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 Submission 20/12/2024 10:15 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 19/12/2024 10:50 (SGT) Exact Location of Accident Near 3 HarbourFront Ave, Singapore 098632 Additional Location Information JUNCTION OF TELOK BLANGAH ROAD AND HARBOURFRONT **AVENUE** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number **SLR6939R**

Manufacturer

Effective Date/Time of Ownership

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner CHEAH KOK YONG NRIC No SXXXX913G Email Address CHEAHKOKYONG@GMAIL.COM Mobile Phone No (Phone) +65-98537632 Alternative Phone No

VEHICLE PARTICULARS

Model Corolla Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private hire Transmission Auto CC 1496 Vehicle Fuel First Regisration Date

INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd Policy Number / Cover Note Number MZD10217

DRIVER

Chassis no

Name of Driver CHEAH KOK YONG NRIC No. SXXXX913G Date Of Birth 11/03/1977 Occupation Outdoor Driving Pass Date 09/02/2007 Driving License Pass Class Driving License Validity Driving experience 17 YEARS AND 10 MONTHS Gender Male Mobile Number (Phone) +65-98537632 Alt. Phone Number Email Address CHEAHKOKYONG@GMAIL.COM Address 276 YISHUN STREET 22 Address complement #07-240 Postcode 760276 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 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? Police Station Name Central Division Headquarters Police Station Phone No (Phone) +65-18002240000 Alt. Police Station Phone No (Fax) +65-62200877 391 New Bridge Road #03-112 Police Cantonment Complex Block Police Station Address A Singapore 088762 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT Refer to attach ATTACHMENT(S)

Yes

No

Are accident photos available for attachment?

Was there any video captured by Car Camera?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	QX1495X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
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)	-

Describe Circumstance of the Accident				
	Refer	to	Police	Report
	A/2	0241	219/70	32_
			-	
	- X			
	-00-60			

Declaration

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

Policyholders/Signature / Date & Time

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

SERVICE Ca. Reg. No. 7 2013188856 m

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

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SKETCH PLAN

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any witful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate 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.
- 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;
- (ii) 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 end/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 tirms, 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 Purposer CERVIC

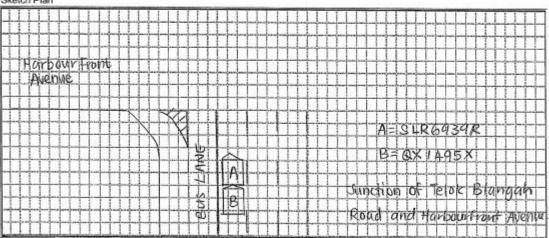
Policyholder's Signature / Date & Time

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

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

2012186850

Sketch Plan



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1 of 2

Report No. A/20241219/7032

POLICE REPORT (NP299)

Police Station Of Origin Central Division HQ 391 New Bridge Road #03-112 Police Cantonment Complex SINGAPORE 088762 Tel No:1800-2240000

Date/Time Report Made 19/12/2024 13:13	Vide Re	port No.		Station Diary No
Name Of Informant Cheah Kok Yong	Address 276 YISHUN STREET 22 #07-240 FICUS VALE SINGAPORE 760276			
ID Type / ID No.	Contact No.			
NRIC NO / S7776913G	Home/Office: Mobile: 98537632			
Nationality	Email Address			
SINGAPORE CITIZEN	cheahkokyong@gmail.com			
Occupation Grab Driver	Sex Male	Age 47	Date of Birth 11/03/1977	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident	Location Of Incident			
19/12/2024 10:53 - 19/12/2024 12:30	HARBOURFRONT AVENUE			

Brief details:

I stopped my car (SLR6939R) at 3rd lane at the junction of Harbourfront avenue after I saw the Red light, my car is the second car after the white line. Suddenly a police car (QX1495X) behind me hit my car and causes damaged to my car. As advised by the Traffic Police, I have to make a police report in order to claim for the damaged. The police car is drive by SSGT Aiman (Clementi police division/ERT). The incident case number provided by Traffic Police is D/20241219/0054.

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 19/12/2024 13:13
Officer In-Charge Of Case:	Classification Of Case:
Contact No.:	
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This report is lodged at Radin Mas NPP Kiosk





POLICE REPORT (NP299) CONTINUATION OF REPORT

Report No. A/20241219/7032

Subjects Involve	d with each time to be the close of		
Victim			
Person Name	Cheah Kok Yong		
ID Type	NRIC NO	ID No	S7776913G
Sex	Male	Age	47
Nationality	SINGAPORE CITIZEN	Race	Chinese
Language	English	Occupation	Grab Driver
Address	276 YISHUN STREET 22 #07- 240 FICUS VALE SINGAPORE 760276	Mobile No	98537632
Email Address	cheahkokyong@gmail.com	Is Informant A Victim?	Yes
Person Name	Cheah Kok Yong (Informant)		

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: 19/12/2024 13:13
Officer In-Charge Of Case:	Classification Of Case:
Contact No.:	

This renort is Indood at Radin Mae NIDD Kinek