

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 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 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	27/07/2023 17:05 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	25/07/2023 00:26 (SGT)
Exact Location of Accident	Buyong Rd, Singapore
Additional Location Information	TWDS ORCHARD RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLT1827C

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	OH KIM SENG
NRIC No	S1623379Z
Email Address	ZHIZHONG-1993@HOTMAIL.COM
Mobile Phone No	(Phone) +65-91729595
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Axio
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 your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5125360497-01

DRIVER

Name of Driver	OH ZHI ZHONG
NRIC No	S9344790E
Date Of Birth	01/12/1993
Occupation	Indoor

Date Of Driving Pass	10/10/2012
Driving experience	10 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91729595
Alt. Phone Number	-
Email Address	ZHIZHONG-1993@HOTMAIL.COM
Address	BLK 899A WOODLANDS DRIVE 50#10-252
Address complement	-
Postcode	730899
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 - 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	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
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	BERT
Gender	Male

PASSENGER 2

Name	WAYNE
Gender	Male

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?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20230725/7098.

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	YP7135T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	WAN RIZAL BIN ABDUL RAHIM
Contact Number	(Phone) +65-90239152
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	OH ZHI ZHONG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLT1827C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

WITNESS DETAILS

WITNESS 1

Name	JEROME BERTRAND GOH WEI HSUN
Phone	(Phone) +65-98773786
Email	-

SKETCH PLAN

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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.

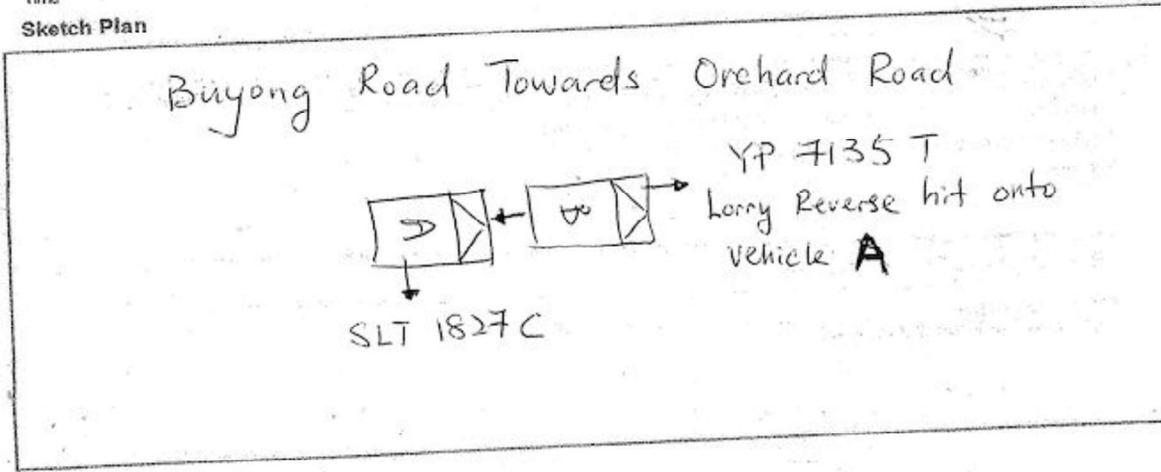
SENGI

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer To Police Report NO: T/20230725/7098

Declaration

We declare the foregoing particulars are true in every respect.

SENG 27/7/23 *[Signature]*
Policyholder's Signature / Date & Time Driver's Signature (if driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel

Insurance Co. NTUC Insurance
Vehicle NO. SLT 1827C Date Of Accident 25, 07, 2023
 Reporting Only
 Own Damage Claim
 Third Party Claim

















**SINGAPORE
POLICE FORCE**



T/20230725/7098

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

1 of 4

Report No. T/20230725/7098

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/07/2023 23:20	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: OH ZHI ZHONG		Address: 899A WOODLANDS DRIVE 50 #10-252 SINGAPORE 730899	
ID Type / ID No.: NRIC NO / S9344790E		Contact No.: Home/Office: Mobile: 91729595	
Nationality: SINGAPORE CITIZEN		Email: ZHIZHONG-1993@HOTMAIL.COM	
Sex: Male	Age: 29	Date of Birth: 01/12/1993	Type of Informant: Vehicle Owner
Race: Chinese		Language: English	
Occupation: Compliance officer/Risk analyst (financial)		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 25/07/2023 00:30	Type of Location: Straight Road
Location: ORCHARD ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLT1827C	Car	TOYOTA	Axio	Black	Slightly Damaged	2
YM7135T	Lorry					0



**SINGAPORE
POLICE FORCE**



T/20230725/7098

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

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Report No. T/20230725/7098

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	OH ZHI ZHONG	ID No.	S9344790E
Related Vehicle	SLT1827C (Car)	Contact No.	91729595
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	25/07/2023	Date	25/07/2023
No. of Days granted Medical Leave	05	Degree of	Slight
Driver			
Name	WAN RIZAL BIN ABDUL RAHIM	ID No.	S7802284A
Related Vehicle	YM7135T (Lorry)	Contact No.	90239152
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On the 25/7/2023 at about 00:26hrs, I was involved in a hit and run accident. I was travelling with my 2 friends along buying road after CTE exit towards orchard road. I stopped behind a lorry (YP7135T) due to a red traffic light, suddenly the lorry (YP7135T) reverse and hit onto my car (SLT1827C) front portion. I immediately horn continuously to alert the lorry driver for continue reverse onto my car front portion. Unfortunately the lorry had already hit onto my car front portion. Due to the impact, the lorry driver didn't stop and drove off due to the green light traffic. I continue to horn him and chase the lorry for about 200m too 300m. Then the lorry (YP7135T) stopped at the side of the road along orchard road.

The driver of the lorry alighted from his vehicle. I question him why he didn't stop after the accident. He denied and mentioned that the car Infront of him reverse, so he follow suit without checking behind. We exchange particularly (wan Rizal bin Abdul Rahim, s7802284a) and he inform me to make a third party claim under the lorry (YP7135T) insurance policy.

At around 10am plus , I felt some pain on my neck and back area. I decided to went to mount alvernia hospital for medical check up and was given 5 days MC. I have a witness who had witness the whole incident when the accident happen, he is willing to be the witness .

Name: Jerome Bertrand



**SINGAPORE
POLICE FORCE**



T/20230725/7098

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

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Report No. T/20230725/7098

CONTINUATION OF REPORT

IC : S9711733J
Contact: 98773786



**SINGAPORE
POLICE FORCE**

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



T/20230725/7098

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Report No. T/20230725/7098

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: 25/07/2023 23:20
Officer In Charge Of Case: TP / TPIB / NEO ZHI YUAN Contact No.: 65476079	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: 5125360497-01 **Cover :** Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle : **SLT1827C**
 Chassis Number : NZE1416105132

2. Name of Policyholder : OH KIM SENG

3. Effective Date of Insurance : 16 Feb 2023

4. Expiry Date of Insurance : 15 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 this Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
PRIMARY DRIVER	: OH KIM SENG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: INDEX CREDIT PTE 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)

Agency : TONG HIN INSURANCE AGENCY PTE. LTD. (00000614661)
 Date of Issue : 16 Feb 2023 16:52 hrs

For INCOME INSURANCE LIMITED

Chief Executive