

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 | 17/05/2023 16:29 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 16/05/2023 14:15 (SGT) |
| Exact Location of Accident | McNair Rd, Singapore |
| Additional Location Information | BETWEEN BLK 122 & 123 EXIT |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|--------|
| Vehicle Registration Number | SKS87U |
|-----------------------------------|--------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|----------------------|
| Is company? | No |
| Name Of Registered Owner | ANG PING LIN |
| NRIC No | S7826633C |
| Email Address | ROYSTONAPL@GMAIL.COM |
| Mobile Phone No | (Phone) +65-90696008 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | Alphard |
| 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 | 2493 |

INSURANCE COMPANY

| | |
|---|--------------------------|
| Name of Insurance Company | Income Insurance Limited |
| Policy Number / Cover Note Number | 5118572790-02 |

DRIVER

| | |
|----------------------|--------------|
| Name of Driver | ANG PING LIN |
| NRIC No | S7826633C |
| Date Of Birth | 07/09/1978 |
| Occupation | Outdoor |

| | |
|--|------------------------------|
| Date Of Driving Pass | 06/06/2000 |
| Driving experience | 22 YEARS AND 11 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-90696008 |
| Alt. Phone Number | - |
| Email Address | ROYSTONAPL@GMAIL.COM |
| Address | BLK 8 BOON KENG ROAD #15-148 |
| Address complement | - |
| Postcode | 330008 |
| 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 - Major/Minor Rd |
| 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) | 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 | GLENDANG SONG NING |
| Gender | Female |

PASSENGER 2

| | |
|--------------|--------------------|
| Name | SARAHANG SONG TING |
| Gender | Female |

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/20230516/7066

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 | SMW96Z |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| 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 | GLENDANG SONG NING |
| Gender | Female |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SKS87U |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | Yes |

INJURED 2

| | |
|---|---------------------|
| Name of injured person | SARAH ANG SONG TING |
| Gender | Female |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SKS87U |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

INJURED 3

| | |
|---|--------------|
| Name of injured person | ANG PING LIN |
| Gender | Male |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SKS87U |
| 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)**

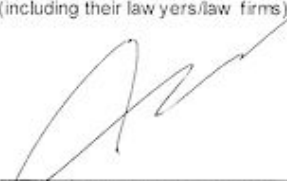
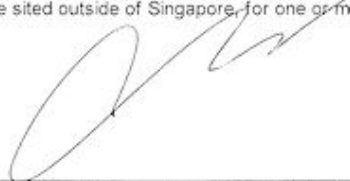
I understand, acknowledge, agree and consent that:

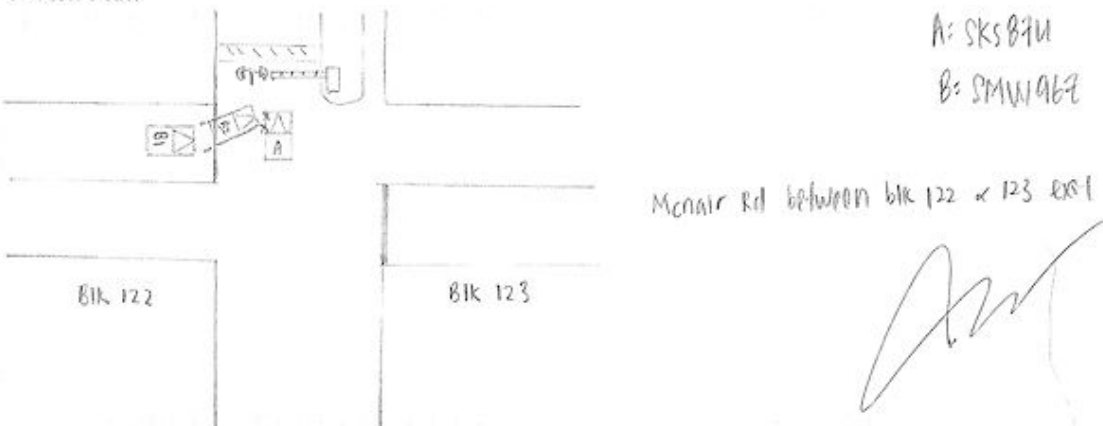
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all 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' law yers/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' law yers/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 law yers/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

Describe Circumstances of the Accident

Refer to police NPSVA no: T/2023/0516/7066




A large rectangular area with horizontal lines for describing the accident circumstances. The first line contains the handwritten text 'Refer to police NPSVA no: T/2023/0516/7066'. A large, stylized handwritten signature is written across the top right of this section.

Declaration

We declare the foregoing particulars are true in every respect.

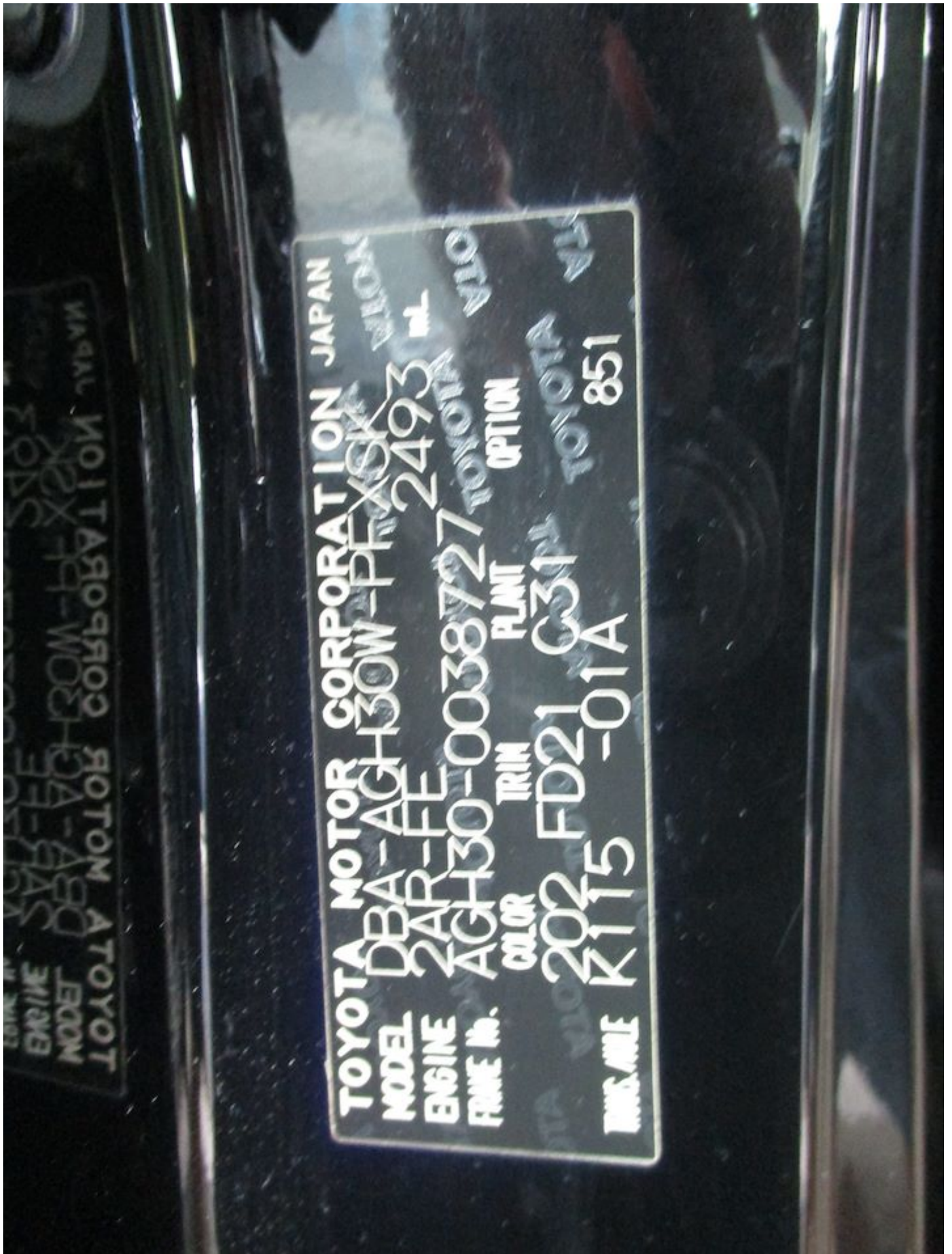


Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel



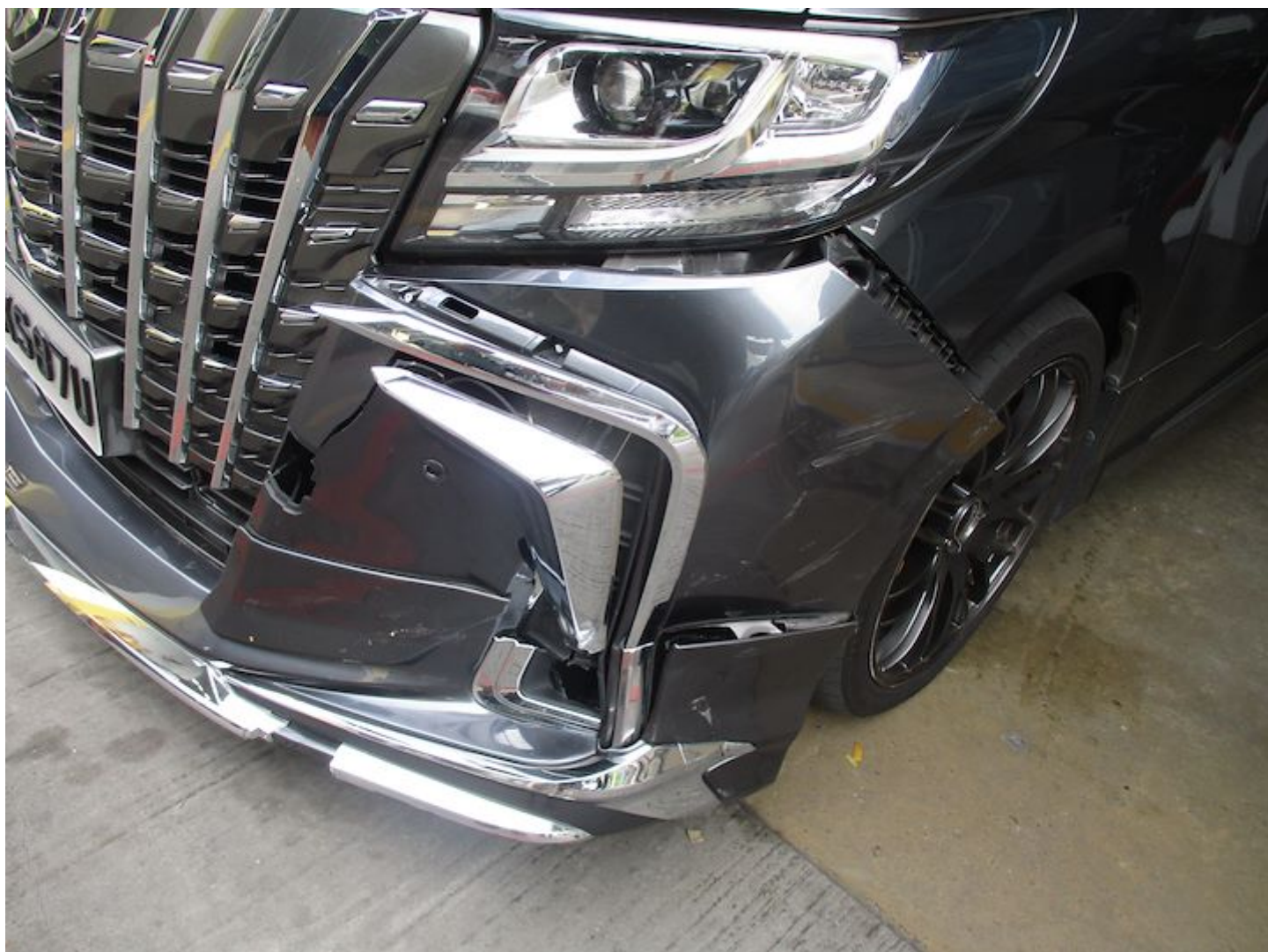














**SINGAPORE
POLICE FORCE**



T/20230516/7066

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

1 of 3

Report No. T/20230516/7066

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------------------------|--------------------|
| Date/Time Report Made: 16/05/2023 17:44 | Vide Report No.: A/20230516/0068 | Station Diary No.: |
|--|-------------------------------------|--------------------|

| Informant's Particulars | | | | |
|--|--|--|---|--|
| Name of Informant: ANG PING LIN | | | Address: 8 BOON KENG ROAD #15-148 SINGAPORE 330008 | |
| ID Type / ID No.: NRIC NO / S7826633C | | | Contact No.: Home/Office: | |

| General Information of the Accident | | | | |
|--|------------------------------|----------------------|--|--------------------------------------|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 16/05/2023 14:15 | Type of Location: |
| Location: MCNAIR ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | | |
| Traffic Flow: | | Traffic Control: | | Traffic Volume: |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: Yes |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------|--------|-------------------|-------|-----------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| SKS87U | Car | TOYOTA | ALPHARD 2.5S A | | | 2 |
| SMW96Z | Car | | | | | 0 |

| Details of Vehicle Insurance | | | | |
|------------------------------|--|---------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SKS87U | NTUC Income Insurance Co-Operative Limited | 5118572790-02 | 05/10/2022 | 04/10/2023 |



**SINGAPORE
POLICE FORCE**



T/20230516/7066

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

2 of 3
Report No. T/20230516/7066

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|--------------------|-----------------------------------|----------------------------------|
| Details of Person Involved | | | |
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Passenger | | | |
| Name | GLENDANG SONG NING | ID No. | T1190132E |
| Related Vehicle | SKS87U (Car) | Contact No. | NIL |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: ,3 Date of Expiry: NIL |
| Date | NIL | Date | NIL |
| No. of Days granted Medical Leave | NIL | Degree of | Slight |
| Vehicle Owner | | | |
| Name | ANG PING LIN | ID No. | S7826633C |
| Related Vehicle | SKS87U (Car) | Contact No. | 90696008 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: 3 Date of Expiry: NIL |
| Date | NIL | Date | NIL |
| No. of Days granted Medical Leave | NIL | Degree of | NIL |

Brief Details.

I (SKS87U) was driving straight along McNair Rd between blk 122 & 123 exit.

Suddenly, I felt a huge impact from my left side.

Vehicle "b" (SMW96Z) dashed out from the minor road and failed to stop at the stop line to give way to the main road vehicle and collided into the left portion of my vehicle and caused damage.

Traffic police and ambulance were summoned to the scene location, my passenger whose name Glenda Ang Song Ning was conveyed to KK women's and Children's hospital by ambulance.



**SINGAPORE
POLICE FORCE**



T/20230516/7066

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

3 of 3

Report No, T/20230516/7066

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
NADYA BINTE MOIDEEN
Contact No.: 65476331

NP168

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

Date/Time:
16/05/2023 17:44

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: 5118572790-02

Cover : drive CLASSIC

- | | |
|---|-------------------------------|
| 1. Index mark and Registration Number of Vehicle | : SKS87U |
| Chassis Number | : AGH300038727 |
| 2. Name of Policyholder | : ANG PING LIN (HONG BINGLIN) |
| 3. Effective Date of Insurance | : 05 Oct 2022 |
| 4. Expiry Date of Insurance | : 04 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 | : 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 | : NO |
| TRANSPORT ALLOWANCE | : NO |
| EXCESS WAIVER | : NO |
| PRIMARY DRIVER | : ANG PING LIN (HONG BINGLIN) |
| NAMED DRIVER (1) | : N/A |
| NAMED DRIVER (2) | : N/A |
| HIRE PURCHASE COMPANY | : BWC CONSULTANTS PTE. 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 : TONG HIN INSURANCE AGENCY PTE. LTD. (00000614661)

Date of Issue : 24 Aug 2022 12:35 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive