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 12/10/2024 13:39 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 11/10/2024 08:10 (SGT) Exact Location of Accident Eunos Ave 5, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

Vehicle Registration Number SML130R

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner WU YILIANG DANIEL NRIC No S8805290J Email Address NARUKDANKA@HOTMAIL.COM Mobile Phone No (Phone) +65-97566795 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Shuttle Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 1500 Vehicle Fuel First Regisration Date

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMHCSNW00004572400

DRIVER

Chassis no

Effective Date/Time of Ownership

Name of Driver WU YILIANG DANIEL NRIC No S8805290J Date Of Birth 23/02/1988 Occupation Outdoor Driving Pass Date 04/08/2016 Driving License Pass Class Driving License Validity Valid Driving experience 8 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-97566795 Alt. Phone Number Email Address NARUKDANKA@HOTMAIL.COM Address BLK 478C YISHUN STREET 44 #13-175 Address complement Postcode 763478 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? 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) 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 **UNKNOWN** Gender Male PASSENGER 2 Name **UNKNOWN** 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? No If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20241012/7027.

ATTACHMENT(S)

Are accident photos available for attachment?

Yes
Was there any video captured by Car Camera?

Yes

Reasons for not uploading a video of the accident WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHF49J 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 **VEHICLE B** No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	WU YILIANG DANIEL
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SML130R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

PORTANT NOTICE

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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>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 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 longement of this report to the insurers, you hareby consent to the archiving of this report at the centre and to copies of the veport being made available aforesaid.

Consent under the Personal Data Protection Act (PDPA)

understand, acknowledge, agree and consent that:

i) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are parmitted to collect, use, disclose notice process my personal data/personal information set out in this (form) and any other personal information provided by me or ossessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal information to all insurer(s) he have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be officely referred to as the "Insurers"), the Insurers' lawyors/law limis, the Monetery Authority of Singapore and any relevant overment agency/sulfucity (such as the police), for the purpose(s) of:

r processing, handling and for dealing with my claims including the settlement of the claims and any necessary investigations relating to exterms;

-) investigating the accident and/or my daline;
- I) cerrying out ancifor dealing with my instructions or responding to any enquiries by me;
- c) administrating my claims: (including the mailing of correspondance, statements, invoices, reports or notices to me, which could involve schooler of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail acknowledges.
-) complying with approache law in administering, processing, handling and/or dealing with my claims collectively the "Purposes")
-) as issure/(a) who have insured vehicle(s) involved in this addident and the insurers' lawyers/law lines, may/are panelited to defect, i.e., disclose and/or process my Personal information for one or more of the above Purposes; and

) my Personal Information mey/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents including their leavyers/law times), which may be sted obtained of Singapore, for one or more of the above Purposes.

las Dr

sylution's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/IID care)



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thit's declare the foregoing particulars are true in every respect

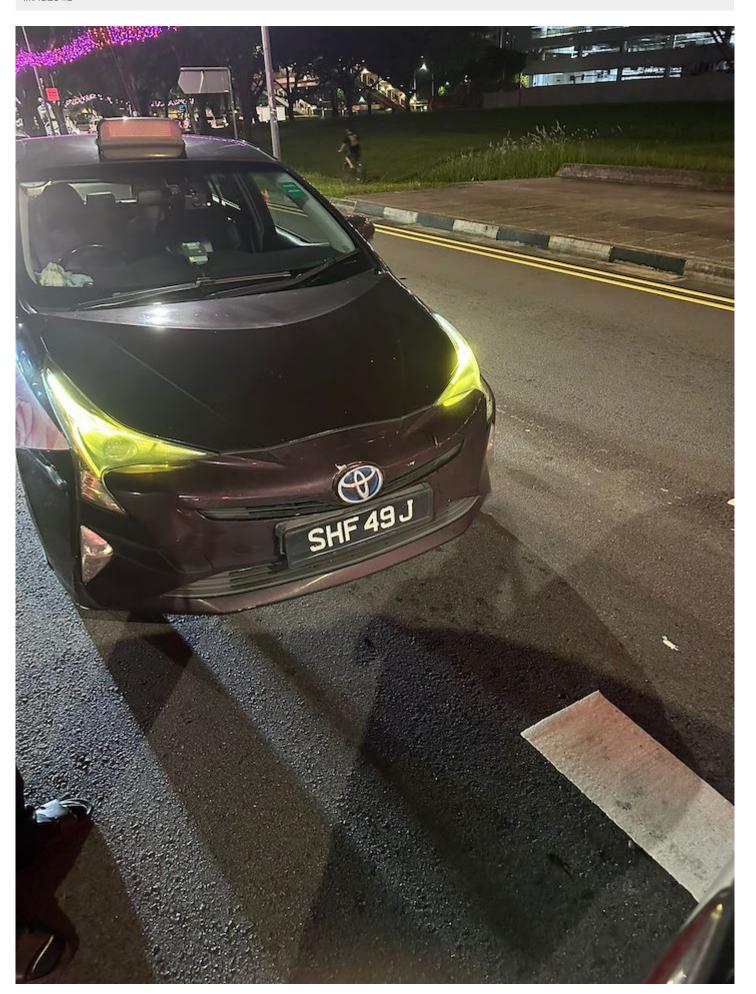
Pc' synu'der's Signature / Date & Time

19 Du

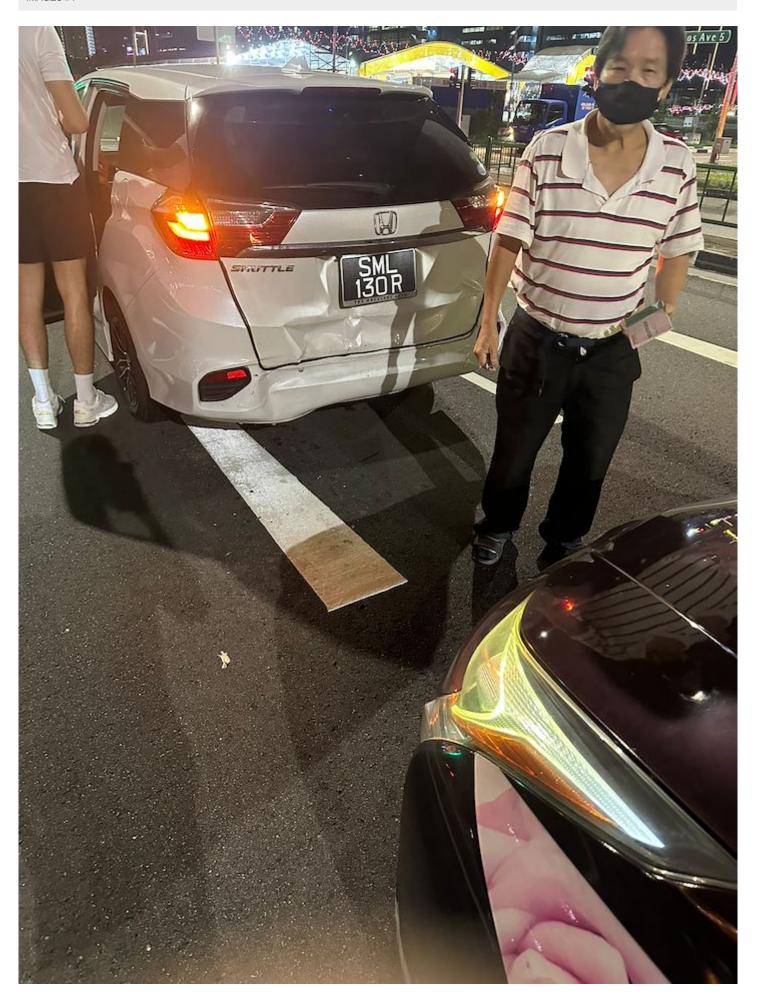
Driver's Signature (if driver is not the poticy/norder) / Date

Witnessed by Reporing Centre Personnal



























Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Report No. T/20241012/7027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/10/2024 12:25		ide:	Vide Report No.:	Station Diary No.:			
Informan	t's Particular	'S					
Name of Informant:			Address:				
WU YILIANG, DANIEL			478C YISHUN STREET 44 #13-175 SINGAPORE 763478				
ID Type / ID No.:			Contact No.:				
NRIC NO / S8805290J			Home/Office: Mobile: 97566795				
Nationality:			Email:				
SINGAPORE CITIZEN			NARUKDANKA@HOTMAIL.COM				
Sex: Age: Date of Birth: Male 36 23/02/1988			Type of Informant: Driver				
Race:			Language:				
Chinese			English				
Occupation:			Driving Licence Information:				
Private Hire Driver			Class: 2B,2A,2,3 Date of Expiry:				

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/10/2024 20:10	Type of Location X-Junction
Location: EUNOS AVENUE	5			
		Road Surface: Dry		
Weather: Clear Traffic Flow:		2.3.0.2		affic Volume:

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHF49J	Motor car				Slightly Damaged	0
SML130R	Motor car	HONDA	SHUTTLE 1.5G CVT	White	Seriously Damaged	2

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date		
SML130R	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW00004572 400	30/04/2024	30/04/2025		



T/20241012/7027

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20241012/7027

CONTINUATION OF REPORT

Details of Person	Involved				F 65 10 1	
Any Pedestrian In	volved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Driver		LONG'S				
Name	WU YILIANG, DANIEL		ID No	-	S8805290J	
Related Vehicle	SML130R (Motor car)			Conta	ict No.	97566795
Hospital/Clinic	NIL			Class Drivin Licen Expire	g	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days grante	ed Medical Leave (MC)	Degree of	Injury	Slight		

Brief Details.

On the stated date and time, i was driving my vehicle (SML130R) along Eunos Avenue 5. I was stationary while waiting for the traffic light to turn green. Suddenly, i felt an huge impact from my rear portion of my vehicle. Vehicle B (SHF49J) couldn't stop in time and collided onto my vehicle.

I sustained injuries from the above mentioned accident and was given 3 day of MC.



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



3 of 3 Report No. T/20241012/7027

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: 12/10/2024 12:25
Officer In Charge Of Case: TP / AEIT / CHUA SOON KEONG Contact No.: 65476030	Classification Of Case:
NP168	



中国太平保险 (新加坡)有限公司

Motor Hire Car

CERTIFICATE OF INSURANCE Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia) MZ406UB N SN

AN0420A Cov. Type:C

CERTIFICATE No.

DMHCSNW00004572400

Engine No.: L15B6002174 Cha. No.:GK82001829

Index Mark and Registration Number of Vehicle

AUTOSAFE

SML130R

2. Name of Policy Holder

WU YILIANG DANIEL

Effective date of the Commencement of 30/04/2024 Insurance for the purposes of the Regulations, (00:00:00) Ordinance or Enactment

Excess Sect 1. Excess Sect. I (Outside Singapore) S\$2,500.00 Excess Sect. II S\$1,250.00

\$\$1,250.00

4. Date of Expiry of Insurance

29/04/2025

Excess Sect.II (Outside Singapore). \$\$2,500.00

EX ON WINDSCREEN .

\$\$100.00

5. Persons or Classes of Persons entitled to drive*

As per Named Driver(s) stated below.

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

WU YILIANG DANIEL

6. Limitations as to use:*

(1) Use for the carriage of passengers or goods in connection with the Policyholder's business.
(2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

The Policy does not cover (1) Use for racing, pace-making, reliability trial or speed-testing. (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

HERE PURCHASE CO.: GB HELIOS PTE. LTD.

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Molaysia), are not to be included under these headings.

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).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.

各电义

Authorised Signatory

Issued By: INXPRESS INSURANCE AGENCY PTE LTD Authorised Officer

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) 🛪 3 Anson Road #16-00 Springleaf Tower Singapore 079909

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