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 27/03/2021 17:37 (SGT) Date of Accident 26/03/2021 17:45 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information TOWARDS TUAS BEFORE PAYA LEBAR EXIT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Employment

Private hire

No - Claiming third party

Vehicle Registration Number SMF756S

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner SUPERTEC LIMOUSINE PTE LTD Company Reg No 2XXXXX332H Email Address superteclimo@gmail.com

Mobile Phone No (Phone) +65-96998181 Alternative Phone No +65-98986812

VEHICLE PARTICULARS

Manufacturer Toyota Model Noah Variant

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

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Transmission Auto CC 1797

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.

Type of Coverage Comprehensive

Fleet Policy

Policy Number DMHCSNA00002832100

Cover Note Number

DRIVER

Name of Driver PHANG LEONG HING NRIC No. SXXXX965I

Date Of Birth 16/03/1979 Occupation Outdoor Date Of Driving Pass 31/08/2018 Driving experience 2 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-98986812 Alt. Phone Number Email Address superteclimo@gmail.com Address 2 CHOA CHU KANG CLOSE #08-01 Address complement Postcode 688238 Is the driver the policyholder? Nο 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 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? Yes Was any injured conveyed to hospital by ambulance? No 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 DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name **Bedok Division Headquarters** Police Station Phone No (Phone) +65-18002440000 Alt. Police Station Phone No (Fax) +65-64443009 Police Station Address 30 Bedok North Road Singapore 469676 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Reasons for not uploading a video of the accident WITH OWNER Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLH4282S

Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JANYCE KEE SIU JIA
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	PHANG LEONG HING
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMF756S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly 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 <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.
- 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)

l understand, acknowledge, agree and consent that :

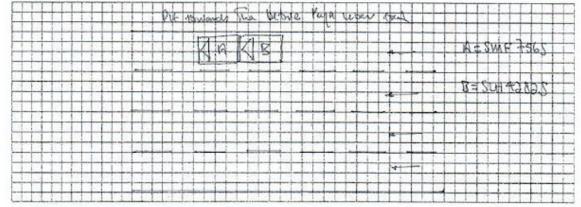
- (a) My insurer, my workshop and the General insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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) 2 03 2 05 1300 000

Witnessed by Reporting Centre Personnel

Sketch Plan

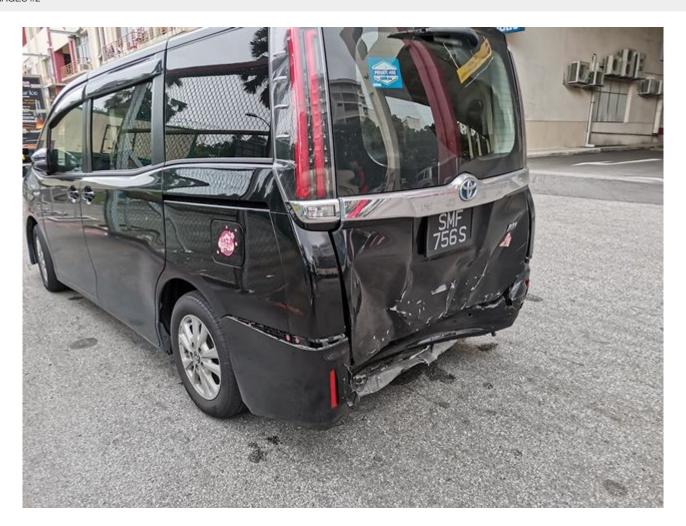


Describe Circumstances of the Accident

18th to police report: 9 20010326 7072

Declaration We declare the foregoing particulars are true in every respect. You wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim to the policyholder's Signature / Date & Driver's Signature (if Sirver is not the policyholder) / Date Widessed by Reporting Centre for more details.						
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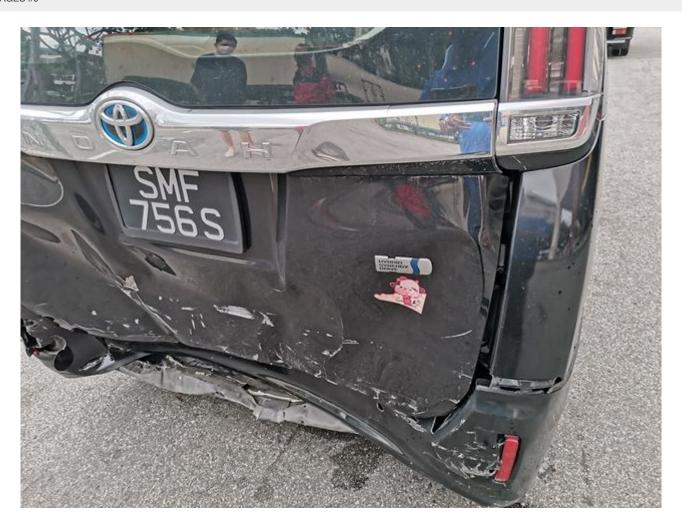




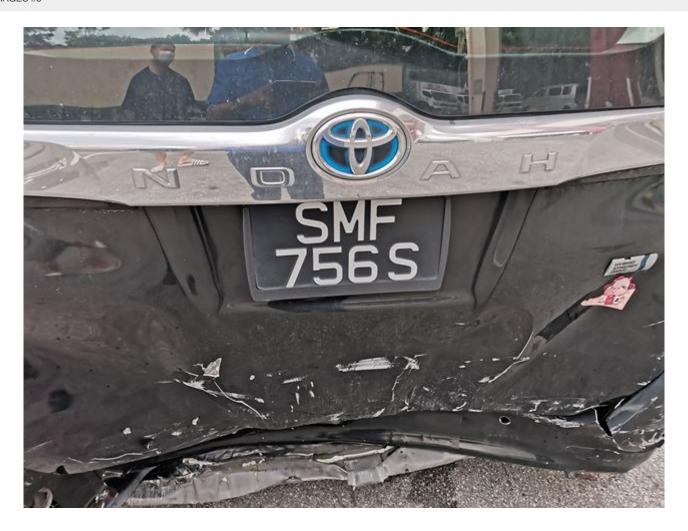






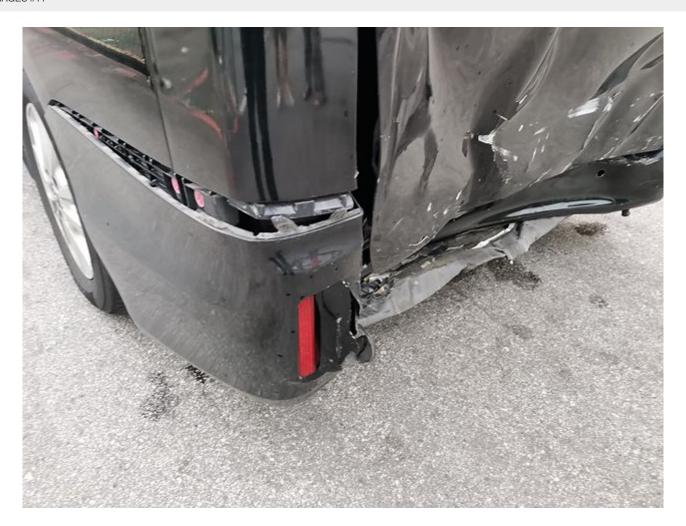


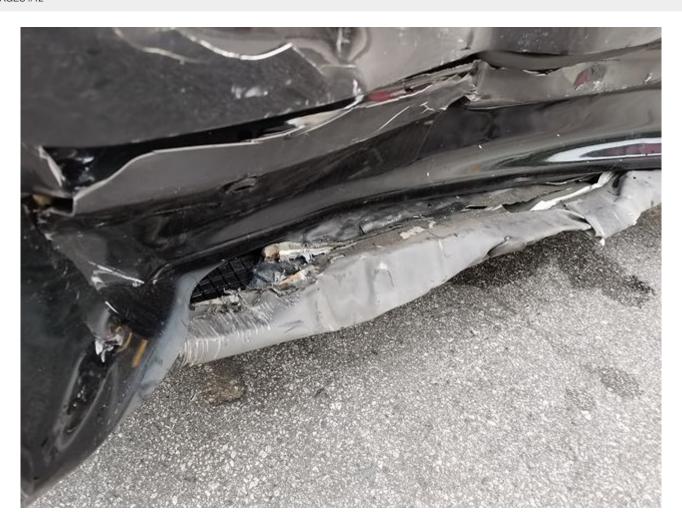




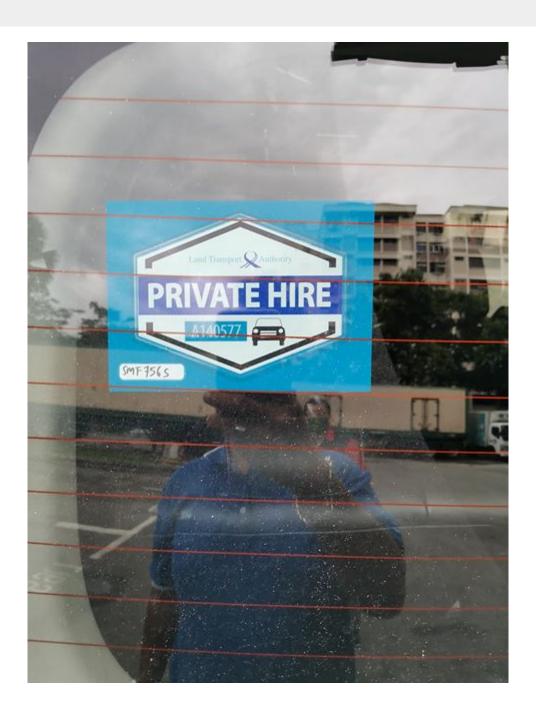


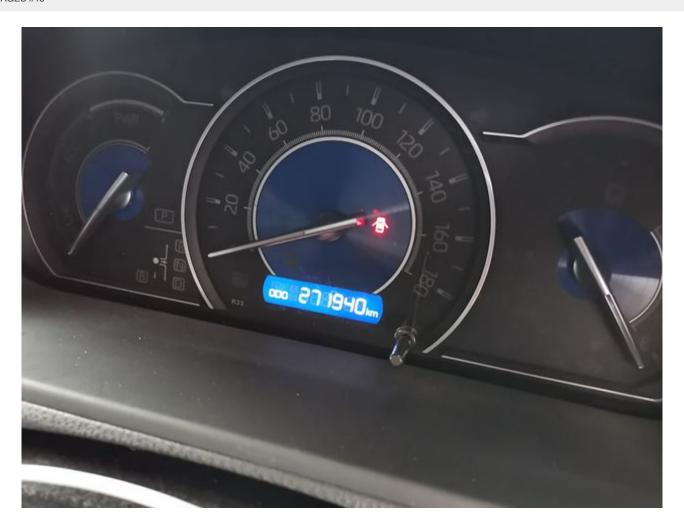




















1 of 2

Report No. G/20210326/7072

POLICE REPORT (NP299)

Police Station Of Origin Bedok Division HQ 30 Bedok North Road SINGAPORE 469676 Tel No:1800-2440000

Date/Time Report Made 26/03/2021 21:26	Vide Re	port No.		Station Diary No.
Name Of Informant	Address	3		
PHANG LEONG HING	2 CHOA CHU KANG GROVE #08-01 SINGAPORE 688238			
ID Type / ID No. NRIC NO / S7969965I	Contact No. Home/Office: Mobile: 98986812			
Nationality MALAYSIAN	Email Address xtreme.multi@gmail.com			
Occupation	Sex	Age	Date of Birth	Race
Self Employed	Male	42	16/03/1979	Chinese
Institution/School Name	Language English			
Date/Time Of Incident 26/03/2021 17:45		Of Inciden		
Brief details.				

On the above mentioned date and time, I was driving my vehicle SMF756S along PIE(Tuas) before Paya Lebar with 1 passenger on board.

I had gradually come to a stop due to traffic conditions when suddenly, I felt a massive impact from the rear causing my vehicle to surge forwards.

Fortunately, my vehicle was able to come to a stop without colliding into the vehicle in front.

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 26/03/2021 21:26
Classification Of Case:

Authentication Stamp





G/20210326/7072

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20210326/7072

I alighted to realise that SLH4282S had crashed into my vehicle's rear.

After exchanging particulars with the driver of SLH4282S, I proceeded to drop off my passenger at Paya Lebar.

Initially, I only knocked my left knee against the dashboard when my body was flung forwards.

However, I started feeling soreness over neck, shoulders, chest and lower back areas after a while.

I went to a nearby clinic, Unihealth Clinic Bedok, for treatment and was given 5 days MC.

Signature Of Officer Recording The Report:	Circuit 641
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:
	26/03/2021 21:26
Officer In-Charge Of Case:	Classification Of Case:
	ortionication of case:
Authentication Stamp	

