SK0N237C0005 / KAN FOOK SING MOTOR WORKSHOP [533758] ENTRY DATE & TIME: 12/07/2023 12:27 (SGT) SUBMITTED BY: Boo Miow Hwa VERSION: 1 (12/07/2023 12:27 (SGT))

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 12/07/2023 12:27 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 07/07/2023 19:10 (SGT) Exact Location of Accident Singapore Additional Location Information **COLLYER QUAY** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMN48027 INSURED/POLICYHOLDER

Kia

Is company? No Name Of Registered Owner LIM THIEN SEAN NRIC No S9370369C Fmail Address underscore193@gmail.com Mobile Phone No (Phone) +65-91764158

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model CERATO 1.6(A) SUNROOF 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? No - Claiming third party Vehicle Category Private car

Transmission Auto CC 1591

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5129473235

DRIVER

Name of Driver **LIM THIEN SEAN** NRIC No S9370369C Date Of Birth 04/04/1993 Occupation Indoor

Date Of Driving Pass 03/01/2013 Driving experience 10 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-91764158 Alt. Phone Number Email Address underscore193@gmail.com Address APT BLK 82 EDGEDALE PLAINS #15-05 (S) 828736 Address complement Postcode Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Nο 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 - Head to Rear 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? 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 **KELLY WONG** 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? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER WITH ATTACHED. ATTACHMENT(S) Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

No

Was there any video captured by Car Camera?

Vehicle Registration Number	GBG6592H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	_
Vehicle Category	Commercial vehicle
Name of Driver	NYI NYI HHWE
Work Permit No	G2354719N
Contact Number	_
Address	_
Address complement	_
Postcode	_
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	1
3 (3)	-

INJURED PERSONS DETAILS

NJURED 1

INJURED 1	
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	- SENGKANG GENERAL HOSPITAL PTE LTD - 3 DAYS MC SMN4802Z -
INJURED 2	
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn?	- - - SENGKANG GENERAL HOSPITAL PTE LTD - 3 DAYS MC SMN4802Z
Was this injured conveyed to hospital by ambulance?	

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
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- 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.
- 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.
- 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, involces, 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 policytre(der) / Date 8 Time

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

Sketch Plan

A Smn 4802Z

B GBG6592H

B

Describe Circumstance of the Accident
My vehicle, SMN4802Z, was stationary as the traffic light was red.
There are other cars infront of me. Suddenly, we was thrown forward
but we had seat betts on. The impact was huge. The other party vehicle,
GBG6592H, hit us at the back. My car boot was crashed and other
party vehicle windshield is broken. Me and my wife kelly wong,
who is the passenger have gotten a 3 days me.
· ·

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



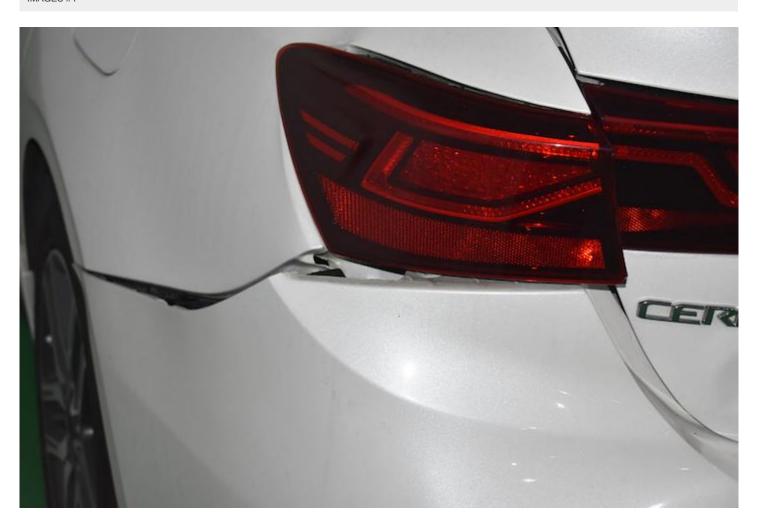
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

2







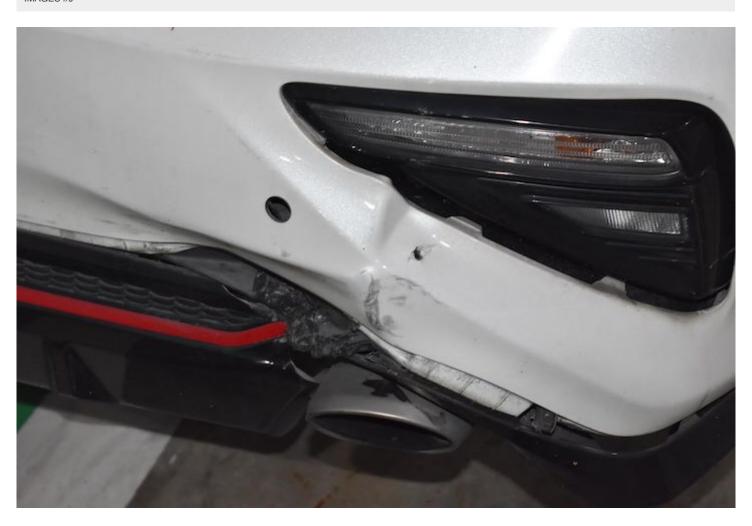




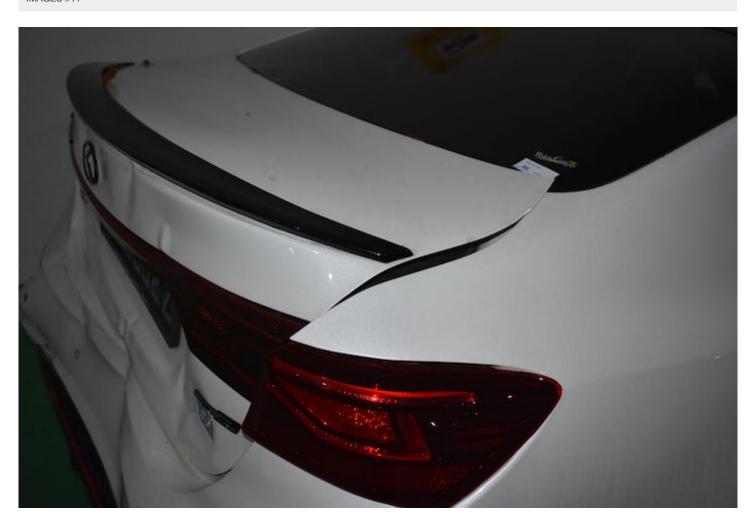




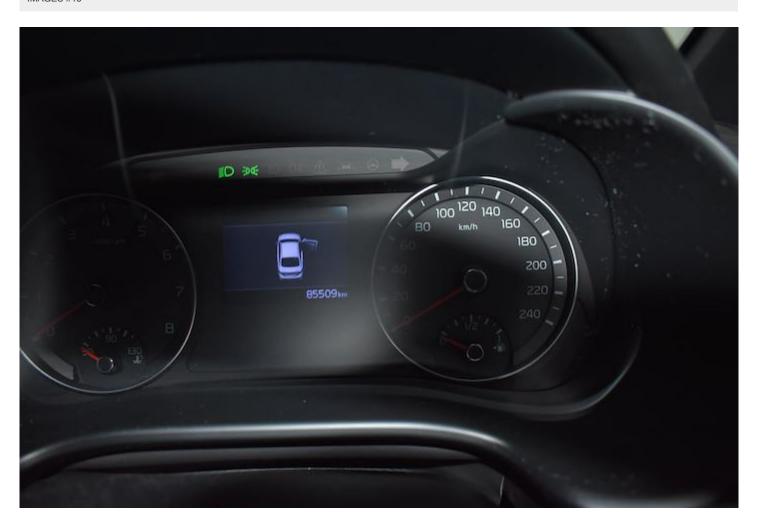




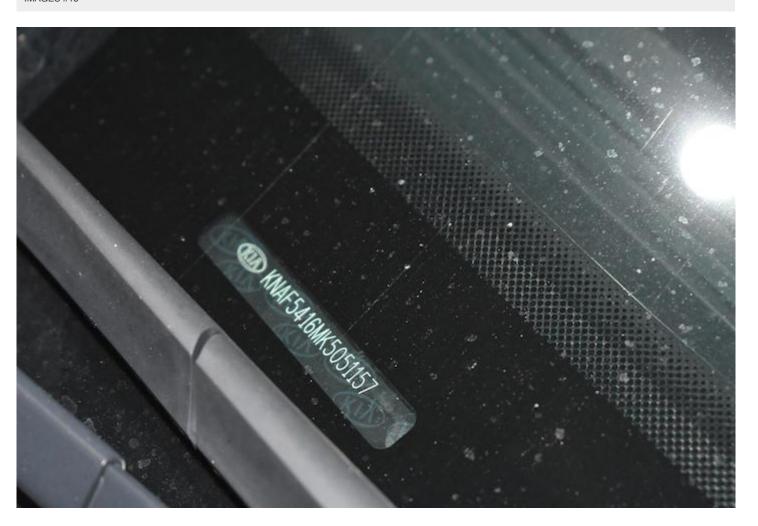


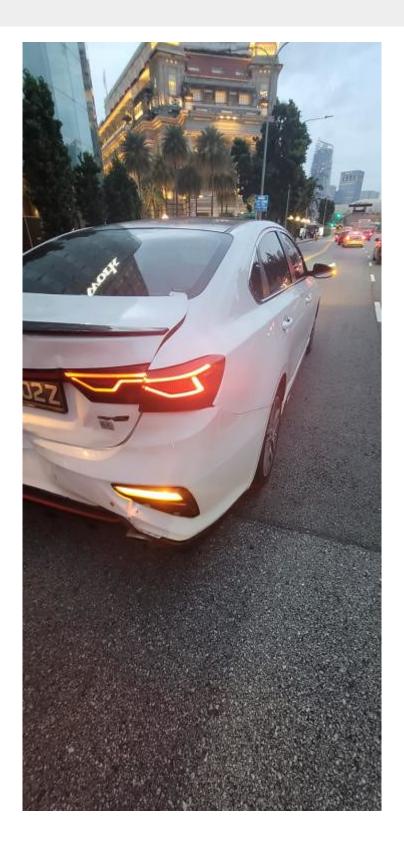




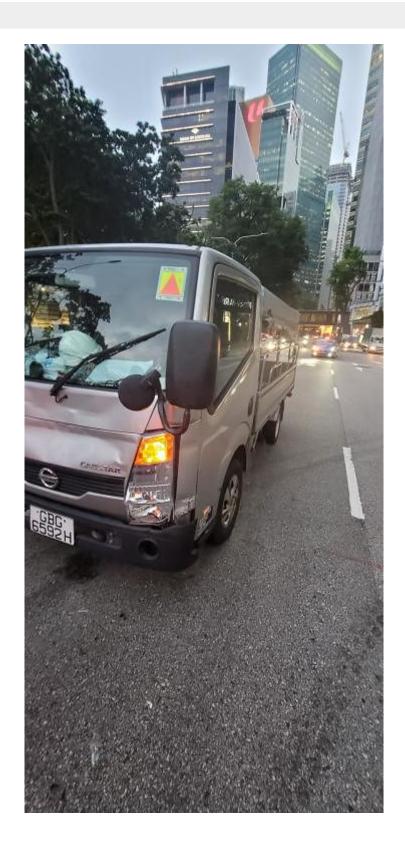


















4 -6

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20230708/7006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made; 08/07/2023 09:44		Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars			
	Informant: EN SEAN		Address: 82 EDGEDALE PLAINS	S #15-05 SINGAPORE 828736	
ID Type NRIC NO	/ ID No.: D / S93703	69C	Contact No.: Home/Office:	Mobile: 91764158	
National	ty: ORE CITIZ	EN	Email: UNDERSCORE193@G	GMAIL.COM	
Sex: Male	Age: 30	Date of Birth: 04/04/1993	Type of Informant: Driver		
Race: Chinese		Language: English			
Occupation: Business and financial project management professional		Driving Licence Informa Class: 3	ation: Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/07/2023 19:10	Type of Location Straight Road
Location: COLLYER Q	YAL			
		Dood Confessi		
Weather: Clear		Road Surface: Dry		
	• Way		ing	Traffic Volume: Moderate

Details of V	ehicle Invo	lved				JE DESERT
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SMN4802Z	Car	KIA	CERATO 1.6(A) SUNROOF	White		0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMN4802Z	NTUC Income Insurance Co-Operative Limited	5129473235	14/08/2022	13/08/2023





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 4 Report No. T/20230708/7006

CONTINUATION OF REPORT

Details of Perso	n Involved				4-27		
Any Pedestrian I	nvolved: No						
No. of Pedestrians Injured: NIL			Use of Pe	Use of Pedestrian Crossing: NA			
Passenger					111		
Name	KELLY WONG			ID No).	S9381700A	
Related Vehicle	SMN4802Z (Car)			Contact No.		82807129	
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.			Class Drivir Licen Expir	ng ce &	Class: NIL Date of Expiry: NIL	
Date	07/07/2023 Date				07/07	7/2023	
No. of Days gran	inted Medical Leave 03 Degr			of	Slight	t	
Driver							
Name	LIM THIEN SEAN			ID No).	S9370369C	
Related Vehicle	SMN4802Z (Car)			Conta	act No.	91764158	
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.			Class Drivin Licen Expir	ng ce &	Class: 3 Date of Expiry: NIL	
Date	07/07/2023		Date		08/07	/2023	
No. of Days gran	ted Medical Leave	03	Degree o	Degree of Slight			

Brief Details.

I have photos and videos. Do not exceed 2MB.

Travelling along collyer quay road.

Near Weworks. Directly at the 20 Collyer Quay building signage beside BMP Paribas. Did not happen at a pedestrian crossing.

I was stopped at a traffic light as it was red. As were the other cars in front of me.

Suddenly, me and my wife was thrown forward; very hard. Luckily we had our seatbelts on but the whiplash was bad, we suspect the Lorry driver was travelling very fast to be able to hit us at such speed and impact.

Thankfully my foot was on the brake because my car was hit at such speed and impact that I almost hit the car in front even though I was quite far away from the car in front.

We came out of our car and realized that the Lorry driver's windshield was broken, probably due to the speed he was traveling at and there were pieces of glass everywhere. Our boot was crushed.

At such a low speed zone, this accident was impossible unless he was traveling at high





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

Report No. T/20230708/7006

CONTINUATION OF REPORT

speeds as traffic was quite heavy at 7.10pm. It was obvious the Lorry driver was not paying attention to the road, probably distracted because all traffic was at a standstill before the traffic red light and it was a packed road.

We were getting progressively dizzy after the accident with a persistent headache, my wife wanted to vomit and I suffered neck and back of the head numbness so we went to A&E for a check. As doctor suspected minor head injuries (concussion), I went for a CT scan and was hospitalized for a day.



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



4 of 4

Report No. T/20230708/7006

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 08/07/2023 09:44
Officer In Charge Of Case: TP / TPIB / LEE GUANG HUI Contact No.: 65476204	Classification Of Case:

NP168



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: 5129473235 Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

 SMN48027 Chassis Number

2. Name of Policyholder

: KNAF5416MK5051157

: LIM THIEN SEAN

3. Effective Date of Insurance

: 14 Aug 2022

4. Expiry Date of Insurance

: 13 Aug 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) : \$\$600 EXCESS (SECTION 2) : N/A : \$\$100 WINDSCREEN EXCESS ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO : YES INSURE WITH COE NCD PROTECTION : NO ROADSIDE ASSISTANCE AND WELLNESS COVER : NO TRANSPORT ALLOWANCE : NO EXCESS WAIVER : NO

: LIM THIEN SEAN PRIMARY DRIVER

: N/A NAMED DRIVER (1) NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : DBS BANK 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)

: I INSURANCE AGENCY (00000572538)

Date of Issue

: 08 Aug 2022 12:47 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive