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 First Submission 24/07/2023 13:30 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 23/07/2023 08:20 (SGT) Exact Location of Accident 41A Cambridge Rd, Singapore 211041 Additional Location Information PREMISES OF PEK KIO MARKET & FOOD CENTRE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

1500

Vehicle Registration Number SLC6217U

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner CHEONG WOON WENG NRIC No S1095506H Email Address WENG9648@GMAIL.COM Mobile Phone No (Phone) +65-96487761 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Vezel Variant Exact purpose for which vehicle was being used at time of accident Private use Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5109094523-04

DRIVER

Name of Driver CHEONG WOON WENG NRIC No S1095506H Date Of Birth 29/08/1949 Occupation Indoor

Date Of Driving Pass 15/12/1972 Driving experience 50 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-96487761 Alt. Phone Number Email Address WENG9648@GMAIL.COM Address BLK 373 HOUGANG ST 31 #17-59 Address complement Postcode 530373 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 Side Swipe 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? 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 TO POLICE REPORT: T/20230724/7030. 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 SND3068Z 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	VEHICLE B
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

- Prease 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
- Information provided must be as <u>truthful</u> and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>regulate 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.

- 6. This report will be forwarded by the insurers to the GIA Records Management Centre established by the Gerieral 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 archneig 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)

Lunderstand, 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/persocial 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' tawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police) for the purpose(s) of
- (ii) 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) corrying 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 of 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 the accident and the Insurers' lawyers law firms, may/are permitted to collectuse, 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

PolicyWolder's Signat Vi / Date & Time

Other's Signature (Virger is not the policyholder) / Dat

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

Sketch Plan

(MYRYK

INSIDE, PREMISES OF PEK KIO

MAYLET Y

food centur

(A) SLC 62174

(B) SND30687

CACcident report SS2X237O000A

Describe Circumstance of the Accident keter to traffic police kyport no: T/20236724/7030 Declaration

I/We declare the foregoing particulars are true in every respect

er is not the policyholder) / Date Witnessed by Reporting Centre Personnel (Name as in NR/CelD card)

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Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

T/20230724/7030 1 of 3

Report No. T/20230724/7030

REPORT OF A TRAFFIC ACCIDENT Date/Time Report Made: Vide Report No.: Station Diary No.: 24/07/2023 12:22 Informant's Particulars Name of Informant: Address: CHEONG WOON WENG 373 HOUGANG STREET 31 #17-59 SINGAPORE 530373 ID Type / ID No .: Contact No.: NRIC NO / S1095506H Home/Office: Mobile: 96487761 Email: Nationality: SINGAPORE CITIZEN WENG9648@GMAIL.COM Sex: Age: Date of Birth: Type of Informant: Male 73 29/08/1949 Driver Language: Race: Chinese English Occupation: Driving Licence Information: Retiree Class: Date of Expiry:

General Inform	mation of the Acciden	ıt				
Type of Accident: Non-Injury Hit and Run		Drink Drive: No	Date/Time of Accident: 23/07/2023 08:20	Type of Location: Car Park		
Location: PREMISES C	OF CARPARK OF PEK	KIO MARKET & FOO	DD CENTRE			
Weather: Clear		Road Surface: Dry				
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume:		
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No		

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SLC6217U	Car					0
SND3068Z	Car					0

Details of Person Involved		Melvin.
Any Pedestrian Involved: No	-118 -128 -128 -128 -128 -128 -128 -128	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA	



T/20230724/7030

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Report No. T/20230724/7030

2 of 3

Police Station Of Origin: Traffic Police

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

CONTINUATION OF REPORT

Driver					
Name	CHEONG WOON WENG		ID No.	S1095506H	
Related Vehicle	SLC6217U (Car)			Contact	No. 96487761
Hospital/Clinic	NIL			Class of Driving Licence Expiry	Date of Expiry: NIL
Date	NIL		Date	N	NIL .
No. of Days granted Medical Leave N		NIL	Degree of NIL		NIL .

Brief Details.

ON 23/07/2023 AT ABOUT 0810HRS, I PARKED MY VEHICLE AT PREMISES OF CARPARK OF PEK KIO MARKET & FOOD CENTRE, EVERYTHING WAS INTACT. AFTER I ATE MY BREAKFAST, AND RETURNED BACK TO MY VEHICLE AT ABOUT 0900HRS, I REALIZED THAT THE FRONT PORTION OF MY VEHICLE WAS DAMAGED. WHEN I VIEWED MY IN-CAR CAMERA FOOTAGE, I REALIZED THAT IT WAS VEHICLE (B) WHO HIT ONTO MY VEHICLE (A) WHILE DOING A THREE POINT TURN AND LEFT THE SCENE WITHOUT LEAVING A NOTE IN MY CAR. I WISH TO STATE THAT THIS IS A HIT AND RUN INCIDENT.

VEHICLE A: SLC6217U VEHICLE B: SND3068Z





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20230724/7030

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: 24/07/2023 12:22
Officer In Charge Of Case: TP / TPIB / SUFIYAN BIN KHAIRI Contact No.: 65476148	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: 5109094523-04

Cover : drivo CLASSIC : SLC6217U

1. Index mark and Registration Number of Vehicle

Chassis Number

: RU11104802

2. Name of Policyholder

: CHEONG WOON WENG

3. Effective Date of Insurance

: 20 May 2023

4. Expiry Date of Insurance

: 19 May 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 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

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) 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 : YES (FREE) ROADSIDE ASSISTANCE AND WELLNESS COVER : NO TRANSPORT ALLOWANCE : NO EXCESS WAIVER : NO

PRIMARY DRIVER : CHEONG WOON WENG

NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : UNITED OVERSEAS BANK 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

: INSURE LINK PTE. LTD. (00000614836)

Date of Issue

: 21 Apr 2023 12:30 hrs

For INCOME INSURANCE LIMITED

Chief Executive