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.

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 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 03/05/2021 18:03 (SGT) Date of Accident 01/05/2021 20:35 (SGT) Exact Location of Accident Paya Lebar Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMS6808T

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner MAR KAR FAI NRIC No. SXXXX054B Email Address JIAHUI808C@GMAIL.COM Mobile Phone No (Phone) +65-83386600 Alternative Phone No +65-83386600

VEHICLE PARTICULARS

Manufacturer

Toyota Model Prius 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 hire Transmission Auto CC 1800

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMHCSNW00000262100 Cover Note Number

DRIVER

Name of Driver MAR KAR FAI NRIC No. SXXXX054B

Date Of Birth 10/08/1961 Occupation Outdoor Date Of Driving Pass 11/07/1983 Driving experience 37 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-83386600 Alt. Phone Number +65-83386600 Email Address JIAHUI808C@GMAIL.COM Address BLK 808C CHOA CHU KANG AVENUE 1 Address complement Postcode 683808 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 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? 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 **DETAILS OF POLICE ACTION** Was the accident reported to the police? Police Station Name Ang Mo Kio South Neighbourhood Police Centre Police Station Phone No (Phone) +65-18004519999 Alt. Police Station Phone No (Fax) +65-65535679 Police Station Address 81 Ang Mo Kio Ave 3 Singapore 569929 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT T/20210501/2072 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 VIDEO WITH DRIVER AND POLICE Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number FBR3033S Vehicle Manufacturer Vehicle Model

Vehicle Variant
Vehicle Colour

Vehicle Category	Motorcycle
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)	
No. Of Fassenger (including Dirver)	-

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 <u>truthful</u> and <u>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.
- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that

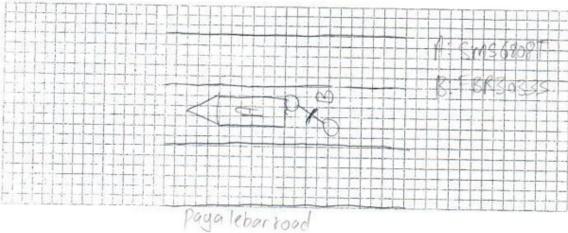
- (a) My insurer, my workshop and the General insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

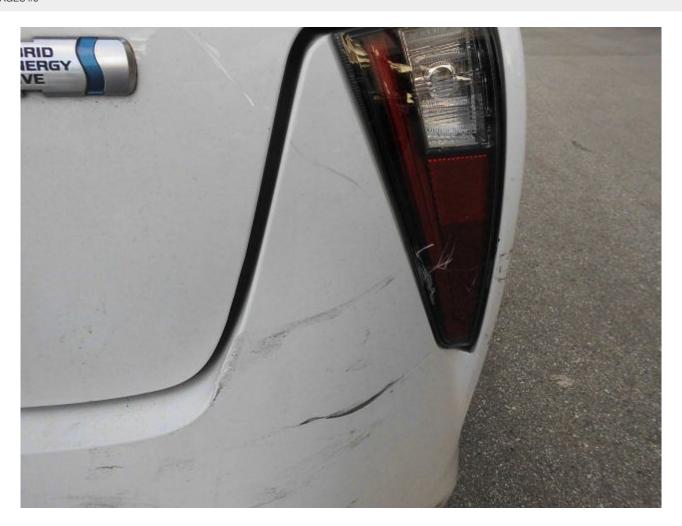


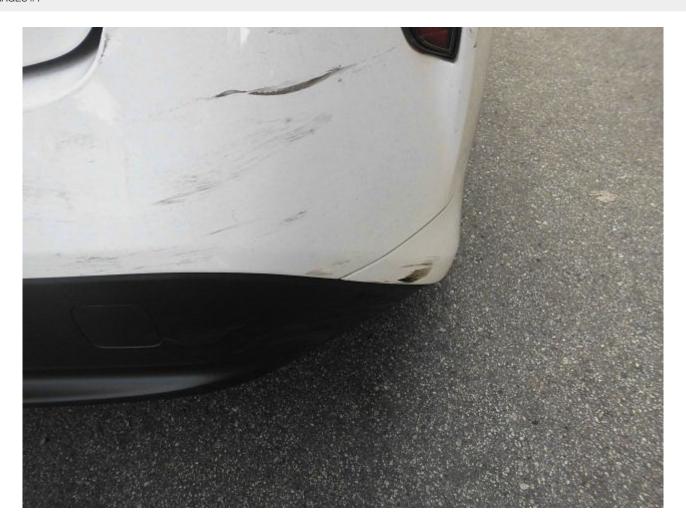
Describe Circumstances of the Accident

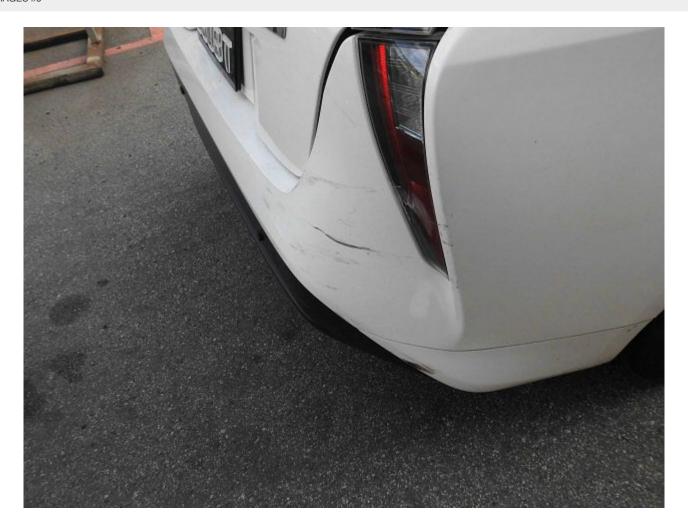
ticulars and jus	travelling along paga lebar road Whe to stow don't clown too upon brating I had collided into my rear. Vehicle R	dict not exhange
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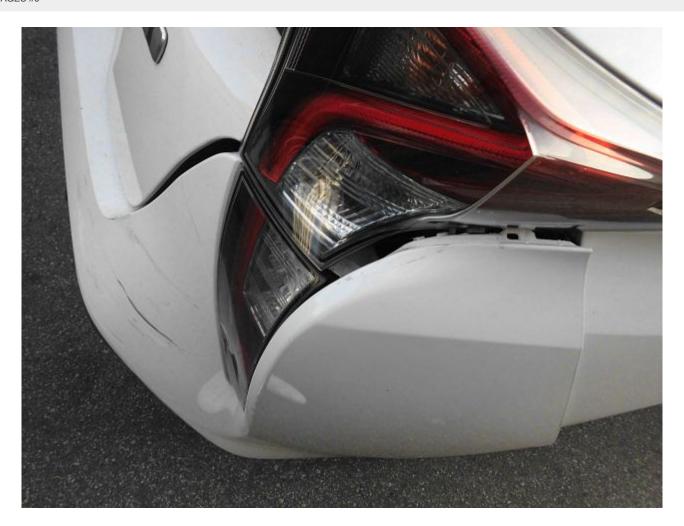


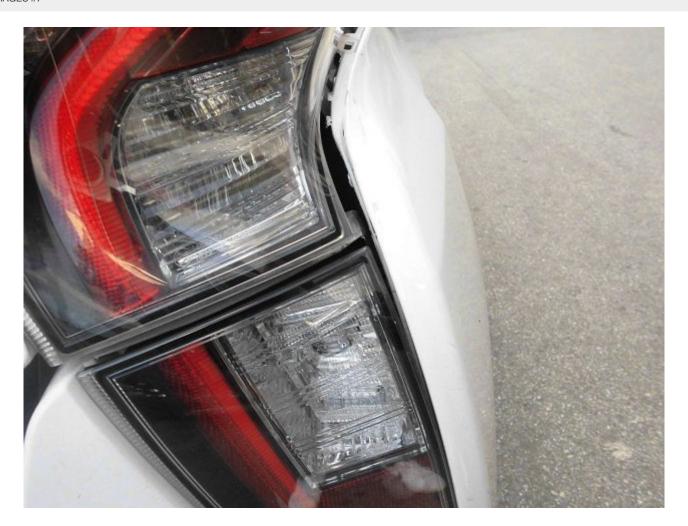


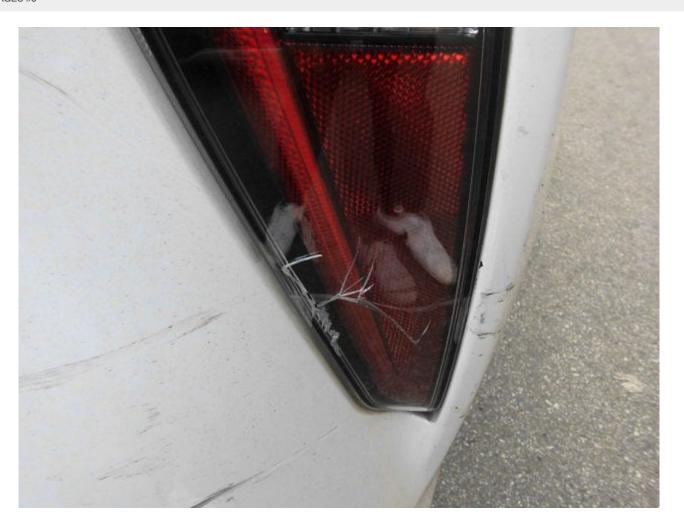


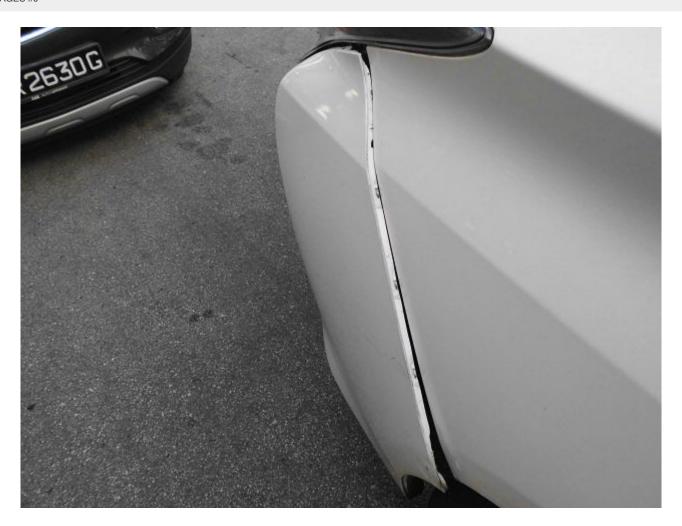


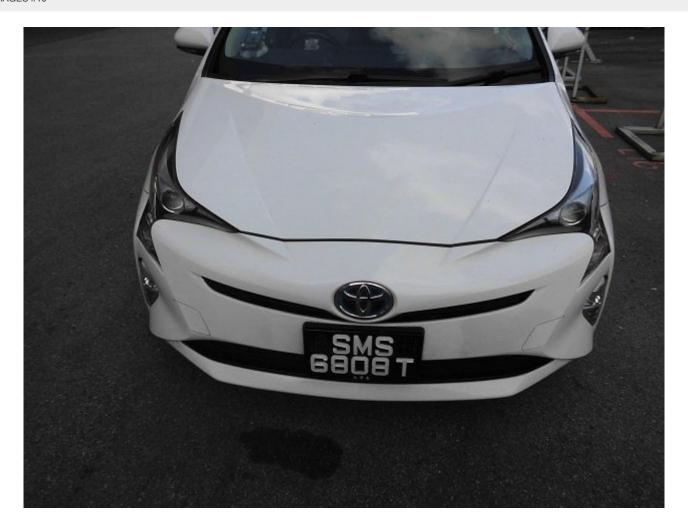






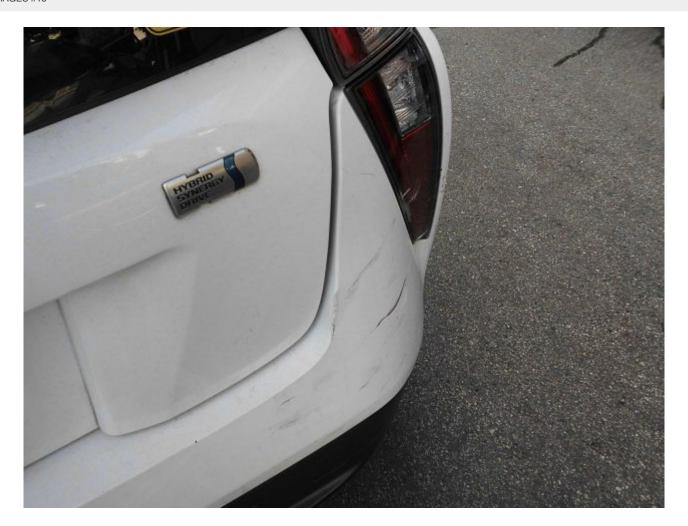


















1 of 1

Case Summary Form (CSF)

Report No.F/20210503/2063

Manual Form Serial No.

Report Number

F/20210503/2063

Vide Report Number

T/20210501/2072

Date/Time of Report Made

03/05/2021 14:35

Place Report Lodged

Ang Mo Kio South N.P.C

Name of Informant

Mak Kar Fai

ID Type / ID No.

NRIC NO / S1499054B

Home/Office

Mobile

83386600

Email

Date/Time of Incident From

01/05/2021 20:30

Date/Time of Incident To

Incident Location

PAYA LEBAR ROAD SINGAPORE

Brief Facts

I am Mak Kar Fai S1499054B Hp: 83386600 staying at B/808C Choa Chu Kang Avenue 1 #06-600 S(683808).

On 01/05/2021 at about 2240hrs, I lodged a NP168 traffic accident report T/20210501/2072. At that point of time, I have yet to see doctor and cannot recall the other party motorcycle plate number.

I am lodging this report to update that I have checked my car camera and it shows that the other party motorcycle plate number is FBR3033S. I also wish to add that I have went to see Doctor John Heng at First Medical Clinic & Surgery and was given 2 days MC from 02/05/2021 to 03/05/2021 for neck ache. MC no. 000223558.

Case Sensitivity

No

Officer-in-Charge of Case

F / Ang Mo Kio Police Divisional Investigation Branch /

MUHAMMAD FAZLI BIN JANTAN

Contact No.

62181343

Classification of Case

1) NO OFFENCE DISCLOSED

Sgt (2) Nicholes Wang

Mak Kuv Fa 31499 0548 JUA 2





Report No. T/20210501/2072

Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

Tel No: 1800-4519999

REPORT	OF A	RAFFIC ACCIDENT
		The second secon

REPORT OF A TRAFFIC ACCIDENT		Station Diary No.:
Date/Time Report Made: 01/05/2021 22:40	Vide Report No.:	147
01/05/2021 22.40		The second secon

01/05/2021 22:40				A MARK THE WEST
Informan	t's Particu	ılars	是是此权的。特别是在特别的	
Name of Informant: MAK KAR FAI			Address: APT BLK 808C CHOA CHU I SINGAPORE 683808	KANG AVENUE 1 #06-600
ID Type / ID No.: NRIC NO / S1499054B			Contact No.: Home/Office: Mobile: 83386600	
Nationality: SINGAPORE CITIZEN		100 SEE	Email:	
Sex: Male	Age:	Date of Birth: 10/08/1961	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,2A,3	Date of Expiry:

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 01/05/2021 21:10	Type of Location Straight Road
Location: PAYA LEBAF	R ROAD			when.
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled	_	Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of V	A STATE OF THE OWNER, THE PARTY OF THE OWNER, THE OWNER		Model	Color	Condition	No of Passenger
Vehicle No.	Туре	Make	1110		Slightly	0
SMS6808T	Car	TOYOTA	PRIUS HYBRID 1.8S A	White	Damaged	

THE RESERVE THE PARTY OF THE PA	ehicle Insurance	Insurance No	Effective	Expiry Date
	Insurance Company		22/01/2021	21/01/2022
SMS6808T	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000002 62100	22/01/2021	21/01/2022



2 of 3

Report No. T/20210501/2072

Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

Tel No: 1800-4519999

Brief Details. On 01/05/2021 at about 2113hrs, I was driving along Paya Lebar Road. As I was driving, the vehicle in front of me stopped, hence I brake my vehicle bearing registration plate SMS6808T as well. Suddenly I felt a collision on the rear of my vehicle. I made a check behind and I saw a male rider had already fell to his right together with his motorbike. I alighted and made a check with him. However, he immediately asked me why I brake my vehicle. I explained to him that I had to as the vehicle in front of me stopped. He then picked up his motorbike, got on it and drove away. It happened very fast, hence, I was not able to take note of his motorbike plate number.

CONTINUATION OF REPORT

I checked my vehicle and it has damages on the rear right side . It has black paint transfer and a dent. A sensor and a panel slightly came out.

No traffic police or ambulance came to scene.

I wish to add that when I spoke to the rider, I could smell alcohol coming from his breath.





Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

Report No. T/20210501/2072

3 of 3

Tel No: 1800-4519999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: F / Sgt 2 MUHAMMAD NURFIRDAUS BIN MOHD NIZAR		Signature Of Informant:	
Signature Of Interpreter: Not applicable		Date/Time: 01/05/2021 22:40	
Officer In Charge Of Case: TP / HRT / Insp GOH GEOK LYE Contact No.: 65476148		Classification Of Case:	
Authentication Stamp NP168	13	m Vils	

