

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 | 05/07/2021 17:39 (SGT) |
| Date of Accident | 04/07/2021 22:30 (SGT) |
| Exact Location of Accident | Clementi West Street 2, Singapore |
| Additional Location Information | CROSS JUNCTION |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SMY8925T |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|------------------------|
| Is company? | Yes |
| Name Of Registered Owner | SHOWER DYNAMIC PTE LTD |
| Company Reg No | 2XXXXX588N |
| Email Address | light1401@hotmail.com |
| Mobile Phone No | (Phone) +65-97933166 |
| Alternative Phone No | (Office) +65-68444285 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | Corolla |
| 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 | Commercial vehicle |
| Transmission | Auto |
| CC | 1598 |

INSURANCE COMPANY

| | |
|---------------------------------|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | DMPCSNW00087742100 |
| Cover Note Number | - |

DRIVER

| | |
|----------------------|-------------------|
| Name of Driver | JUSTIN TSO EN HAO |
| NRIC No | SXXXX084H |

| | |
|--|--------------------------------------|
| Date Of Birth | 30/09/1996 |
| Occupation | Outdoor |
| Date Of Driving Pass | 13/06/2018 |
| Driving experience | 3 YEARS AND 1 MONTH |
| Gender | Male |
| Mobile Number | (Phone) +65-97933166 |
| Alt. Phone Number | - |
| Email Address | light1401@hotmail.com |
| Address | BLK 765 JURONG WEST STREET 74 #13-13 |
| Address complement | - |
| Postcode | 640765 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Employee |
| 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 - Cross Junction |
| 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 vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 3 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------------|----------|
| Name | SARA LIM |
| Gender | Female |

PASSENGER 2

| | |
|--------------|-----------|
| Name | AU YEESIN |
| Gender | Female |

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 T/20210705/7001

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|---|---|
| Vehicle Registration Number | SLT6009P |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | - |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | Direct Asia Insurance (Singapore) Pte Ltd |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|-------------------|
| Name of injured person | JUSTIN TSO EN HAO |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SLIGHT INJURY |
| Injured person in which vehicle? | SMY8925T |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

INJURED 2

| | |
|---|---------------|
| Name of injured person | SARA LIM |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SLIGHT INJURY |
| Injured person in which vehicle? | SMY8925T |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

INJURED 3


| | |
|---|---------------|
| Name of injured person | AU YEESIN |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SLIGHT INJURY |
| Injured person in which vehicle? | SMY8925T |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

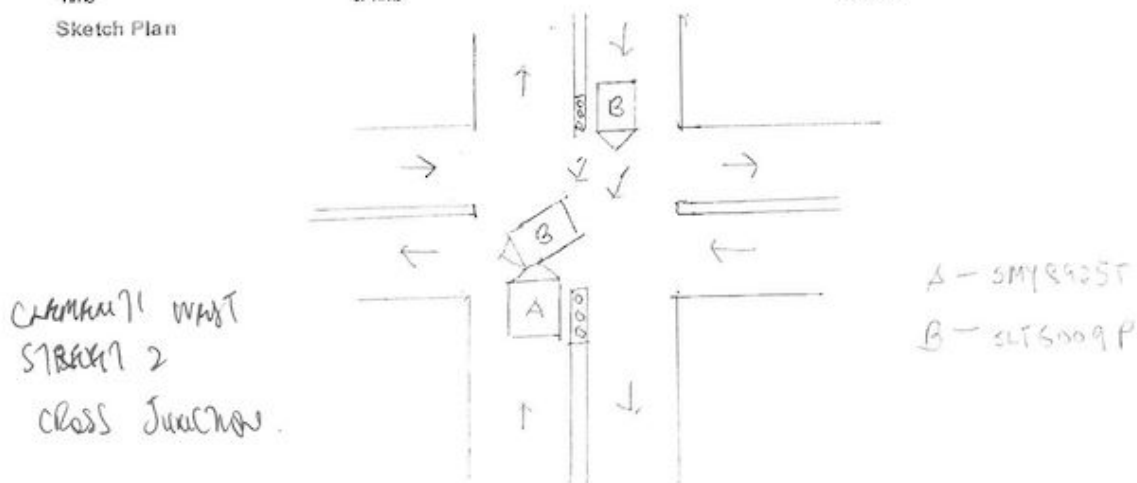
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7. By the lodgement of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)
I understand, 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 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 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 firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time
Sketch Plan


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


Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

AS PER POLICE REPORT. 1/20210705/7001

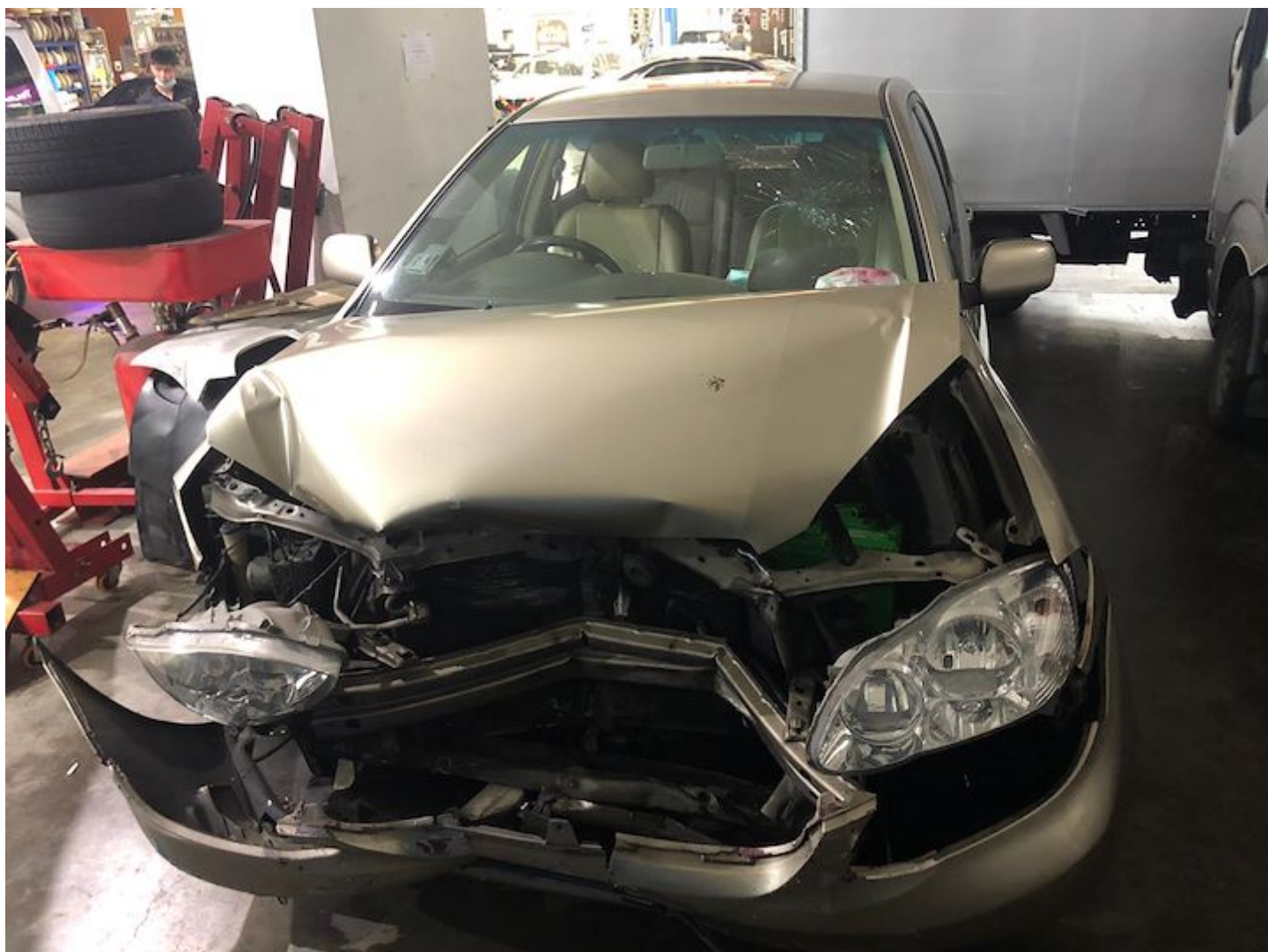
Declaration

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 & Time

 05/07/2021
Witnessed by Reporting Centre Personnel









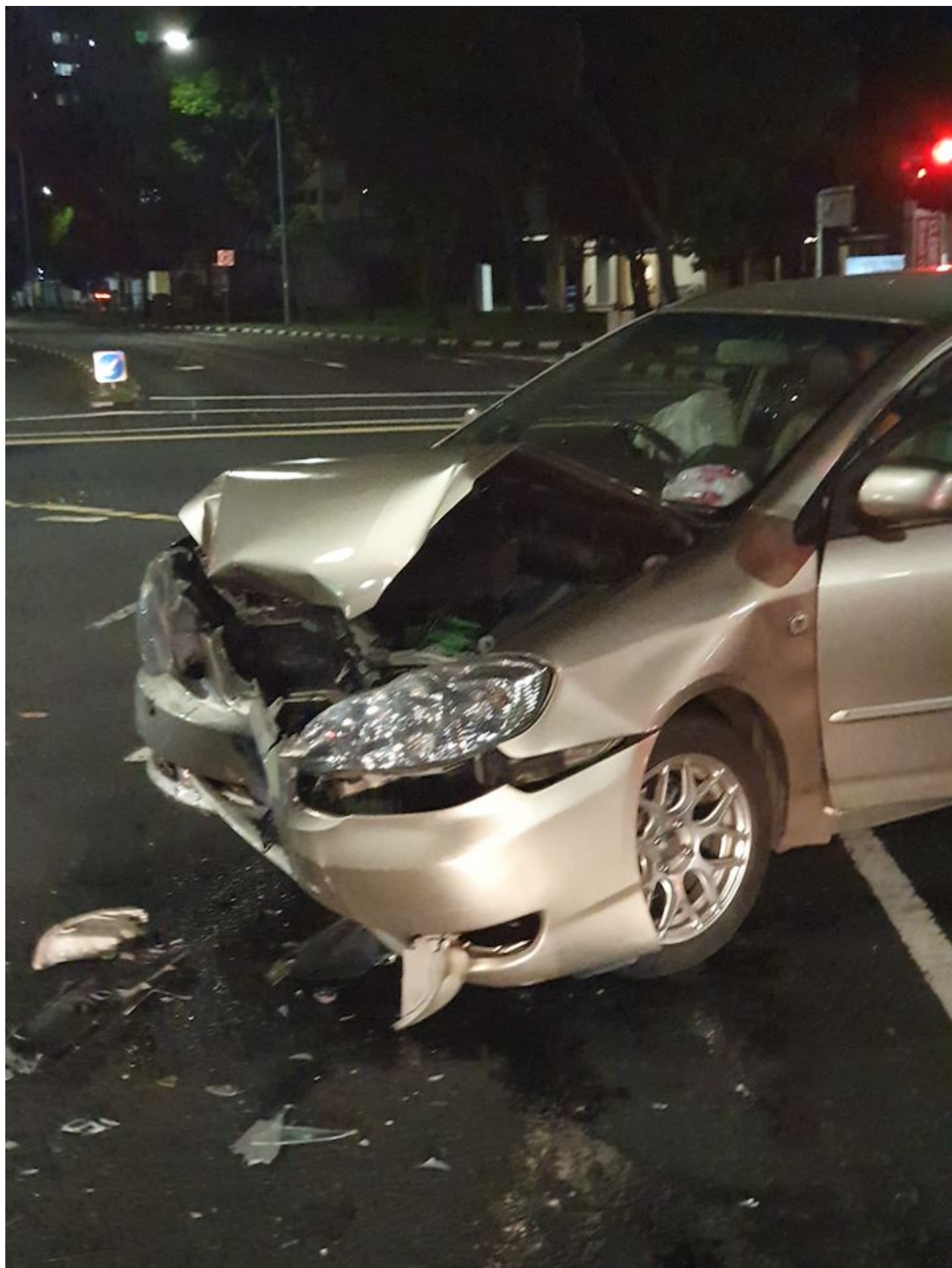






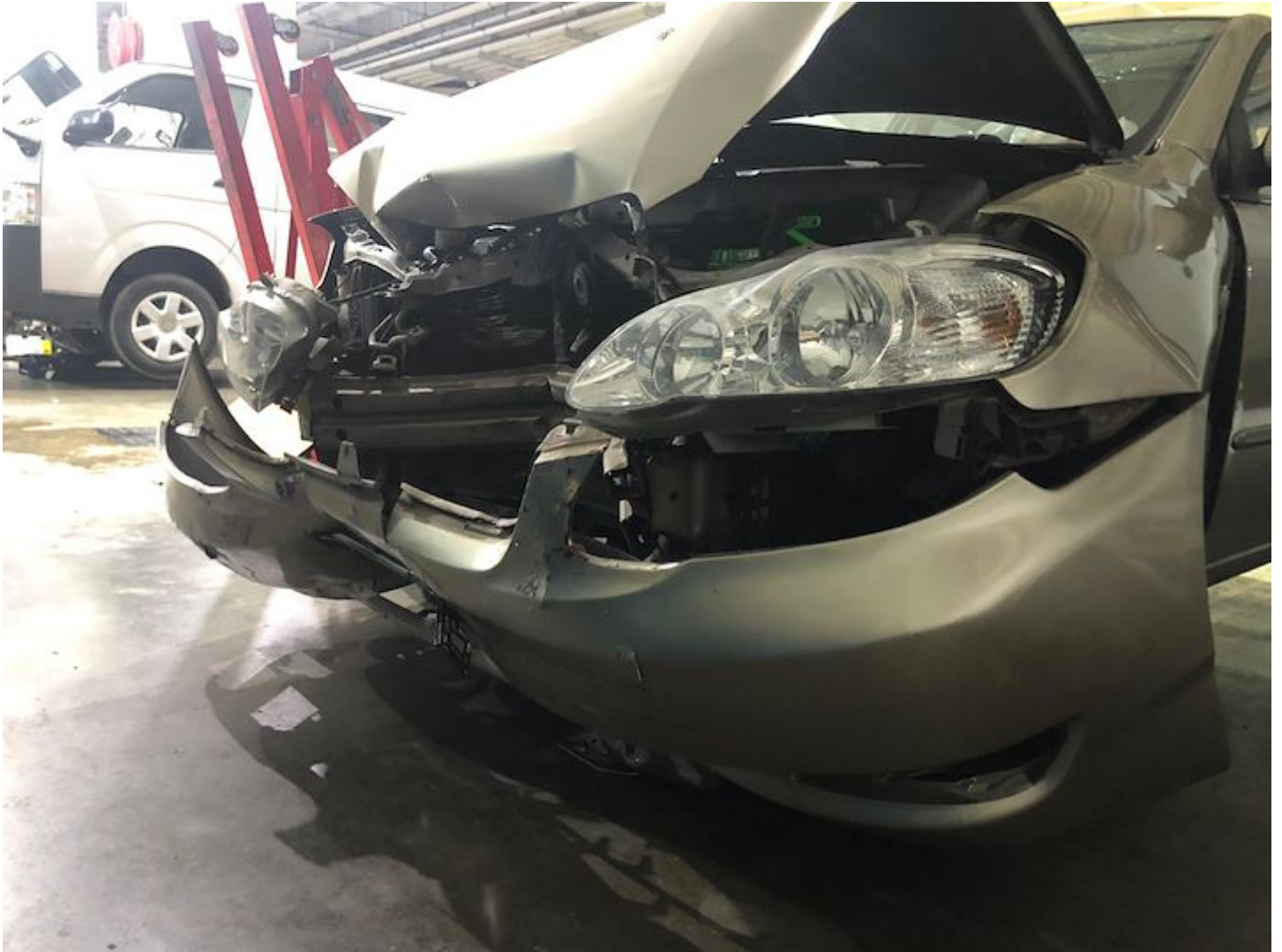

















**SINGAPORE
POLICE FORCE**


T/20210705/7001

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

1 of 3
Report No. T/20210705/7001

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|-------------------------------------|---|--------------------|----------------------------|
| Date/Time Report Made: 05/07/2021 01:52 | | Vide Report No.: D/20210704/0160 | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: JUSTIN TSO EN HAO | | | Address: APT BLK 765 JURONG WEST ST 74 #13-13 SINGAPORE 640765 | | |
| ID Type / ID No.: NRIC NO / S9635084H | | | Contact No.: Home/Office: Mobile: 97933166 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: light1401@hotmail.com | | |
| Sex: Male | Age: 24 | Date of Birth: 30/09/1996 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: Project Coordinator | | | Driving Licence Information: Class: | | Date of Expiry: |

General Information of the Accident

| | | | | |
|---|------------------------------|---|--|--------------------------------------|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 04/07/2021 22:30 | Type of Location: X-Junction |
| Location: CLEMENTI WEST STREET 2 | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: 50 Km/h |
| Traffic Flow: Two Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: Light |
| Type of Collision: Between Moving Vehicles - Head On | | | | Anyone conveyed by ambulance: Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
|-------------|------|------|-------|-------|----------|-------|
| SMY8925T | Car | | | | | 0 |

Details of Person Involved

| | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE
POLICE FORCE**



T/20210705/7001

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

2 of 3
Report No. T/20210705/7001

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|------------------------------|-----------|--|
| Driver | | | |
| Name | JUSTIN TSO EN HAO | | ID No. S9635084H |
| Related Vehicle | SMY8925T (Car) | | Contact No. 97933166 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL |
| Date | NIL | | Date NIL |
| No. of Days granted Medical Leave | NIL | Degree of | NIL |
| Passenger | | | |
| Name | SARA LIM | | ID No. S7010819D |
| Related Vehicle | SMY8925T (Car) | | Contact No. 97225611 |
| Hospital/Clinic | NATIONAL UNIVERSITY HOSPITAL | | Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL |
| Date | 05/07/2021 | | Date NIL |
| No. of Days granted Medical Leave | NIL | Degree of | Slight |
| Passenger | | | |
| Name | AU YEESIN | | ID No. S9711004B |
| Related Vehicle | SMY8925T (Car) | | Contact No. 93896862 |
| Hospital/Clinic | NATIONAL UNIVERSITY HOSPITAL | | Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL |
| Date | 05/07/2021 | | Date NIL |
| No. of Days granted Medical Leave | NIL | Degree of | Slight |

Brief Details.

The traffic light is in my way. It was green in color so i am going straight. out of no where suddenly a car was turning right and when i apply brake it was already late and we had a collision.



**SINGAPORE
POLICE FORCE**

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



T/20210705/7001

3 of 3

Report No. T/20210705/7001

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 /
ABDUL MUHAJMIN BIN HUSSAIN
Contact No.: 65476090

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
05/07/2021 01:52

Classification Of Case: