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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 22/05/2023 16:16 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 19/05/2023 10:45 (SGT) Exact Location of Accident 421 Ang Mo Kio Ave 10, Singapore 560421 Additional Location Information **CARPARK** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number CB7516L

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner NG KOK LEONG NRIC No S7132647J Email Address SLTANJANETTAN@GMAIL.COM Mobile Phone No (Phone) +65-81582455 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Nissan Model Nv350 Variant Exact purpose for which vehicle was being used at time of

accident **Employment** Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Manual CC 2500

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5112874286-03

DRIVER

Name of Driver NG KOK HUA NRIC No S1624535F Date Of Birth 08/12/1963 Occupation Outdoor

Date Of Driving Pass 31/03/1987 Driving experience 36 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-81582455 Alt. Phone Number Email Address SLTANJANETTAN@GMAIL.COM Address BLK 421 ANG MO KIO AVE 10 #05-1163 Address complement Postcode 560421 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Sibling 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 - Opening Door of Vehicle Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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? Nο Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT MY VAN WAS PARKED STATIONARY IN MY BLK 421 ANG MO KIO CARPARK. WHEN I OPEN THE DOOR (DRIVER SIDE) PREPARING TO SIT ONTO MY VAN AND CLOSE THE DOOR. SUDDENLY, THE LORRY NEXT TO MY CARPARK LOT DRIVE OUT WITHOUT CHECKING THE CONDITION AND HIT MY FRONT DOOR & FRONT SIDE AREA. NOBODY INJURIED IN THIS ACCIDENT. 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

GBH4064Z

Commercial vehicle

Vehicle Category Accident report SS2X235M000L

Vehicle Colour

Vehicle Manufacturer Vehicle Model Vehicle Variant

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)	_

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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. 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.
- 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
- (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
- (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 hourers 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.

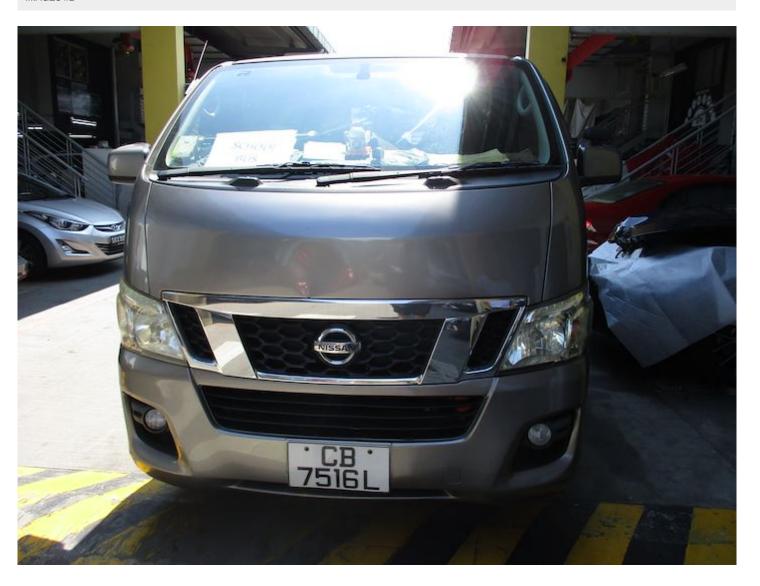
Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date Sketch Plan

Sketch Plan

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

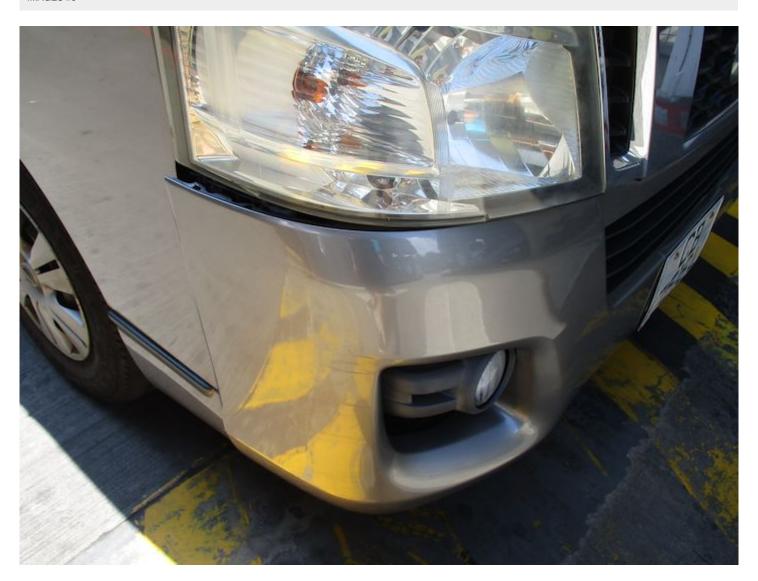
Describe Circumstances of the Accident
MY VAN WAS PARKED STATIONARY IN MY
BIK ADI ANG MO KIO CORPORK. WHEN I
OPEN THE DOOR (DRIVER SIDE) PREPARILY TO
SIT ONTO MY VAN & CLOSE THE DOOR.
Caronia IV 7 Com
TO THE CORE
8 Ust To NAT TOWNS
DON 2 15001 810F
BREA. NO BOOT INJURY IN THIS ACCIDENT.
Declaration
We declare the foregoing particulars are true in every respect.
A see to a s
kon y
PoScyholder's Signature / Date & Driver's Signature (if driver is not the poscyholder) / Date Time 20 5 3 Witnessed by Reporting Centre Personnel

















GENERAL INSURANCE

IMPORTANT NOTE: Please submit the completed Addend whom you submitted the Original Rep	um form to the <u>same</u> Accident port.	Reporting Centre with
ADDENI	DUM	
(A) PARTICULARS OF PERSON MAKING THE AMENDMEN		
Original Report No: SS 2×235 MODOL	Vehicle Registration No:_	CB7516L
Name (as shown in NRIC):		
(*Vehicle Driver/Vehicle Owner) (*) Please delete as a	DDronriate	
Address:	EN STREET STREET	Singapore (
Contact (Tel):	Mobile No.:	
Email Address:		
Date of Accident:	Time of Accident:	
Place of Accidents		
Insurance Company:		
) ADDITIONAL INFORMATION /AMENDMENTS:		
amend email to: SLTan	Janettan 🖨 gma	il.com
The second secon		Sw(0 - 7 - 3 - 1)
THE REPORT OF THE PARTY OF THE	CANAL STREET, STREET	All the second
E MARTINE CONTRACTOR	- 5.00 6 11 15.00	
	The state of the s	VOLUME AND TO
	Λ Λ	diameter (
	+dh	6
Policyholder / Driver's Signature Date:	Reporting Centre Personn Name: NRIC/FIN No.: Date:	el's Signature



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 : 5112874286-03

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: CB7516L

Chassis Number

: JN1TC2E26Z0001924

Name of Policyholder Effective Date of Insurance NG KOK LEONG

26 Jan 2023

4. Expiry Date of Insurance

: 25 Jan 2024

- 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 the carriage of passengers in connection with the Policyholder's business.
 - (b) Limited to carry 12 passengers

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use whilst drawing a trailer except the towing (Other than for reward) of any one disabled mechanically propelled vehicle.
- 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.

GEOGRAPHICAL UMIT

: WITHIN THE REPUBLIC OF SINGAPORE ONLY

EXCESS (SECTION I)

: N/A

EXCESS (SECTION II)

: \$\$3,000

INSURE WITH COE

: YES

HIRE PURCHASE COMPANY

: N/A

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

: AWG INSURANCE BROKERS PTE LTD (00000690436)

Date of Issue

: 14 Jan 2023 11:19 hrs

Reprint

: 14 Jan 2023 11:20 hrs

For INCOME INSURANCE LIMITED

Chief Executive