# **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 02/12/2022 17:02 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 01/12/2022 09:55 (SGT) Exact Location of Accident Jurong West Street 61, Singapore Additional Location Information JURONG WEST STREET 61 TOWARDS 63 JUNCTION Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Private hire

Private hire

Auto

1800

No - Claiming third party

Vehicle Registration Number SML9139H

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN KAY LEONG (CHEN JIALIANG) NRIC No S7923457E Email Address AHLEONG08@YAHOO.COM.SG Mobile Phone No (Phone) +65-98898431 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model C-hr Variant Exact purpose for which vehicle was being used at time of

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

your vehicle? Vehicle Category

Transmission CC

**INSURANCE COMPANY** 

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5125760979

DRIVER

Name of Driver TAN KAY LEONG (CHEN JIALIANG) NRIC No S7923457E Date Of Birth 09/08/1979 Occupation Outdoor

Date Of Driving Pass 19/10/1999 Driving experience 23 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-98898431 Alt. Phone Number Email Address AHLEONG08@YAHOO.COM.SG Address 703 JURONG WEST STREET 71 Address complement 04-106 Postcode 640703 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 - Cross Junction 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? Yes Was any injured conveyed to hospital by ambulance? Yes 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 PASSENGER 1 Name **GRAB PASSENGER** Gender **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? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN AND POLICE REPORT ATTACHED ATTACHMENT(S)

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Yes

No

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Vehicle Registration Number	SHA7256H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	-

# DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	FBB6655L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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)	-

## **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number	SLG8678M
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	_
No. Of Passenger (Including Driver)	-

## **INJURED PERSONS DETAILS**

## INJURED 1

Name of injured person	TAN KAY LEONG (CHEN JIALIANG)
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	3 DAYS MC
Injured person in which vehicle?	SMI 9139H

Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? Yes

### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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.

#### B. 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 daims including the settlement of the claims and any necessary investigations relating to the claims.
- (ii) investigating the accident and/or my daims;
- (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')

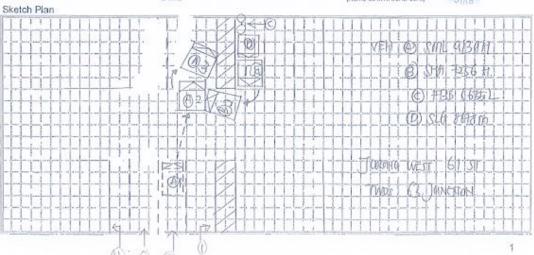
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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,

Policytoider's Signature / Date & Time

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

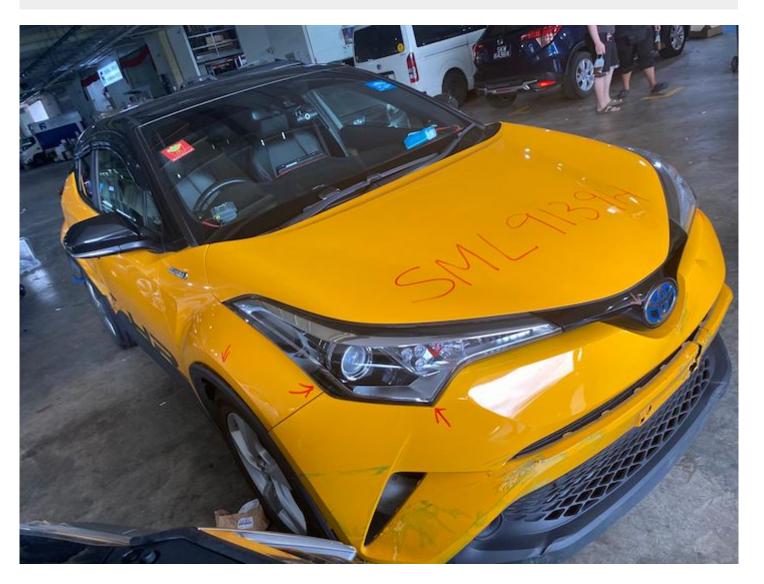
Witnessed by Reforting Centre Revisional (Name as in NRIC/ID card)



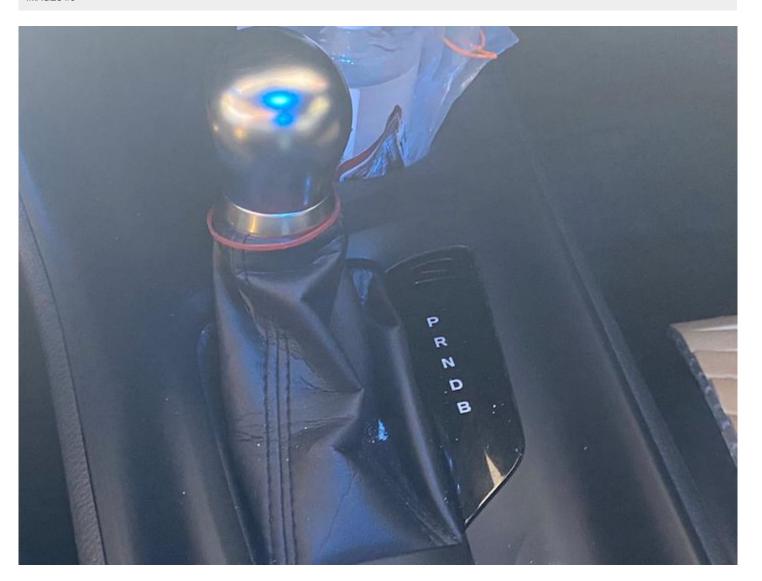
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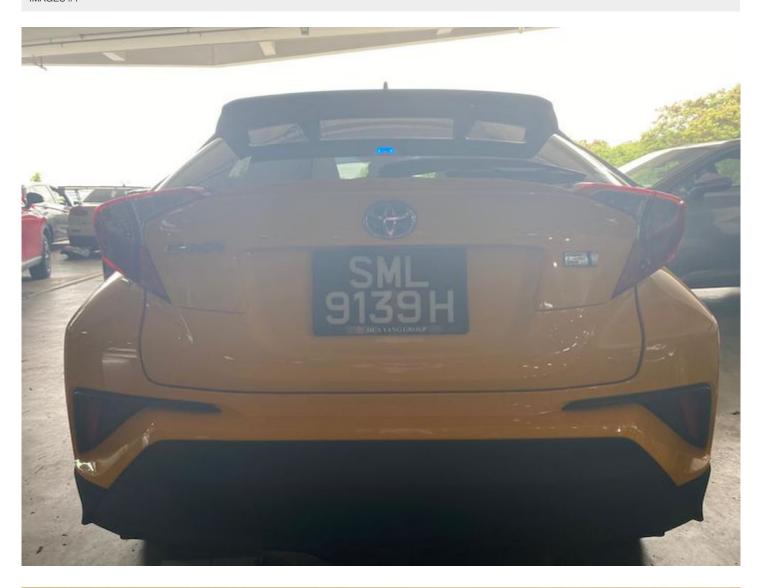
Driver's Signature (if driver is not the policyholder) / Date & Time

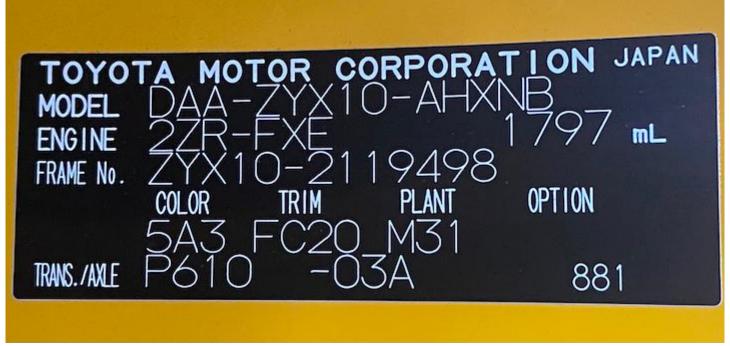
Witnessed by Reporting Centre Personnel (Name as in NRIOVID card)





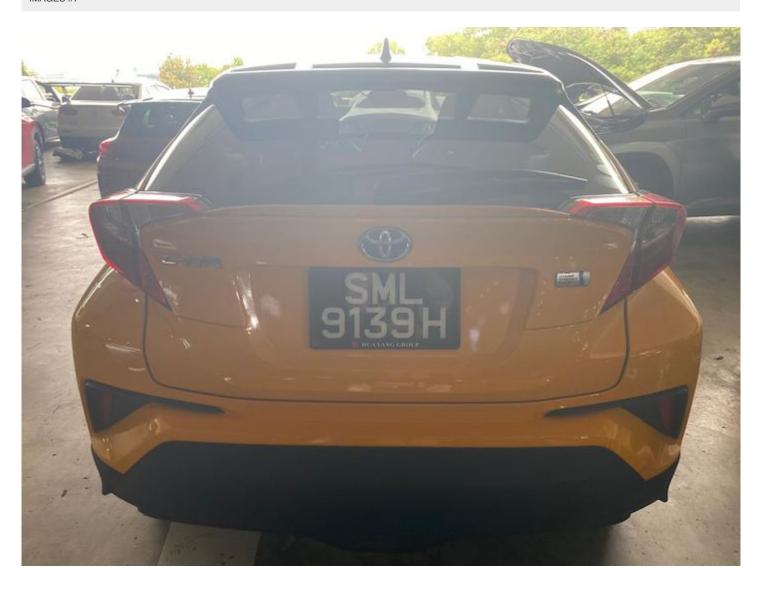


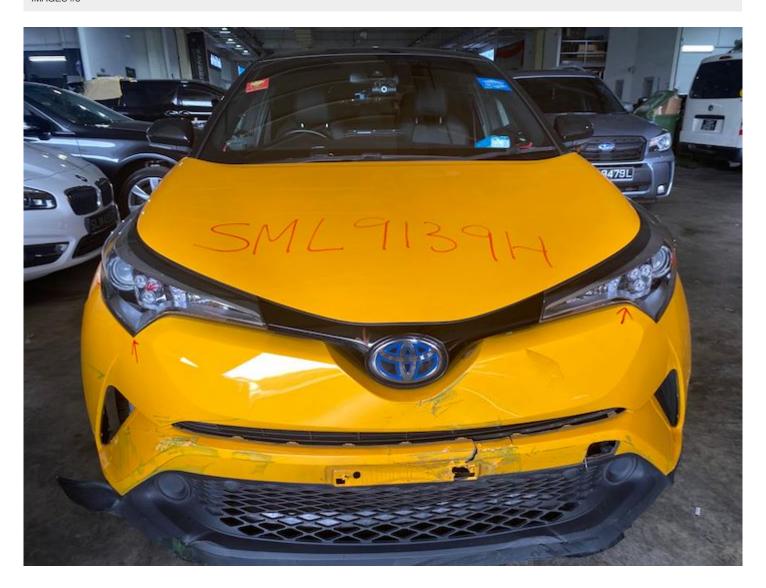




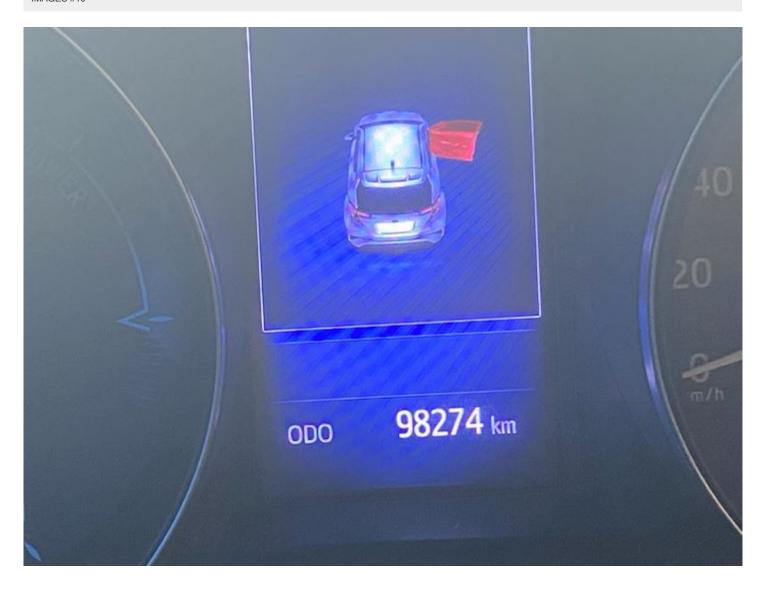
















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20221202/7014

## REPORT OF A TRAFFIC ACCIDENT

	te/Time Report Made: /12/2022 12:20		Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars				
	f Informant: Y LEONG		Address: 703 JURONG WEST S 640703	STREET 71 #04-106 SINGAPORE		
ID Type / ID No.: NRIC NO / S7923457E			Contact No.: Home/Office: Mobile: 98898431			
National SINGAP	ity: ORE CITIZ	EN	Email: AHLEONG08@YAHO0	D.COM.SG		
Sex: Male	Age: 43	Date of Birth: 09/08/1979	Type of Informant: Vehicle Owner			
Race: Chinese			Language: English	Institution / School Name:		
Occupat OTHER			Driving Licence Information: Class: 3 Date of Expiry:			

General Infor	mation of the Accident			
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/12/2022 09:55	Type of Location: X-Junction
Location: JURONG WE Weather: Clear	EST STREET 61	Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collis	ion:			Anyone conveyed by ambulance; Yes

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBB6655L	Motorcycle					0
SHA7256H	Car					0
SLG8678M	Car					0
SML9139H	Car					0





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20221202/7014

CONTINUATION OF REPORT

Details of Perso						
Any Pedestrian I	nvolved: No					2000
No. of Pedestrians Injured: NIL Use			Use of Pe	Use of Pedestrian Crossing: NA		
Vehicle Owner						
Name	TAN KAY LEONG			ID N	0.	S7923457E
Related Vehicle	SML9139H (Car)			Contact No.		98898431
Hospital/Clinic	NIL		Clas Drivi Licer Expi	ng nce &	Class: 3 Date of Expiry: NIL	
Date	NIL		Date	-	NIL	
No. of Days gran	ted Medical Leave	Degree o	of	Serio	us	

#### Brief Details.

ON THE STATED DATE & TIME, I WAS DRIVING MY VEHICLE (A) SML 9139 H TRAVELLING ALONG JURONG WEST 61 ST TWDS 63 JUNCTION WITH 1 MALE AS MY GRAB PASSENGER. I WAS DRIVING MY VEHICLE (A) ON LANE 2 WHILE I'M GOING STRAIGHT. VEHICLE (B) SHA 7256 H FROM OPPOSITE SIDE U-TURN HIS VEHICLE AND HIT ONTO MY VEHICLE. AFTER VEHICLE (B) HIT ONTO MY VEHICLE , MY VEHICLE LOST CONTROL AND LEAD TO MY VEHICLE HIT ONTO THE RAILING AND THE RAILING HIT ONTO VEHICLE (C) & (D).

AFTER ACCIDENT, TRAFFICE POLICE AND AMBULANCE WAS COMING AND AMBULANCE FETCH ME WENT TO (NG TENG FONG GENERAL HOSPITAL) MAKE MEDICAL TREATMENT, DOCTOR HAVE GIVEN ME 3 DAYS MC.

VEH (A) SML 9139 H VEH (B) SHA 7256 H VEH (C) FBB 6655 L VEH (D) SLG 8678 M



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

Informant is not able to provide sketch

Sketch Plan

T/20221202/7014

3 of 3 Report No. T/20221202/7014

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAN JUN YAN
Contact No.: 65476311

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

Date/Time:
02/12/2022 12:20

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: 5125760979 Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : SML9139H : ZYX102119498 Chassis Number

: TAN KAY LEONG (CHEN JIALIANG) 2. Name of Policyholder

: 17 Feb 2022 3. Effective Date of Insurance 4. Expiry Date of Insurance : 16 Feb 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 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 headings

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) : 5\$1,500 : \$\$100 WINDSCREEN EXCESS ADDITIONAL EXCESS : N/A REPAIR AT OWNER'S PREFERRED WORKSHOP : NO : YES INSURE WITH COE NCD PROTECTION : YES ROADSIDE ASSISTANCE AND WELLNESS COVER : YES TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO PRIMARY DRIVER : TAN KAY LEONG : N/A NAMED DRIVER (1) N/A NAMED DRIVER (2) HIRE PURCHASE COMPANY : N/A : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS SUM INSURED

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)

: HUA YANG CREDIT PTE LTD (00000613824) Agency

Date of Issue : 17 Feb 2022 13:49 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive