

## SINGAPORE ACCIDENT STATEMENT

### Accident Details

Who reported the accident?

Owner / Driver / Both

Date of Accident:

5/6/2023

Time of Accident:

1253 HRS

(AM / PM)

Location of Accident:

T-JUNCTION of bishan st 24 & bishan st 22

Country/State of Loss:

SINGAPORE

Type of Accident:

SIDE SWIPE

Weather Condition: Clear / Raining

Road Surface: Dry / Wet

If Not in List, please specify

-

Are you claiming under your own insurance policy for repair to your vehicle?

Yes / No

If No, please state action to be taken

Third Party / Reporting Only

Was any foreign vehicle involved in accident?

Yes / No

If yes, please state Vehicle No & Vehicle Type:

-

No. of vehicles Involved in the accident (include own vehicle) 02

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

Yes / No

Was the accident reported to the police?

Yes / No

If yes, police station name:

-

Was notice of Prosecution given?

Yes / No

If yes, against whom?

-

### Files

Are accident photos available for attachment?

Yes / No

Was there any video captured?

Yes / No

Was there any audio captured?

Yes / No

### Details of Own Vehicle

Vehicle Registration No: SLK 462 Y

Vehicle Category: CAR

Vehicle Manufacturer: MAZDA Vehicle Model: 3

Transmission: Manual / Auto Cc: 1.5

Exact purpose for which vehicle was being used at the time of accident:

Private Car / Private Use / Employment

No. of passengers (including driver) 01

Passenger Name: -

Gender: Male / Female

Passenger Name: -

Gender: Male / Female

### Own Vehicle Policy

Handling Insurer: INCOME

Coverage Type: ACT / Comprehensive / Third Party / Third Party, Fire & Theft

Fleet Policy: Yes / No

Registered Owner Name: CHAN SEE MUN

ID Type: UEN / NRIC / Passport or FIN / Work Permit

Registered Owner ID: S9319588 D

Email: 8102 0154

Mobile No: LEVONNECHAN@OUTLOOK.COM

Alt. No Type: Home / Office / Not in List

If Not in List, please specify -

Owner Alt Phone No: -

### Driver's Information

Is the driver the policy holder? Yes / No

Name of Driver: CHAN SEE MUN

Gender: Male / Female

ID Type: NRIC / Passport or FIN / Work Permit

Driver's ID: S 9319588D

Date of Birth: 3/6/1993

Driving Pass Date: 6/9/2012

Mobile No: 8102 0154

Email: LEVONNECHAN @ OUTLOOK . COM

Address 1: 164 LENTOR LOOP # 04-04

Address 2: \_\_\_\_\_ Postal Code: 789096

Occupation: Indoor / Outdoor INTERIOR DESIGNER

Driver Owner Relationship OWNER

Does Driver own other vehicles? Yes / No

If yes, please provide Vehicle Registration No: -

Handling Insurer: -

### TP Vehicle or Property

Was there any other vehicle or property damaged? Yes / No

If yes, please provide:

(i) Vehicle Registration No: (B) SMW 4125 Y

(ii) Vehicle Category: -

(iii) No. of passengers (including driver) -

Passenger Name: -

Gender: Male / Female

### Translation

Was the Sketch Plan Statement translated from another language?

Yes / ☒ No

Name of Translator:

ID Type:  NRIC / Passport or FIN / Work Permit

Phone No:

Email:

What is the original language used in the statement?

English / Mandarin / Malay / Tamil / Others:

**Please attach the following documents:**

- Original report in original language
- Translated report to English

### Injured Person's Details

Was anyone injured in the accident? Yes / ☒ No

Any injured conveyed to hospital by Ambulance? Yes / ☒ No

If yes, please provide:

(i) Name:

(ii) Gender:  Male / Female

(iii) Injured Person in which Vehicle?

(iv) Full Address:

### Witness Details

Was there any witnesses? Yes / ☒ No

If yes, please provide:

Witness Name:

Witness Contact:

## 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 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 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 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

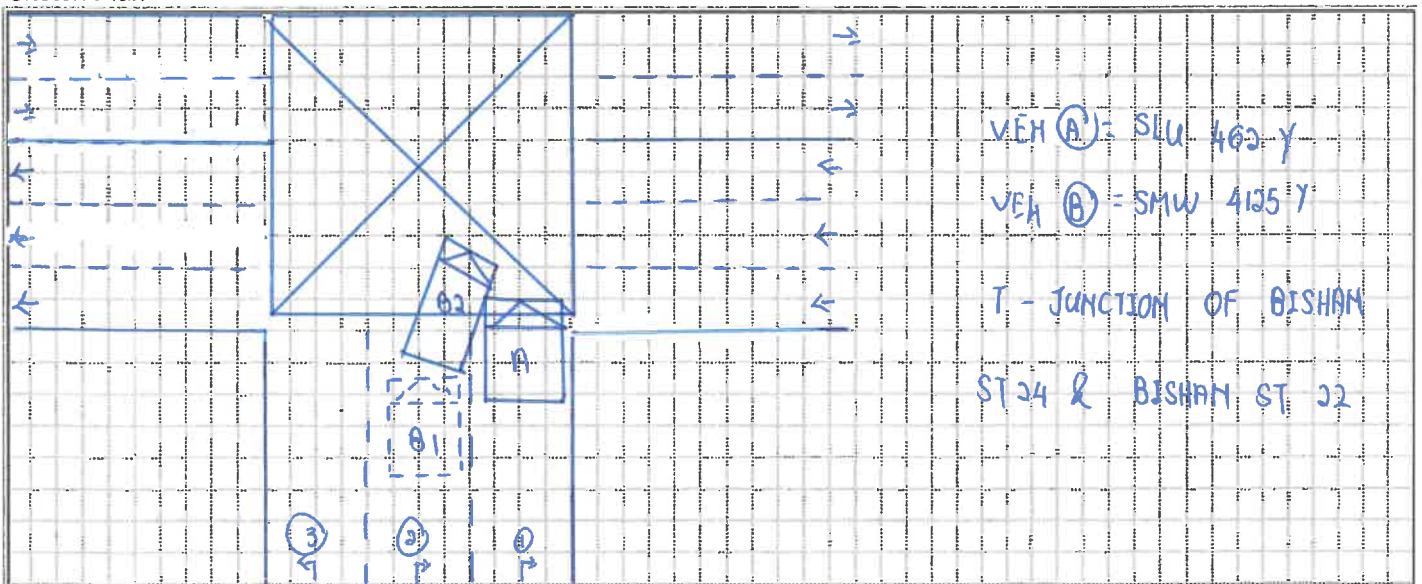
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

### Sketch Plan



**Describe Circumstance of the Accident**

ON THE STATED DATE AND TIME, I WAS DRIVING MY VEHICLE (A) SLU 462 Y, TRAVELLING ALONG T-JUNCTION OF BISHAN ST 24 & BISHAN ST 22. I WAS DRIVING MY VEHICLE (A) SLU 462 Y ON LANE 1 AND NEED TO TURN RIGHT BEFORE MAKE A TURN I CHECK MY BLINK SPOT. SUDDENLY I FELT A IMPACT FROM MY LEFT, VEHICLE (B) SMW 4125 Y FROM LANE 2 NEED TO TURN RIGHT AND HIT ONTO THE FRONT LEFT OF MY VEHICLE, AND MY VEHICLE WAS DAMAGED. WE ALIGHTED AND EXCHANGE EACH OTHER PARTICULAR. I LOGGED THIS REPORT FOR INSURANCE CLAIM PURPOSE.

VEHICLE (A) = SLU 462 Y

VEHICLE (B) = SMW 4125 Y

**Declaration**

I/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  
(Name as in NRIC/ID card)

## 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:** 5118406933-02

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SLU462Y**  
Chassis Number : JM6BN24A8J0181208
2. Name of Policyholder : CHAN SEE MUN
3. Effective Date of Insurance : 01 Dec 2022
4. Expiry Date of Insurance : 30 Nov 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	: NO
ROADSIDE ASSISTANCE AND WELLNESS COVER	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: CHAN SEE MUN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HONG LEONG FINANCE LIMITED
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 : DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)  
Date of Issue : 05 Nov 2022 09:30 hrs

For INCOME INSURANCE LIMITED



Chief Executive



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9319588D

Name:

CHAN SEE MUN

Birth Date: 03 Jun 1993

Issue Date: 06 Sep 2012



002103543E



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9319588D



Name

CHAN SEE MUN



陳詩敏

Race

CHINESE

Date of birth

03-06-1993

Country of birth

SINGAPORE

Sex

F

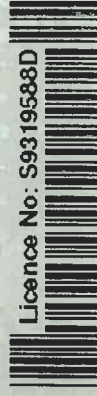


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

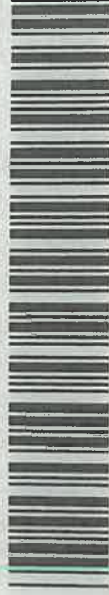
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 06 Sep 2012

Licence No: S9319588D



NP 428A

4 2 3 4 8 5 3



NRIC No. S9319588D



Date of issue

16-06-2008

Address

164 LENTOR LOOP

#04-04

SINGAPORE 789096