

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 | 13/05/2023 12:13 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 12/05/2023 15:30 (SGT) |
| Exact Location of Accident | Marymount Rd, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLT895L

INSURED/POLICYHOLDER

| | |
|--------------------------------|-----------------------------|
| Is company? | No |
| Name Of Registered Owner | FOO YING LONG VICTOR |
| NRIC No | SXXXX820D |
| Email Address | VICTOR.FOO8115@YAHOO.COM.SG |
| Mobile Phone No | (Phone) +65-97738115 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | Wish |
| 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 | 1800 |

INSURANCE COMPANY

| | |
|---|--------------------------|
| Name of Insurance Company | Income Insurance Limited |
| Policy Number / Cover Note Number | 5130643752 |

DRIVER

| | |
|----------------------|----------------------|
| Name of Driver | FOO YING LONG VICTOR |
| NRIC No | SXXXX820D |
| Date Of Birth | 21/11/1983 |
| Occupation | Indoor |

| | |
|--|--------------------------------|
| Date Of Driving Pass | 05/04/2003 |
| Driving experience | 20 YEARS AND 1 MONTH |
| Gender | Male |
| Mobile Number | (Phone) +65-97738115 |
| Alt. Phone Number | - |
| Email Address | VICTOR.FOO8115@YAHOO.COM.SG |
| Address | BLK 245 TAMPINES ST 21 #06-315 |
| Address complement | - |
| Postcode | 521245 |
| Is the driver the policyholder? | Yes |
| If No, Relationship of the Driver with the Insured | - |
| 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 | 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? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 3 |
| 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 | - |

PASSENGER 1

| | |
|--------------|-----------|
| Name | YOKE PING |
| Gender | Female |

PASSENGER 2

| | |
|--------------|--------|
| Name | NOVIE |
| Gender | Female |

DETAILS OF POLICE ACTION

| | |
|---|------------------------------------|
| Was the accident reported to the police? | Yes |
| Police Station Name | Changi Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18005872999 |
| Alt. Police Station Phone No | (Fax) +65-65872900 |
| Police Station Address | 9 Simei Street 2 Singapore 529914 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO.T/20230512/2099.

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 | SMK8550P |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | - |
| Contact Number | (Phone) +65-85338819 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

SKETCH PLAN

IMPORTANT NOTICE

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5. **Any false reporting may be referred to the Police for investigation**.
6. 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.
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

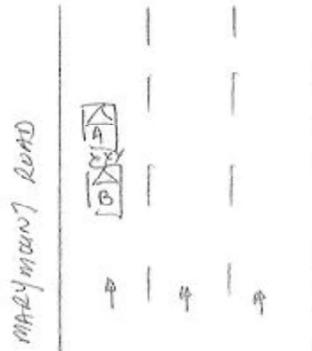
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A: SLT 895L
B: SMK 8550P















TOYOTA MOTOR CORPORATION JAPAN

| | | | |
|----------|--------------------|------|--------|
| MODEL | ZGE20R-HPXNP | 1798 | mL |
| ENGINE | 2ZR-FAE | | |
| FRAME N. | JTDGG20W70J0077774 | | |
| | COLOR | TRIM | PLANT |
| | 1G3 FA12 A32 | | OPTION |
| DATE | K311 -02A | | 920 |



**SINGAPORE
POLICE FORCE**



T/20230512/2099

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

1 of 3

Report No. T/20230512/2099

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 12/05/2023 21:37 | Vide Report No.: | Station Diary No.: 64 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | |
|---|------------|--|------------------------------|
| Name of Informant: FOO YING LONG, VICTOR | | Address: APT BLK 245 TAMPINES STREET 21 #06-315 SINGAPORE 521245 | |
| ID Type / ID No.: NRIC NO / S8337820D | | Contact No.: | Mobile: 97738115 |
| Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Male | Age: 39 | Date of Birth: 21/11/1983 | Type of Informant: Driver |
| Race: Chinese | | Language: | |
| Occupation: Engineer | | Driving Licence Information: Class: 3 Date of Expiry: | |

General Information of the Accident

| | | | |
|---|--------------------|---|-------------------------------------|
| Type of Accident: Non-Injury | Drink Drive: No | Date/Time of Accident: 12/05/2023 15:35 | Type of Location: Straight Road |
| Location: MARYMOUNT ROAD | | | |
| Lamp Post Number: 96F | | | |
| Weather: Clear | | Road Surface: Dry | |
| Traffic Flow: One Way | | Traffic Control: Traffic Light - Working | Traffic Volume: Heavy |
| Type of Collision: Moving Vehicle Against - Others | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|--------|-----------------|-------|---------------------|-----------------|
| SLT895L | Car | TOYOTA | WISH 1.8 CVT | Grey | Slightly Damaged | 2 |
| SMK8550P | Car | | | | No Damage | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|---|--------------|------------|-------------|
| SLT895L | NTUC Income Insurance Co-Operative Limited | 5130643752 | 17/10/2022 | 16/10/2023 |



**SINGAPORE
POLICE FORCE**



T/20230512/2099

2 of 3

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20230512/2099

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|-----------------------|--|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | FOO YING LONG, VICTOR | ID No. | S8337820D |
| Related Vehicle | NIL | Contact No. | 97738115 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Driver | | | |
| Name | CHU TING FENG LEWIS | ID No. | S8238210J |
| Related Vehicle | NIL | Contact No. | 85338819 |
| 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 the above-mentioned date, time and location, I was driving along Marymount Rd when I stopped at a traffic light junction. The other vehicle then collided into my rear, causing a dent. We exchange particulars after the incident. No one was injured.



**SINGAPORE
POLICE FORCE**



T/20230512/2099

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

3 of 3
Report No. T/20230512/2099

CONTINUATION OF REPORT

| |
|---|
| Signature of Officer Recording The Report: G / SGT 2 ONG CHONG EN JEROME  |
| Signature Of Interpreter: Not applicable |
| Officer In Charge Of Case: TP / GIA / SI ANG YI TING, STEPHANIE Contact No.: 65476414 |

| |
|--|
| Signature Of Informant:  |
| Date/Time: 12/05/2023 21:37 |
| Classification Of Case: |

NP168



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: 5130643752

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SLT895L**
 Chassis Number : JTDGG20W70J007774
2. Name of Policyholder : FOO YING LONG, VICTOR (FU YINGLONG, VICTOR)
3. Effective Date of Insurance : 17 Oct 2022
4. Expiry Date of Insurance : 16 Oct 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 | : S\$500 |
| UNNAMED DRIVER EXCESS | : PLEASE REFER OVERLEAF |
| REPAIR AT OWNER'S PREFERRED WORKSHOP | : NO |
| INSURE WITH COE | : YES |
| NCD PROTECTION | : NO |
| ROADSIDE ASSISTANCE AND WELLNESS COVER | : YES |
| TRANSPORT ALLOWANCE | : NO |
| EXCESS WAIVER | : NO |
| PRIMARY DRIVER | : FOO TING LONG |
| NAMED DRIVER (1) | : N/A |
| NAMED DRIVER (2) | : N/A |
| HIRE PURCHASE COMPANY | : DBS BANK LTD |
| 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 : COWELL INSURANCE (AGENCY) PTE. LTD. (00000610380)
 Date of Issue : 05 Oct 2022 17:40 hrs

For INCOME INSURANCE LIMITED

Chief Executive