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 Authorised 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 Submission 18/01/2021 13:18 (SGT) Date of Accident 16/01/2021 11:18 (SGT) Exact Location of Accident Near Unnamed Road, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

Vehicle Registration Number SI X1032H

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner MICRO CREDIT (CAR LEASING) PTE LTD Company Reg No 2XXXXX504E Email Address danielucas83@gmail.com Mobile Phone No (Phone) +65-98280773 Alternative Phone No +65-98280773

VEHICLE PARTICULARS

Manufacturer

Model Shuttle Variant Exact purpose for which vehicle was being used at time of accident Employment Are you claiming under your own insurance policy for repair to

your vehicle? No - Claiming third party Vehicle Category Private hire

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy Policy Number 5117122054 Cover Note Number

DRIVER

Name of Driver **CHEN CAIFA** NRIC No SXXXX809Z Date Of Birth 16/06/1986 Occupation Outdoor

Date Of Driving Pass 18/08/2017 Driving experience 3 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-98280773 Alt. Phone Number Email Address terencechencf@gmail.com Address BLK 162 YISHUN STREET 11 #15-252 Address complement Postcode 760162 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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? Yes Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name **UNKNOWN** Gender Female PASSENGER 2 **UNKNOWN DAUGHTER** Gender Female **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? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT A/20210116/7062 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

No

Was there any audio recorded?

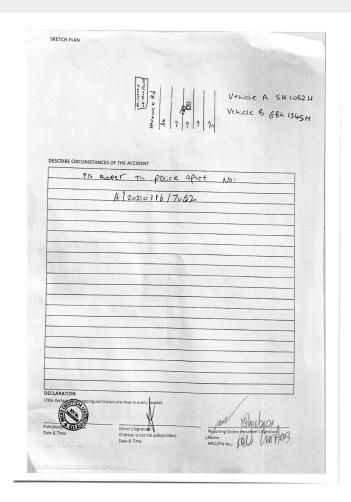
Vehicle Registration Number	GBH1345H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	_
Vehicle Colour	_
Vehicle Category	Commercial vehicle
Name of Driver	_
Contact Number	_
Address	_
Address complement	_
Postcode	_
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	-

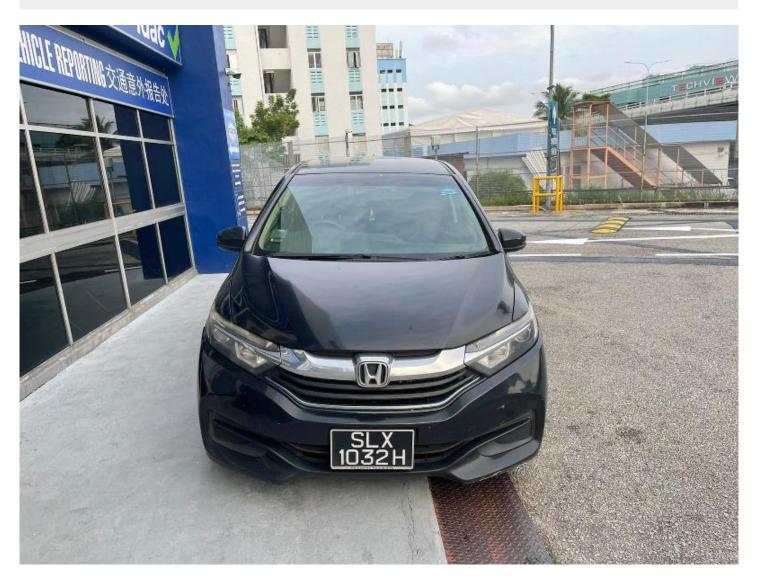
INJURED PERSONS DETAILS

INJURED 1

Name of injured person Address	CHEN CAIFA
	-
Address Complement Post Code	-
	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLX1032H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

IMPORTANT NOTICE 1. Please report segressity the details of the acqueent to speed up the claims process. 2. This form must be complicated by the Polichelder and/or the Authorised Driver 3. Indomination provided must be a truthful and personal process. 3. Indomination provided must be a truthful and personal process. 4. The little and acceptance of this form by marking companies to regardinate active tablate. 4. The little and acceptance of this form by marking companies. 5. And false reporting may be referred to the Police for investigation. 6. The report will be forwarded by the insurers of the CRA Records Management Centre established by the General Invasiance Aspociation of Singapore (CRA) for arriving and that copies of this report will for a fee be made available upon application by interested parties. 7. By the biogenest of this report to the insurers, you briefly consent to the archiving of this report at the contre and to copies of the report being made, any earliest affection (Art (DPA)). 8. Consent under the Personal Data Procession of Singapore (CRA) may fire personal loss processed by my insurer (collective) the "Personal Information" and affective personal information of all must report of the insurance Ascolation of Singapore (CRA) may fire personal information of all must report by my insurer (collective) the "Personal Information" and affective personal information of all must report by the insurance asked the "Personal Information" and affective the Association of Singapore (CRA) in the Singapore (CRA) may be reported to collect, use, disclose and/or processing my entitle disclose and/or processing my insurer (collective) the "Personal Information" and affect personal Information on all insurers (and the situation of the processing sharped by the segmental from the processing my entitle of the situation of the processing sharped by the segmenta







































POLICE REPORT (NP299)

Police Station Of Origin Central Division HQ A 391 New Bridge Road #03-112 Police Cantonment Complex SINGAPORE 088762 Tel No:1800-2240000 Report No. A/20210116/7062

Vide Rep	ort No.		Station Diary No.	
Address				
162 YISHUN STREET 11 #15-252 SINGAPORE 760162				
Contact	No.			
Home/Office:		Mobile:	Mobile:	
		98280773		
Email Address				
terenced	terencechencf@gmail.com			
Sex	Age	Date of Birth	Race	
Male	34	16/06/1986	Chinese	
Language				
English				
Location Of Incident				
HAVELOCK ROAD				
	Address 162 YISi Contact Home/O Email Acterencec Sex Male Languag English Location	162 YISHUN STRE Contact No. Home/Office: Email Address terencechenci@gm Sex Age Male 34 Language English Location Of Inciden	Address 162 YISHUN STREET 11 #15-252 SI Contact No. Home/Office: Mobile: 98280773 Email Address sterencechenc/@gmail.com Sex Age Date of Birth Male Janguage English Location Of Incident	

On the above mentioned date and time i was driving vehicle SLX1032H with 2 passengers on board.

All of us were belted.

I was traveling straight along havelock road before the junction of new market road. I was on the third lane from the right and there was a lorry in front of me and he cut to the left lane.

Afterwards, i continue driving straight as there was no vehicle in front of me anymore but suddenly when

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.

Date/Time:
16/01/2021 23:23

Authentication Stamp

Accident report SN08211I0003





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20210116/7062

almost half of my vehicle had already passed by the said lorry, suddenly i felt a impact from my vehicle left portion.

I alighted to realise that vehicle GBH1345H tried to avoid the cyclist in front of him as such sway his vehicle to the right and collided on to the left portion of my vehicle.

Later in the afternoon, i started feeling screness on my right arm, right knee, neck and chest areas so i went to central 24 hour clinic yishun to seek treatment and was given 3 days mc.

Victim					
Person Name	CHEN CAIFA				
ID Type	NRIC NO	ID No	S8616809Z		
Gender	Male	Age	34		
Race	Chinese	Language	English		
Occupation	Taxi driver	Address	162 YISHUN STREET 11 #15- 252 SINGAPORE 760162		
Mobile No	98280773	Is Informant A Victim?	Yes		

formant: the person making this
n authenticated by signature is required.
:23
Of Case:
л С

