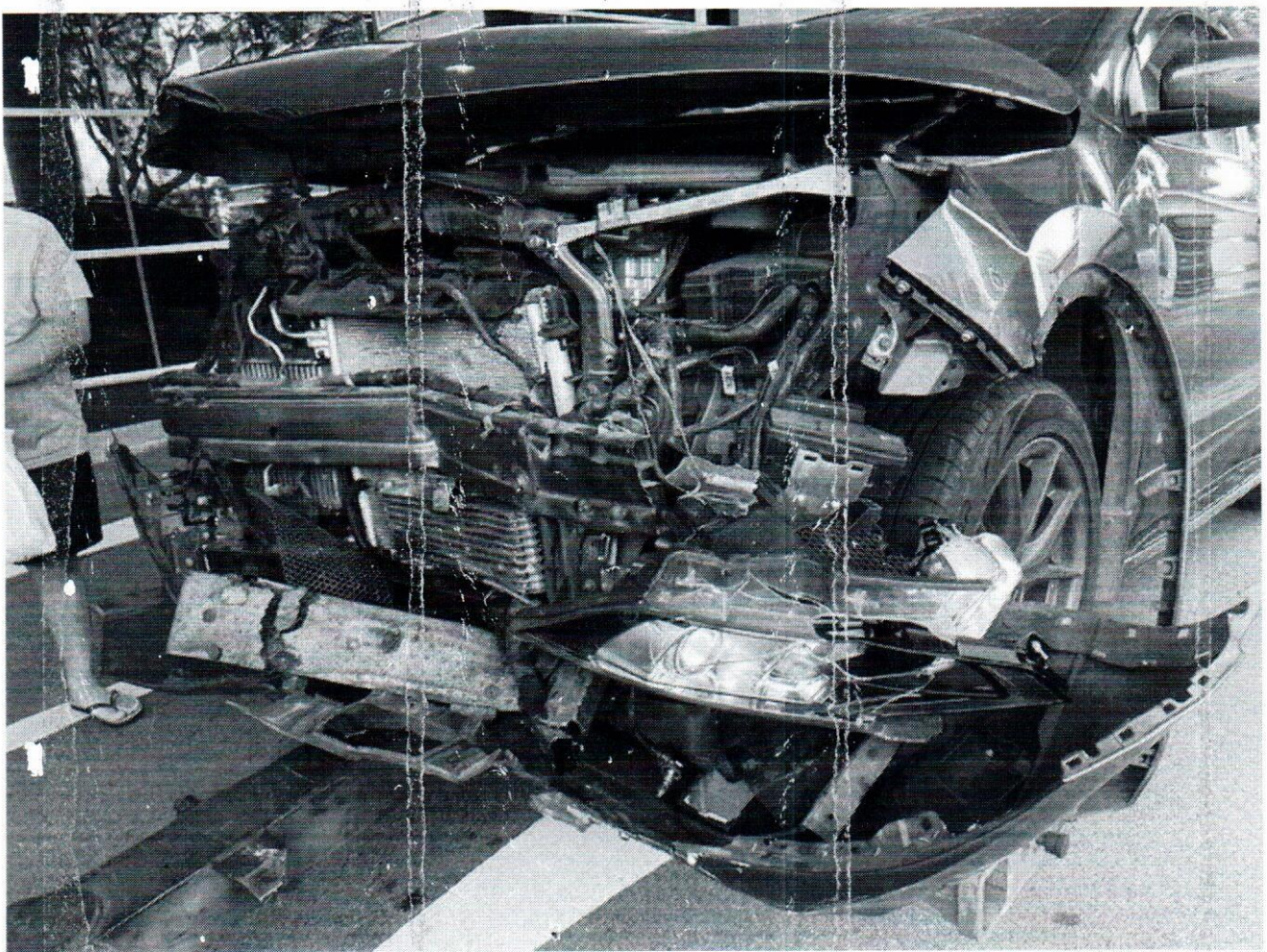




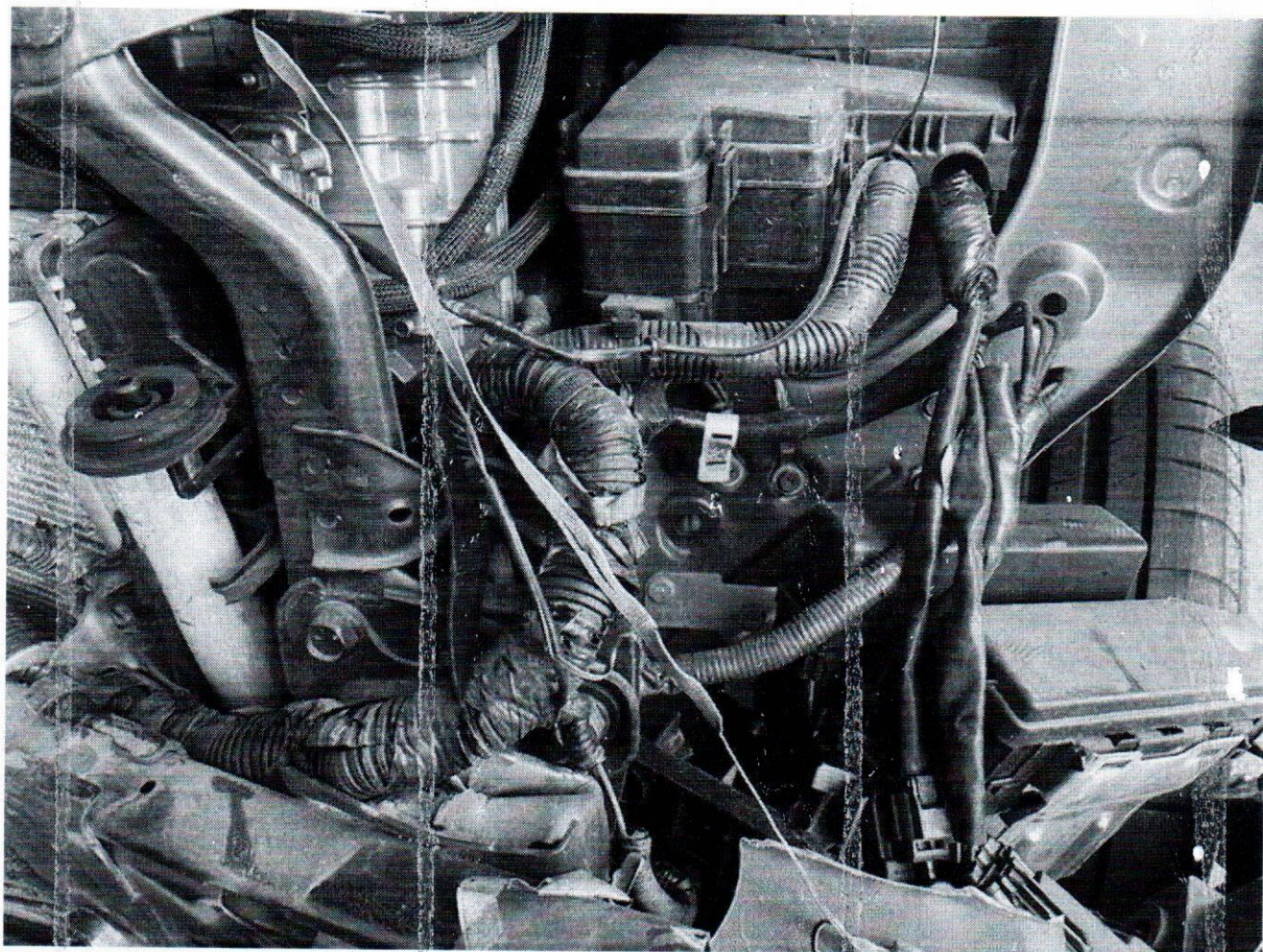




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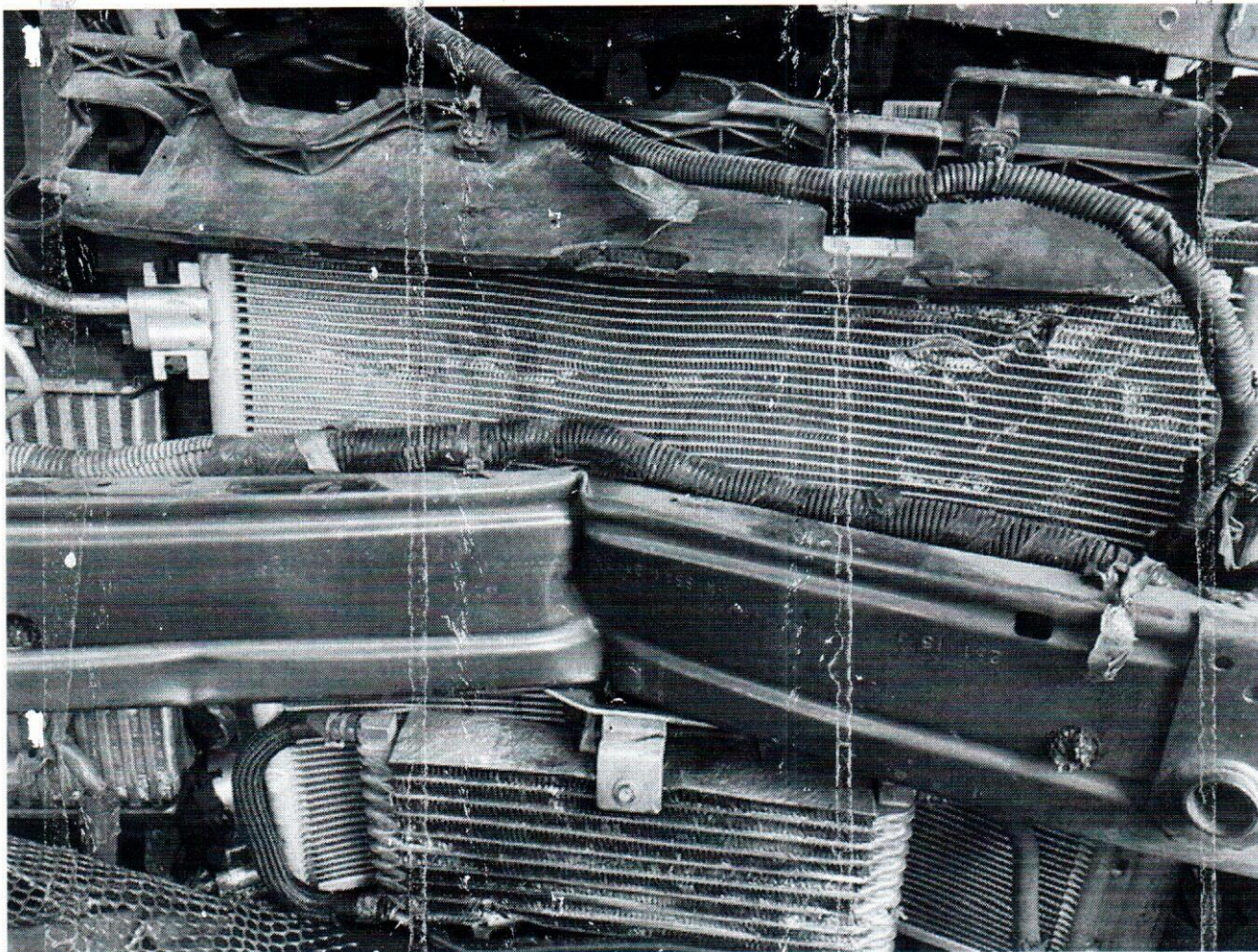




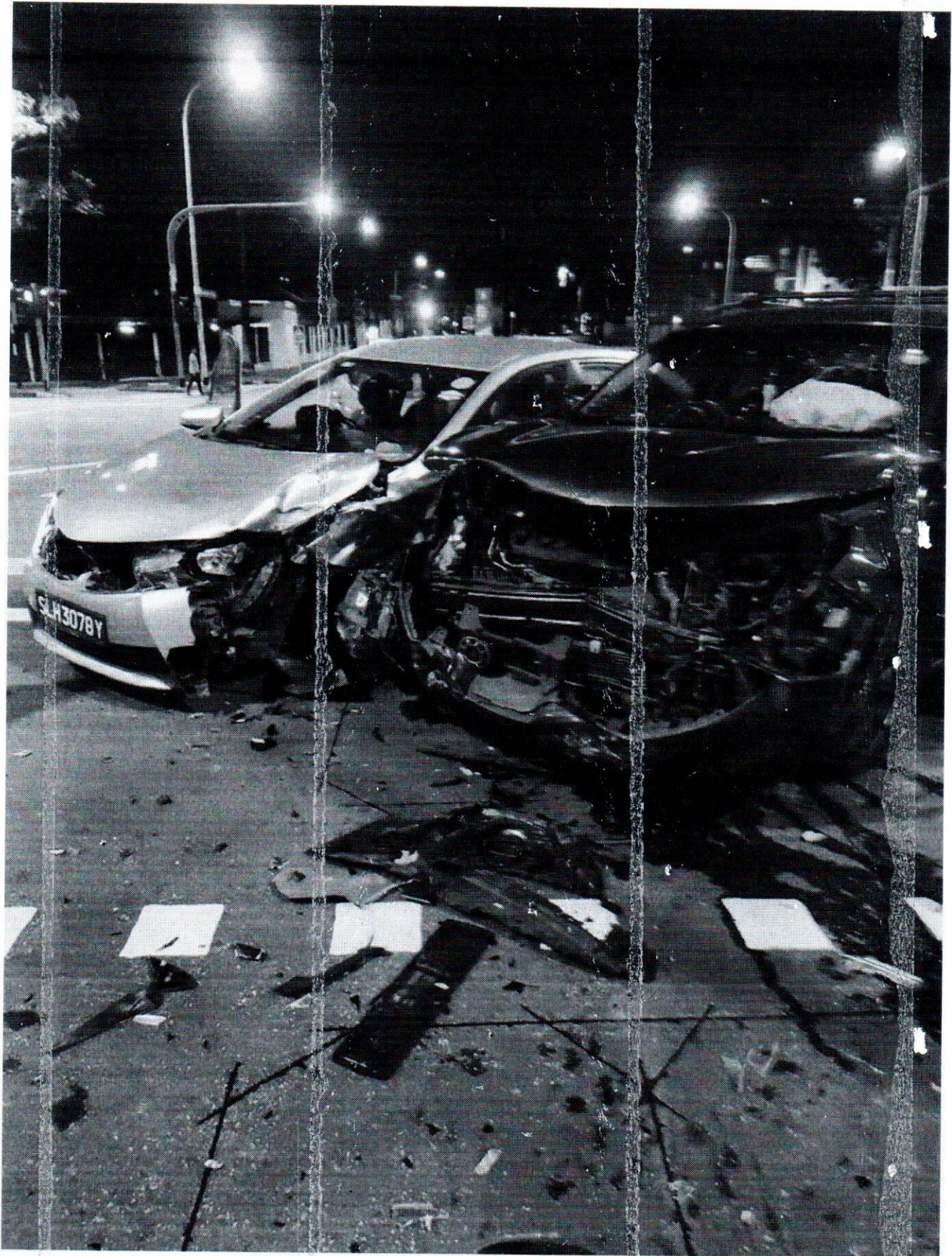




IMAGES #19











**SINGAPORE  
POLICE FORCE**



T/20230429/2026

1 of 3

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Report No: T/20230429/2026

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/04/2023 10:32		Vide Report No.:		Station Diary No.: 63
<b>Informant's Particulars</b>				
Name of Informant: FAN BOON KION		Address: APT BLK 282C SENGKANG EAST AVENUE #13-559 SINGAPORE 543282		
ID Type / ID No.: NRIC NO / S7803797J		Contact No.: Home/Office: Mobile: 92376622		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 45	Date of Birth: 27/02/1978	Type of Informant: Driver.	
Race: Chinese		Language:		
Occupation: OPERATIONS MANAGER		Driving Licence Information: Class:		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 28/04/2023 22:00	Type of Location: X-Junction
Location:  BUANGKOK VIEW				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFK636L	Car	NISSAN		Brown	Seriously Damaged	0
SLH3078Y	Car	TOYOTA		Silver	Seriously Damaged	3

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA









**SINGAPORE  
POLICE FORCE**



T/20230429/2026

2 of 3

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Report No. T/20230429/2026

## CONTINUATION OF REPORT

Driver			
Name	FAN BOON KION	ID.No.	S7803797J
Related Vehicle	SFK636L (Car)	Contact No.	92376622
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	28/04/2023	Date Discharge	28/04/2023
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

**Brief Details.**

On 28/03/2023 at about 2200hrs, while I was driving along Buangkok View, right outside of IMH the said vehicle (SLH3078Y) made a right turn upon seeing the green light without waiting for the straight lane to be cleared. My vehicle was going straight when he made an right turn causing the accident. The impact was huge as my car hit straight onto the left side of his vehicle. The front portion of my vehicle (SFK636L) was seriously damaged, and I was conveyed to SKGH by ambulance. Police officers attended to the scene, took down the particulars of all parties however I was not provided with any report number. One passenger from the said vehicle was also conveyed to SKGH. I was discharged from SKGH on the same day and was not given any MC. My car was towed away last night however I have no details of its location and would like to retrieve it to repair the damages.







**SINGAPORE  
POLICE FORCE**

T/20230429/2026

3 of 3

Report No. T/20230429/2026

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8899

CONTINUATION OF REPORT

TO FARHAN } TP  
65476224 }

Signature of Officer Recording The Report:

F/  
SGT 2 ANITHASHREE D/O  
SATHIAMOORTHY

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
29/04/2023 10:32

Officer In Charge Of Case:  
TP / GIT /  
STAFF SGT SYED MUHAMMAD ISA BIN  
OMAR ALHABSHEE  
Contact No.: 65476187

Classification Of Case:

NP168

65476394









**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SA1R23520003 Vehicle Registration No: SFK 636L  
 Name (as shown in report): FAN BOON KION PAN NRIC/FIN/Passport No: SXXXXX794J  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate +13-559  
 Address: APT BLK 282C SENGKANG EAST AVENUE Singapore ( 54382 )  
 Contact (Tel): 92376622 Mobile No.: 92376622  
 Email Address: \_\_\_\_\_  
 Date of Accident: 05/04/2023 Time of Accident: 22:00  
 Place of Accident: BUAH KOK VIEW  
 Insurance Company: INCORA INSURANCE LIMITED

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

TO AMEND AIG INSURANCE TO INCORA INSURANCE

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Policyholder / Driver's Signature

Date: 03/05/2023  
15:46

General Insurance Association

AUTOLUTION INDUSTRIAL PTE LTD  
 19 UBI ROAD 4  
 SINGAPORE 408021  
 TEL: 6490 0806 / FAX: 6346 7483

Reporting Centre Personnel's Signature

Name: ETHEL AIFORD  
 NRIC/FIN No.: 6XXXXX924L  
 Date: 03/05/2023  
15:46





## 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: S132859132

Cover : drive PREMIUM

1. Index mark and Registration Number of Vehicle : **SFK635L**
- Chassis Number : **SINFEA111U1540223**
2. Name of Policyholder : **TEO BI QIN (ZHANG BIQIN)**
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 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)	: S\$600
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	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: NO
ROADSIDE ASSISTANCE AND WELLNESS COVER	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: FAN BOON KION
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: STANDARD CHARTERED BANK (SINGAPORE) LIMITED
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 : META AGENCY PTE. LTD. (00000573430)  
 Date of Issue : 21 Dec 2022 15:44 hrs

For INCOME INSURANCE LIMITED

Chief Executive



