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 14/05/2021 18:08 (SGT) Date of Accident 12/05/2021 18:38 (SGT) Exact Location of Accident KPE, Singapore Additional Location Information TOWARDS KALLANG BAHRU EXIT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number SGX3666A

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner FRESH CARS PTE LTD Company Reg No Email Address KIM@FRESHCARS.SG Mobile Phone No (Phone) +65-96192819 Alternative Phone No +65-96192819

VEHICLE PARTICULARS

Manufacturer

Model Vios 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 Transmission Auto CC 1600

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage ThirdParty Fleet Policy Policy Number DMHCSNA00005972000 Cover Note Number

DRIVER

Name of Driver ONG BOON LEONG NRIC No. SXXXX297Z

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? 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	30/10/1966 Indoor 22/10/1984 36 YEARS AND 7 MONTHS Male (Phone) +65-92430729 - KIM@FRESHCARS.SG BLK 223A SUMANG LANE #13-183 - 821223 No Hirer No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Chain Collision Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? 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? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? PASSENGER 1	No 3 Yes No Yes 2 No
Name Gender	- Female
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
REFER TO STATEMENT ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident Was there any audio recorded?	Yes Yes VIDEO WITH DRIVER Yes
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour	- -

Vehicle Category	Private car
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 Passenger (including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLU3677A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	_
Vehicle Category	Private car
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 Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	ONG BOON LEONG BODY SGX3666A Yes No
INJURED 2	
Name of injured person Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

IMPORTANT NOTICE

- 1. Rease report correctly the details of the accident to speed up the claims process.
- This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3, 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)

I understand, acknow ledge, 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 GA 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 & Time

Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

KAE Towards Kellery Bahne exit

CCAKB +

B: SGX366A B: SMF2210L O: SLU3677A

When vehicle C emergency stopped. I also stopped in time and stationary. Studdenly relicite B came from behind and hit outs the year portion of my vehicle The impact is girent and causes my vehicle forward and hit outs vehicle C whole accident was captured by my vehicle built in whose accident was captured by my vehicle built in whose a three vehicles chain collision.	Describe Circumstances of the Accident
when vehicle C emergency stopped. I also stopped in time and stationary. Suddenly rehicle B came from behind and hit outs the year portion of my vehicle. The impact is girent and couses my vehicle forward and hit outs vehicle C whole accident was captured by my vehicle built-in video recorder.	I was driving straight along KPE towards Kallang Bahru.
and hit outs the near portion of my vehicle. The impact is girent and couses my vehicle forward and hit outs vehicle C whole accident was captured by my vehicle built-in video recorder.	
great and couses my vehicle forward and but onto vehicle C whole accident was captured by my vehicle built-in video recorder.	time and otch was a little of the
great and couses my vehicle forward and but onto vehicle C whole accident was captured by my vehicle built-m video recorder.	
whole accident was captured by my vehicle built -m index recorder.	
inder recorder.	
It was a three vehicles chain allision.	
	It was a three vehicles chain collision.

Declaration

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

Adjicyholder's Sonature / Date &

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

Witnessed by Reporting Centre Personnel





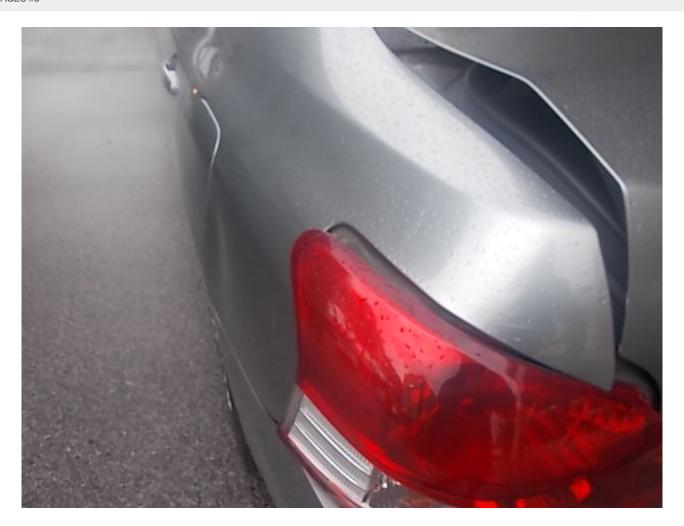




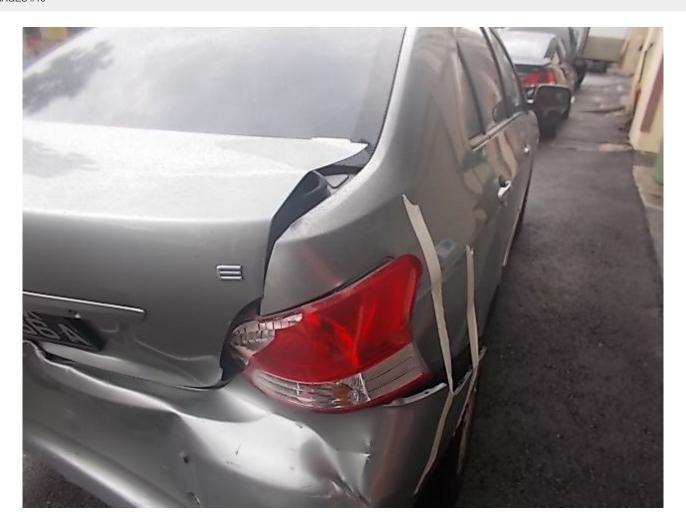




















MEDICAL CERTIFICATE (Ref:1143702390)

ORIGINAL

NAME: ONG BOON LEONG

NRIC: S1777297Z

Type of Medical Leave granted: Outpatient Sick Leave

The above named is unfit for duty for 2 day(s) from 14/05/2021 to 15/05/2021 Inclusive.

The certificate is not valid for absence from court attendance.

14/05/2021

Dr. Jian-Xiong Roy HENG (62643J)

Date

Issued by

Signature

Location: AMK ANG MO KIO POLYCLINIC