

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 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. 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 11/05/2021 16:30 (SGT)
Date of Accident 11/05/2021 12:35 (SGT)
Exact Location of Accident Near Whampoa Dr, Block 84, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLV4773T

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner L H Car Rental Pte Ltd
Company Reg No 2XXXXX761N
Email Address carrental.lh@gmail.com
Mobile Phone No (Phone) +65-97687073
Alternative Phone No (Home) +65-64817221

VEHICLE PARTICULARS

Manufacturer Toyota
Model C-hr
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? Yes
Vehicle Category Private car
Transmission Auto
CC 1797

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number DMHCSNA00004222101
Cover Note Number -

DRIVER

Name of Driver Tan Kah Imm
NRIC No SXXXX140J

| | |
|--------------------------------------------------------------------|--------------------------|
| Date Of Birth | 09/03/1956 |
| Occupation | Outdoor |
| Date Of Driving Pass | 07/04/1975 |
| Driving experience | 46 YEARS AND 1 MONTH |
| Gender | Male |
| Mobile Number | (Phone) +65-92397813 |
| Alt. Phone Number | - |
| Email Address | erictanpk@yahoo.com.sg |
| Address | 2 Woodleigh Close #01-05 |
| Address complement | - |
| Postcode | 357900 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Paid Driver |
| 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 | 2 |
| 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) | 1 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

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? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

Please refer to police report

ATTACHMENT(S)

| | |
|-----------------------------------------------------|----|
| Are accident photos available for attachment? | No |
| Was there any video captured by Car Camera? | No |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|------------|
| Vehicle Registration Number | FBE1536P |
| 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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Tan Kah Imm
 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

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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' lawyers/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' 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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

L.H CAR RENTAL PTE LTD

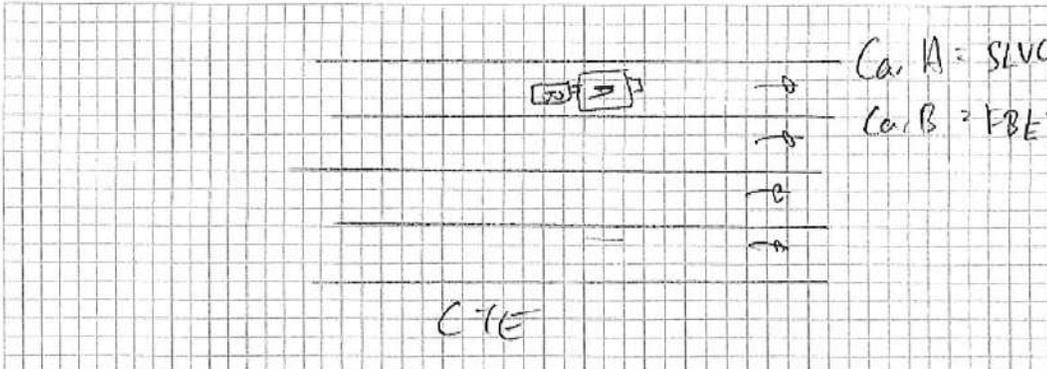



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Car A = SLV4273T
Car B = FBE1546P
CITE

Describe Circumstances of the Accident

Please refer to police report.

Declaration

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

L.H CAR RENTAL PTE LTD

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20210511/7025

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

1 of 3

Report No. T/20210511/7025

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--------------------------------------------|------------|------------------------------|-------------------------------------------------------|----------------------------|------------------|
| Date/Time Report Made: 11/05/2021 15:13 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: TAN KAH IMM | | | Address: 2 WOODLEIGH CLOSE #01-05 SINGAPORE 357900 | | |
| ID Type / ID No.: NRIC NO / S1220140J | | | Contact No.: | | Mobile: 92397813 |
| Nationality: SINGAPORE CITIZEN | | | Email: xdetox31@gmail.com | | |
| Sex: Male | Age: 65 | Date of Birth: 09/03/1956 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | Institution / School Name: | |
| Occupation: Grab Driver | | | Driving Licence Information: Class: 3 | | Date of Expiry: |

| | | | | |
|--------------------------------------------------------------|------------------|------------------------------------|-----------------------------------------------|----------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 11/05/2021 00:35 | Type of Location: Straight Road |
| Location: CENTRAL EXPRESSWAY | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: 70 Km/h |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Heavy |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: No |

| Details of Vehicle Involved | | | | | | |
|------------------------------------|------------|--------|-------|-------|----------------------|-------|
| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
| FBE1546P | Motorcycle | HONDA | | Red | Seriously Damaged | 0 |
| SLV4773T | Car | TOYOTA | CHR | Black | Slightly Damaged | 0 |



**SINGAPORE
POLICE FORCE**



T/20210511/7025

2 of 3

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

Report No. T/20210511/7025

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|---------------------------------------|-----------------------------------|----------------------------------|
| Any Pedestrian Involved: No | | Use of Pedestrian Crossing: NA | |
| No. of Pedestrians Injured: NIL | | | |
| Rider | | | |
| Name | MUHAMMAD FARHAN BIN ADAM | ID No. | S9010051C |
| Related Vehicle | FBE1546P (Motorcycle) | Contact No. | NIL |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: 2B Date of Expiry: NIL |
| Date | NIL | Date | NIL |
| No. of Days granted Medical Leave | NIL | Degree of | Serious |
| Driver | | | |
| Name | TAN KAH IMM | ID No. | S1220140J |
| Related Vehicle | SLV4773T (Car) | Contact No. | 92397813 |
| Hospital/Clinic | OUR FAMILY PHYSICIAN CLINIC & SURGERY | Class of Driving Licence & Expiry | Class: 3 Date of Expiry: NIL |
| Date | 11/05/2021 | Date | 11/05/2021 |
| No. of Days granted Medical Leave | 03 | Degree of | Serious |

Brief Details.

ON THE ABOVE STATED DATE AND TIME , I WAS TRAVELING ALONG CTE SLE BEFORE JALAN BAHAGIA EXIT .
I WAS TRAVELING STRAIGHT WHEN SUDDENLY VEHICLE FBE1536P COLLIDED ON TO MY VEHICLE REAR PORTION .
I THEN ALIGHTED TO EXCHANGE PARTICULAR WITH THE OTHER RIDER AND THEN PROCCEEDED TO CONSULT A DOCTOR AND RECIEVED 3 DAYS MC .
I AM MAKING THIS REPORT FOR MEDICAL AND INSURANCE PURPOSES .



**SINGAPORE
POLICE FORCE**



T/20210511/7025

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

3 of 3
Report No. T/20210511/7025

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

| |
|-----------------------------------------------------------------------------------------------------|
| Signature Of Officer Recording The Report: Not applicable |
| Signature Of Interpreter: Not applicable |
| Officer In Charge Of Case: TP / TPIB / MUHAMMAD RIZWAN BIN KAMALUDIN Contact No.: 65476185 |

| |
|----------------------------------------------------------------------------------------------------------------------------------------|
| Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required. |
| Date/Time: 11/05/2021 15:13 |
| Classification Of Case: |

Authentication Stamp
NP168