# **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.

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   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 05/06/2023 17:17 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 01/06/2023 13:22 (SGT) Exact Location of Accident 505 Ang Mo Kio Ave 8, Singapore 560505 Additional Location Information CARPARK OF BLK 505 ANG MO KIO AVENUE 8 Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SNJ6098K

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner NG WEE BENG STEVEN NRIC No S7029504J Email Address STEVEN NG@HOTMAIL.COM Mobile Phone No (Phone) +65-98394571 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Toyota Model C-hr Variant Exact purpose for which vehicle was being used at time of accident Private hire Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? Vehicle Category Private hire

Transmission Auto CC 1800

**INSURANCE COMPANY** 

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5134311073

DRIVER

Name of Driver NG WEE BENG STEVEN NRIC No S7029504J Date Of Birth 15/08/1970 Occupation Outdoor

Date Of Driving Pass 09/01/1990 Driving experience 33 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-98394571 Alt. Phone Number Email Address STEVEN\_NG@HOTMAIL.COM Address 524 BEDOK NORTH STREET 3 #03-384 Address complement Postcode 460524 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 Hit and run / Vandalism / Damaged whilst parked Weather Conditions Raining Road Surface Wet 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? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name **GRAB PASSENGER** Gender **Female 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 REFER TO SKETCH PLAN 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 SLT8873Y

Vehicle Model

Vehicle Manufacturer

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	-
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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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)

l 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")

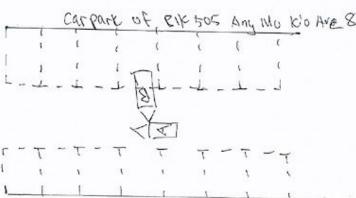
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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

Sketch Plan

CAT PARK OF RIK 505 And IND K'O AVE 8



Describe Circumstance of the Accident	
On the abuse months	ach date, time and location. I was travelling in
my vehicle CA) with on	proceeded on board. Upon eneuring the corpora
I was travalling Stro	light. Vehicle(B) was coming out from a
parting lot did not ch	neck it there was any on coming white and
mode out about about	othy hence collided onto the right portion of m
Jehine (A) cousing da	mages to my while CA).
vehicle CA) SHI 6098	k
Vehide CB) SLT 8878	3 \

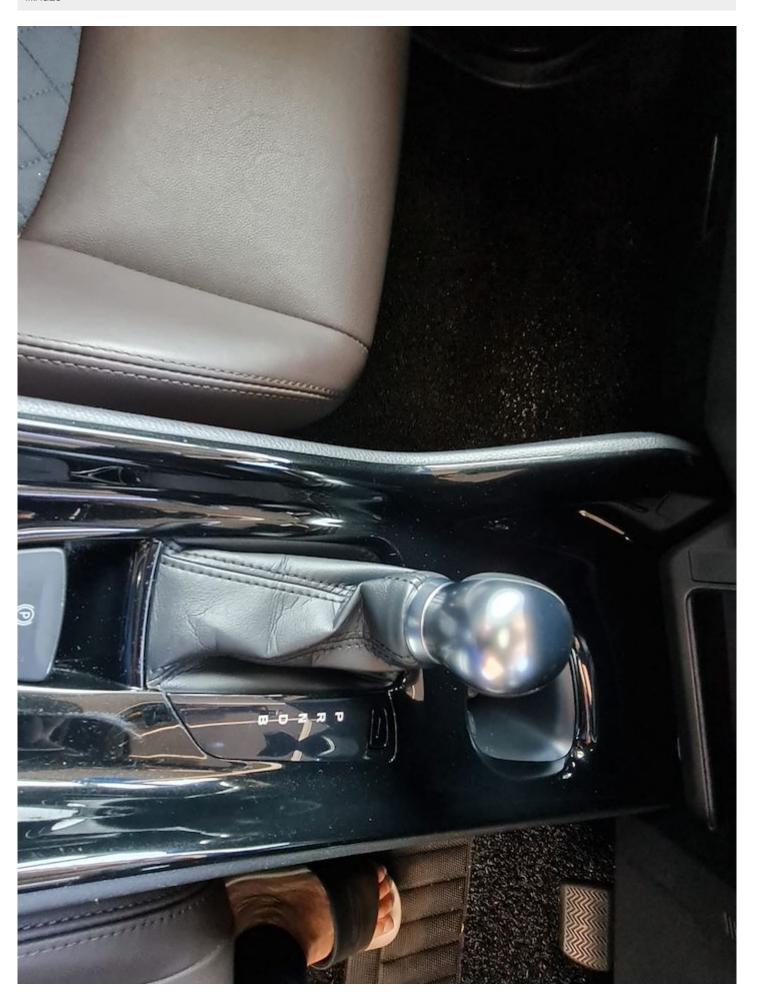
If We declare the foregoing particulars are true in every respect.

Policyholder's Skipsture / Date & Time

Oriver's Signature (if driver is not the policyholder) / Date 6 Time

Wanessed by Reporting Centre Personnel (Name as in NRICAD card)

2



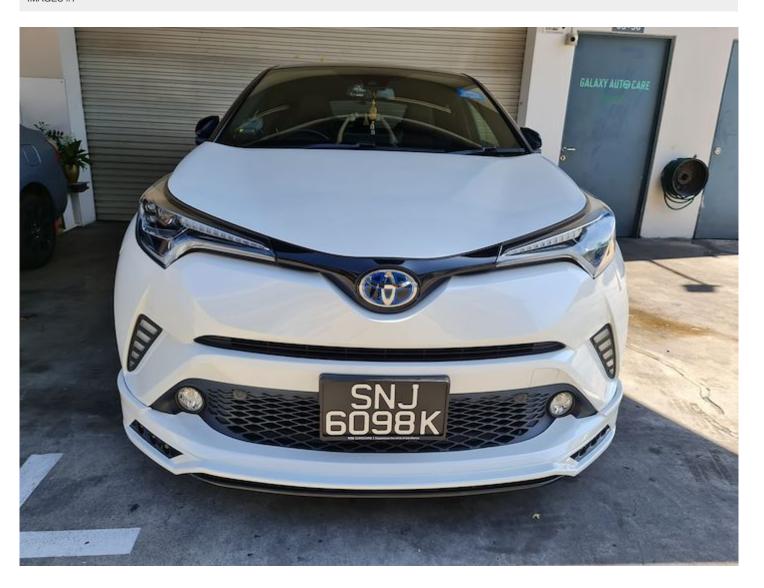




















#### Certificate of Insurance

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: 5134311073 Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : SNJ6098K Chassis Number : ZYX102040918 2. Name of Policyholder : NG WEE BENG STEVEN

3. Effective Date of Insurance : 03 Mar 2023 4. Expiry Date of Insurance : 02 Mar 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 social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

#### This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) 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

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1) : \$\$2,000 EXCESS (SECTION 2) : S\$1.500 WINDSCREEN EXCESS : \$\$100 ADDITIONAL EXCESS : N/A 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 : NG WEE BENG STEVEN

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)

: ASSURE PTE. LTD. (00000572842)

Date of Issue : 03 Mar 2023 10:41 hrs

For INCOME INSURANCE LIMITED

Chief Executive