© 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.

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 Submission15/08/2024 15:06 (SGT)Reported byBoth Policyholder and Actual DriverDate of Accident14/08/2024 18:05 (SGT)Exact Location of AccidentSingaporeAdditional Location InformationCTE (AYE) 7.5KM LAMPOST 413FCountry/State of LossSingapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMP2207U

INSURED/POLICYHOLDER

Is company?

No
Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

VEHICLE PARTICULARS

ManufacturerMERCEDES BENZModel\$300LVariant-

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to

Alternative Phone No

your vehicle? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 2997

Vehicle Fuel First Regisration Date Chassis no -

Effective Date/Time of Ownership -

INSURANCE COMPANY

Name of Insurance CompanyLiberty Insurance Pte LtdPolicy Number / Cover Note NumberSI23V14853/VPE/R02

DRIVER

Name of Driver NRIC No	KANAN S/O PACKRISAMY
Date Of Birth	SXXXX105E
Occupation	Indoor
Driving Pass Date	Indoor 14/11/1006
Driving License Pass Class	14/11/1996 3
Driving License Validity	Valid
Driving experience	27 YEARS AND 9 MONTHS
Gender	
Mobile Number	Male
Alt. Phone Number	,
Email Address	-
Address	
Address complement	
Postcode	
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	res
Does Driver Own Other Vehicles?	- No
Vehicle Registration Number of Other Vehicle Owned by Driver	NO
vehicle Negistration Number of Other Vehicle Owned by Driver	_
Insurance Company of Other Vehicle Owned by Driver	_
,,,,,,,,,,	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry
	,
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	No
Was anybody injured in the Accident?	3
Was any injured in the Accident: Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	- V-a
Number of Passengers (Including Driver)	Yes 1
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	_
3 3 3	
DETAILS OF POLICE ACTION	
DETAILS OF FOLIOL ACTION	
Man the manifold of the Control of t	
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 NO. T/20240815/7045	
ATTACHMENT(S)	
Are agaident photos quellable for attaches and	V
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	SHB5813H
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	_
Vehicle Colour	=
Vehicle Category	Taxi
Name of Driver	TAN JIAWEN
NRIC No	SXXXX260E
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 Vehicle Manufacturer Vehicle Model Vehicle Variant	SLL6952H Mazda - -
Vehicle Colour	-
Vehicle Category	Private hire
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.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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>.
- 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)

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' 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 &

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

Witnessed by Reporting Centre Personnel

Sketch Plan

(A) 8MP2

(B) SHB 5813 H

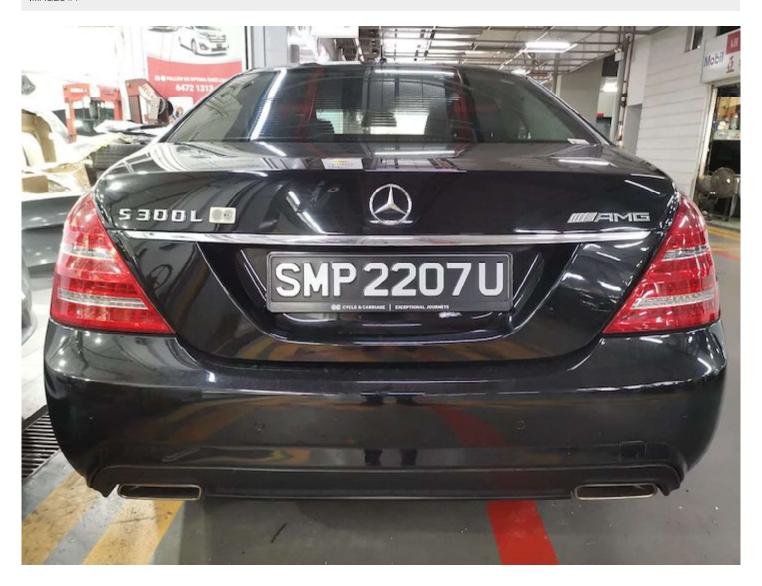
(C) SLL 6952 H

Refer	to police	report	T/20240815/7045	
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		N PRO SA		
				1
*VINDLY TAI	CE NOTE THAT YOUR	IAVE 14 DAYS	FROM DATE OF ACCIDENT TO CONVERT TO OWN	N DAMAGE CLAIM
KINDLI IM	CENOTE III TOO	# 17 B/ (10)		
eclaratio	n			
We declare t	he foregoing particul	ars are true in o	every respect.	
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Carl	19			
1)1	1.			440
	The state of the s		nature (If driver is not the policyholder) / Date	Witnessed by Reporting Centre





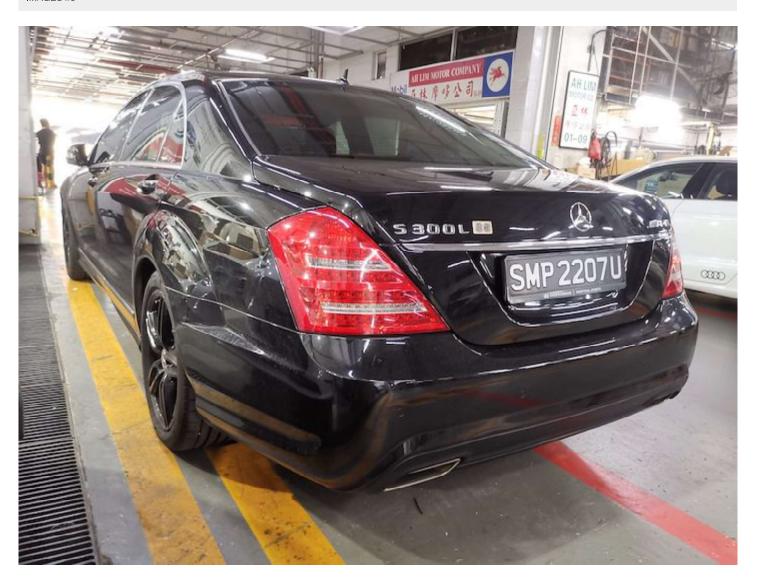


















Police Station Of Origin; Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20240815/7045

REPORT OF A TRAFFIC ACCIDENT

Date/Time R 15/08/2024 1		Made:	Vide Report No.: E/20240814/0117			Station Diary No.:
Informant's P	articul	ars				
Name of Info Kanan Packr			Addres	ss:		
ID Type / ID NRIC NO /	Type / ID No ·			t No.: Office:	Mobile: (
Nationality: SINGAPORE CITIZEN		Fmail:				
Sex: Male	Age:	Date of Birth:	Type of Informant: Vehicle Owner			
Race: Indian		Language; English				
Occupation: Company director			Driving Licence Information: Class: Date of Expiry:			
Seneral Inform	nation	of the Accident				
Type of Accid	dent:	Injury Attended by Police		Drink Drive: No	Date/Time of Accident: 14/08/2024 18:05	Type of Location: Flyover
Location:						

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/08/2024 18:05	Type of Location: Flyover
Location: BRADDELL ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way				ffic Volume: derate
Type of Collision: Between Moving V	ehicles - Head To Rear			one conveyed by bulance:

Details of Ve	hicle Involved					
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHB5813H	Motor car	ТОУОТА	Prius Hybrid	Maroon	Seriously Damaged	2
SLL6952H	Motor car	MAZDA		Grey	Seriously Damaged	2
SMP2207U	Motor car	MERCEDES BENZ	S300L	Black	Slightly Damaged	1

Details of Vehicle Insurance					
Insurance Company	Insurance No	Effective Date	Expiry Date		
LIBERTY INSURANCE PTE LTD	SI23V14853/VPE/R02	24/11/2023	23/11/2024		
	Insurance Company	Insurance Company Insurance No	Insurance Company Insurance No Effective Date		



T/20240815/7045

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20240815/7045

CONTINUATION OF REPORT

Details of Person	Involved					
Any Pedestrian In	volved: No					
No. of Pedestrians	Injured: NIL		Use of Pe	destrian	Crossin	g: NA
Driver				State of the last	\$ L. U	
Name	TAN JIAWEN			ID No		
Related Vehicle	SHB5813H (Motor car))		Conta	ct No.	
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date D			charge	NIL	
No. of Days grant	ed Medical Leave (MC) NIL Degr			of Injury Slight		
Vehicle Owner		THE REAL PROPERTY.				
Name	Kanan Packrisamy			ID No		
Related Vehicle	NIL			Contact No.		
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	charge	NIL	
No. of Days grant	ed Medical Leave (MC)	NIL	Degree o	f Injury	NIL	

Brief Details.

On Wednesday 14 August I was driving along the CTE headed towards to the City. At about 6.05pm on Lane 1 at CTE(AYE) 7.5km Lampost 413F, the car in front of my car (SMP2207U) braked and I followed suit. But the driver of the car behind me (Mr Tan Jiawen driver of SHB5813H) could not stop in time. He thus knocked my car and my car sustain some damage including a crack in my bumper and other damages consistent with being knocked from behind. Immediately after our collision another car SLL6952H rear ended Mr Tan's SHB5813H but I had moved to a save distance already so they did not hit me again. I turned on my hazard signal. Came out of the car and took some pictures and notice Mr Tan was in some discomfort. I immediately went to his door to check on him and he said he was ok and eventually came out to exchange particulars. I asked if he was ok, he said he was not feeling that good. I asked if he wanted me to call the ambulance but he said he wants to "see how" first. So I exchange particulars and drove off. That's all.



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



3 of 3 Report No. T/20240815/7045

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: 15/08/2024 13:17
Officer In Charge Of Case: TP / TPIB / MUHAMMAD AFIQ BIN RAHMAT Contact No.: 65476083	Classification Of Case:
NP168	