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 15/03/2021 11:16 (SGT) Date of Accident 13/03/2021 16:45 (SGT) Exact Location of Accident Bishan Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMV280M

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner HO JIAXI XAVIER NRIC No. SXXXX425I Email Address JASONKCAPL@GMAIL.COM Mobile Phone No (Phone) +65-90901950 Alternative Phone No +65-90901950

VEHICLE PARTICULARS

Manufacturer Mercedes Model **GLB200** 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

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance Type of Coverage Comprehensive Fleet Policy Policy Number DMPCSNW00018052100 Cover Note Number

DRIVER

Name of Driver HO JIAXI XAVIER NRIC No SXXXX425I Date Of Birth 06/11/1987 Occupation Indoor

Date Of Driving Pass 26/05/2006 Driving experience 14 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-90901950 Alt. Phone Number +65-90901950 Email Address JASONKCAPL@GMAIL.COM Address BLK 2 BISHAN ST 25 #10-08 Address complement Postcode 573973 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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 Raining Road Surface Wet 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 **VANESSA CHOU** Gender **Female** PASSENGER 2 Name HO KE YIN LEAH Gender Female PASSENGER 3 HO SHEN LI ETHAN 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? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT T/20210314/7008 ATTACHMENT(S)

Yes

Yes

Are accident photos available for attachment?

Was there any video captured by Car Camera?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer	SHB8072J
N. 1. 1. N. 1. 1.	-
	-
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	-
No. Of Passenger (Including Driver)	_

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	HO JIAXI XAVIER
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	body
Injured person in which vehicle?	SMV280M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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. 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: SMV 280M
B: SHB8072J

Bishan Rd.

Please	rcumsta refer	to t	he pol	ce	report	. (T/20	21031	4 /700	8)				
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Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date 8. Time

de

Witnessed by Reporting Centre Personnel





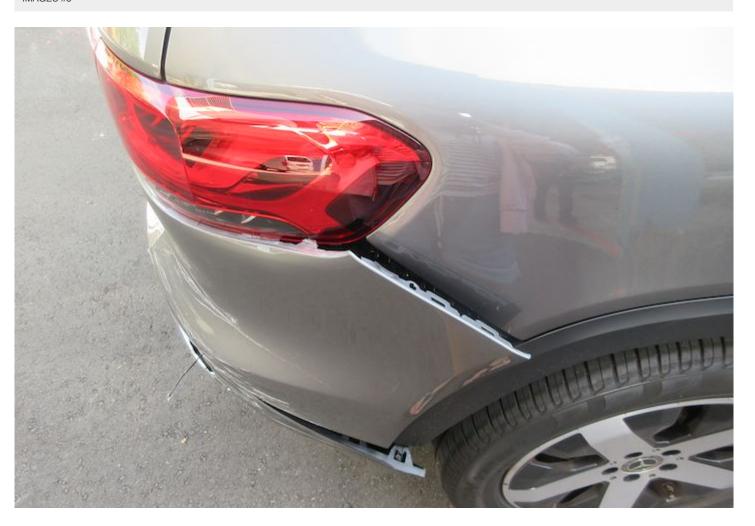


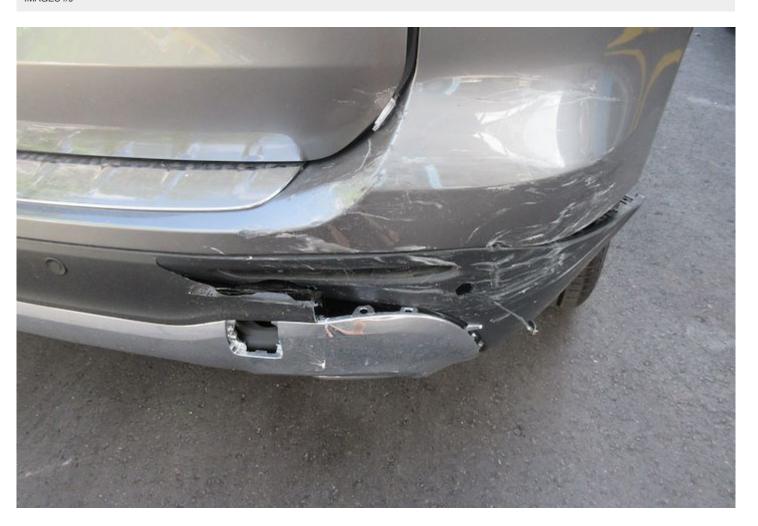






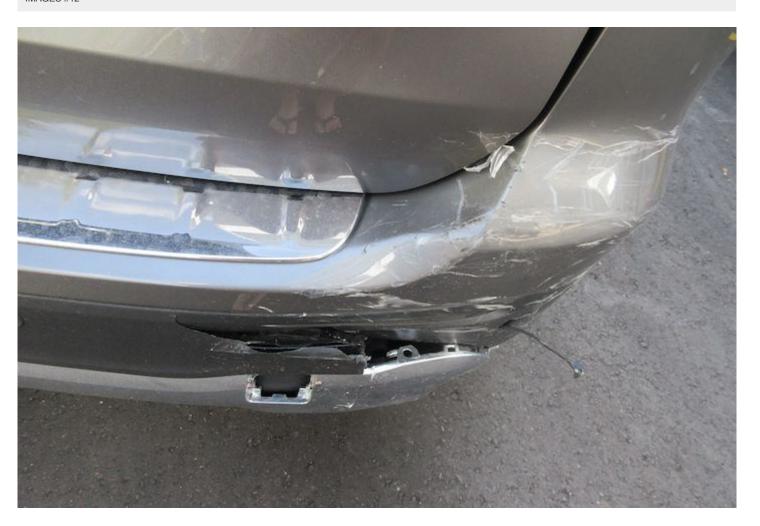


















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20210314/7008

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 21 11:44	Made:	Vide Report No.:	Station Diary No.;	
Informa	nt's Partice	ulars			
Name of Informant: HO JIAXI, XAVIER			Address: 2 BISHAN STREET 25 #10	0-08 SINGAPORE 573973	
ID Type / ID No.: NRIC NO / S8736425I		251	Contact No.: Home/Office:	Mobile: 90901950	
Nationality: SINGAPORE CITIZEN		EN	Email: XAVIERHOJIAXI@HOTMAIL.COM		
Sex: Age: Date of Birth: Male 33 06/11/1987			Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Financial/Investment adviser		nt adviser	Driving Licence Information Class:	Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/03/2021 16:45	Type of Location Straight Road
Location: BISHAN ROA	.D			
Weather:		Road Surface: Wet		Road Speed Limit:
Drizziing				
Drizzling Traffic Flow: One Way		Traffic Control: Traffic Light - Work	ing	Traffic Volume: Moderate

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHB8072J	Car				Seriously Damaged	1
SMV280M	Car	MERCEDES BENZ	GLB200+SP ORT+AUTO +7+SEATER		Seriously Damaged	3



T/20210314/7008

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20210314/7008

CONTINUATION OF REPORT

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
SMV280M	CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.	DMPCSNW000180 52100	22/01/2021	21/01/2022		

Details of Perso	n Involved		AL TOTAL PROPERTY.	Size of the same		
Any Pedestrian In	nvolved: No					
No. of Pedestrian	s Injured: NIL		Use of Pedestrian Crossing: NA			
Driver	THE PERSON NAMED IN COLUMN	· · · · · · · · · · · · · · · · · · ·	THE PARTY NAMED IN	The Research of the Party of th		
Name	HO JIAXI, XAVIER			ID No.	S8736425I	
Related Vehicle	SMV280M (Car)			Contact No.	90901950	
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	14/03/2021		Date	14/0	3/2021	
No. of Days gran	ted Medical Leave	03	Degree of	Sligh	nt	

Brief Details

I was traveling along Bishan Road towards Bishan St 14, while I'm about to reach the slip road of Bishan St14, sudden I feel an big impact from the rear of my car. I came down and found a Taxi (SHB8072J) collided onto the rear of my car.

I feel pain at my neck and body area after the accident, I visited Mount Alvernia Hospital and was given 3 days MC.



Sketch Plan



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

Informant is not able to provide sketch

3 of 3 Report No. T/20210314/7008

CONTINUATION OF REPORT

Signature Of Informant:
The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time:
14/03/2021 11:44
Classification Of Case:

NP168

TAY CHUN KEEN Contact No.: 65476229

Authentication Stamp