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 29/09/2021 11:44 (SGT) Date of Accident 28/09/2021 18:10 (SGT) Exact Location of Accident Choa Chu Kang Way, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SI K2776G

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN PIN CHENG JEAN NRIC No. SXXXX617D Email Address JEANTAN117@GMAIL.COM Mobile Phone No (Phone) +65-96635096 Alternative Phone No +65-96635096

VEHICLE PARTICULARS

Manufacturer

Mitsubishi Model Lancer 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 your vehicle? No - Claiming third party Vehicle Category Private hire Transmission Auto CC 1600

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMHCSNW00002752100 Cover Note Number

DRIVER

Name of Driver TAN PIN CHENG JEAN NRIC No. SXXXX617D

Date Of Birth 07/04/1971 Occupation Outdoor Date Of Driving Pass 22/09/1998 Driving experience 23 YEARS Gender Female Mobile Number (Phone) +65-96635096 Alt. Phone Number +65-96635096 Email Address JEANTAN117@GMAIL.COM Address BLK 109 RIVERVALE WALK #08-18 Address complement Postcode 540109 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? Yes Was any injured conveyed to hospital by ambulance? Nο Was any other vehicle 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? Yes Police Station Name Punggol Neighbourhood Police Centre Police Station Phone No (Phone) +65-18006049999 Alt. Police Station Phone No (Fax) +65-64468015 Police Station Address Blk 21A Tebing Lane Singapore 828837 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT T/20210928/2094 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SMN8404M Vehicle Manufacturer Vehicle Model

Private car

Vehicle Variant
Vehicle Colour
Vehicle Category

NG BEE HIN
SXXXX519D
(Phone) +65-87211721
<u>-</u>
-
-
-
-
-
-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender	TAN PIN CHENG JEAN
Phone No Address	- -
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SLK2776G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Rease 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)

Lunderstand, 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 malling 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.

Folicyriolder's Signature / Date & Driver's Signature (if driver is not the policyriolder) / Date Reporting Centre Personnel

Sketch Plan

A = SLk 277 66

B = SMN 8404 M

escribe	Circums	tances	of the Acc	ident							
I	was s-	ationa	ny alon	g kranj	Camp	· I on	28-0	9.2021	@18	810 hours	. <u>I</u>
stop to) wait	for	my p	assenge	r. Whi	e wait	ting.	vehic	le B	reverse	and
collidea	d outo	front	portion	n of m	y veh	icle.					
	-								7000		
		- 44									
				-							
				2.11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1							

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

Entre Signature (If driver is not the policyholder) / Date & Name) 24/4 77

Witnessed by Reporting Centre Personnel



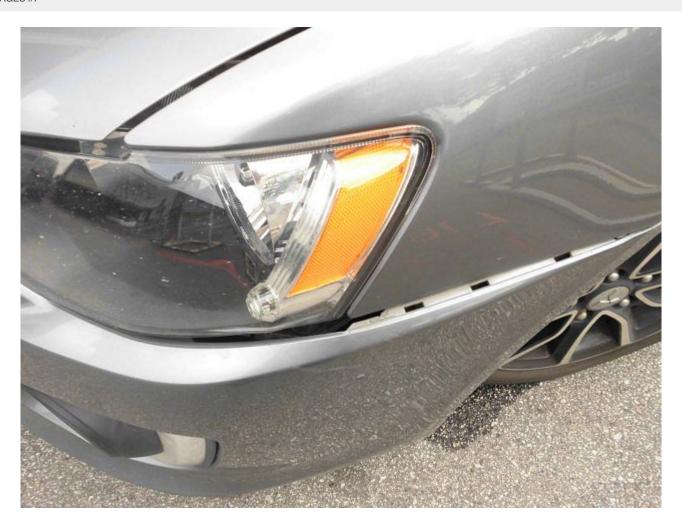


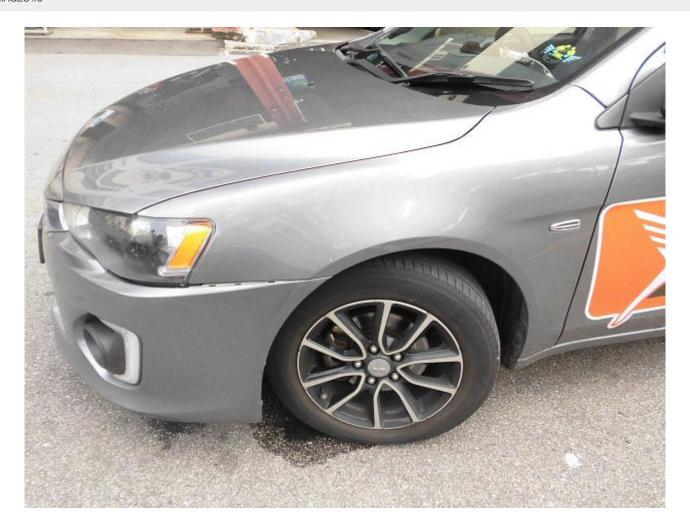




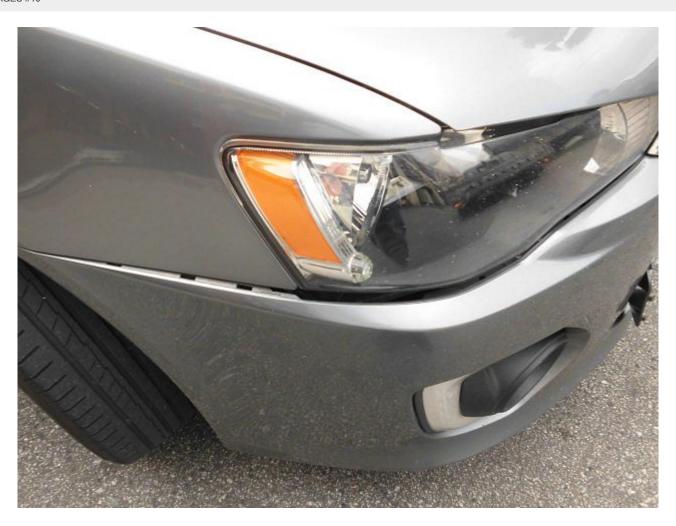


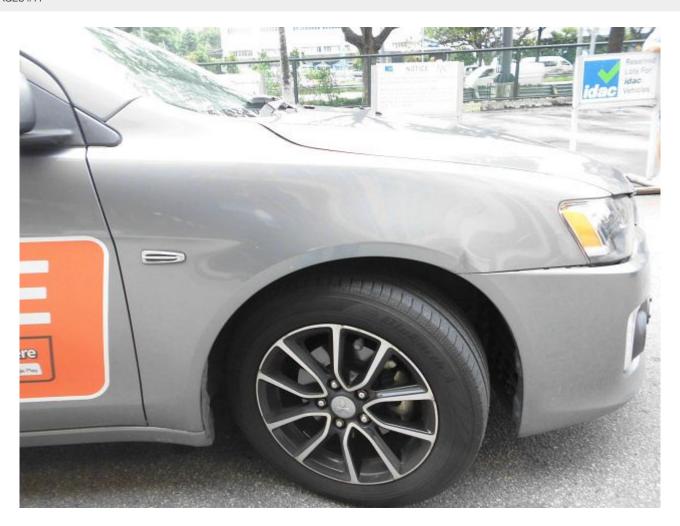




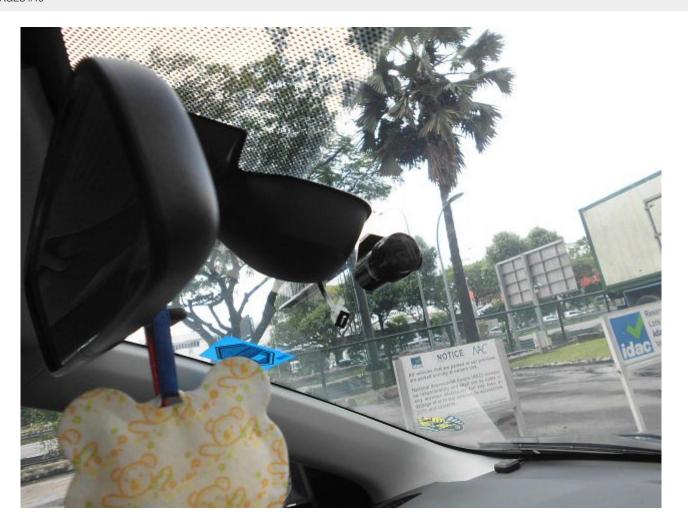


















T/20210928/2094

Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

3 01 3 Report No. T/20210928/2094

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 R F / Staff Sgt SITI SUHADAH BINTE HAMBALI	leport	Signature C	of Informant:	
Signature Of Interpreter: Not applicable		Date/Time: 28/09/2021	1	
Officer In Charge Of Case: TP / AEIT / Onsp BOON YEN KIAN Contact No.: 65476172		Classification	on Of Case:	
Authentication Stamp NP168	1 2 3 a B b	NGAPORE DLICE FORCE	SN156 .	
		SIGNATUR	E .	





Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999 2 of 3 Report No. T/20210928/2094

CONTINUATION OF REPORT

Details of Vehicle Insurance							
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date			
SLK2776G	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000027 52100	19/03/2021	18/03/2022			

Details of Perso	n Involved	SUPERINCE.			N.S.GA	
Any Pedestrian I	nvolved: No				ACCOUNT NO. OF LOTHER	
No. of Pedestrian	ns Injured: NIL		Use of Pe	destriar	Cross	sing: NA
Driver		n - Salahari		No. of Lot		
Name	TAN PIN CHENG JE	EAN		ID No		S7111617D
Related Vehicle	SLK2776G (Car)				ct No.	96635096
Hospital/Clinic	PROHEALTH MEDI HOUGANG	UP@	Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL	
Date Treatment	28/09/2021		Date Disc	- The state of the		0/2021
No. of Days gran	ted Medical Leave	03 -	Degree o	f Injury	Slight	
Driver			design to the	A STATE OF	2015 PM	BENEFIT STREET, CA-C
Name	Ng Bee Hin			ID No	2	S1326519D
Related Vehicle	SMN8404M (Car)		Contact No.		87211721	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL	West Manual Inc	Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL	

Brief Details.

I was waiting for my passenger at Kranji Camp II. I was not moving. While waiting, another private hire vehicle was reversing. This resulted in the rear bumper of the other car to hit the front bumper of my car. My arms, back, neck and head hurt. I already went to the doctor. I manage to exchange particulars with the other driver.





Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999 1 of 3 Report No. T/20210928/2094

REPORT OF A TRAFFIC ACCIDENT

Date/Tim 28/09/202	e Report N 21 21:43	Made:	Vide Report No.: Station Diary 74			
Informan	t's Partic	ulars	DAY TO SELECT THE REAL PROPERTY.			
	Informant: CHENG J		Address: APT BLK 109 RIVERVALE WALK #08-18 SINGAPORE 540109			
ID Type / NRIC NO	ID No.: / S71116	17D	Contact No.: Home/Office: Mobile: 96635096			
Nationality: SINGAPORE CITIZEN		EN.	Email:			
Sex: Female	Age: 50	Date of Birth: 07/04/1971	Type of Informant:			
Race: Chinese			Language: Institution / School Nat			
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:			

)

1

General Infor	mation of the Acci	dent	14. A	
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/09/2021 18:10	Type of Location:
Location: CHOA CHU I	KANG WAY			
Weather:		Road Surface:	F	Road Speed Limit:
Traffic Flow:		Traffic Control:	Т	raffic Volume:
Type of Collis	sion:	1	а	nyone conveyed by imbulance:

Details of Vehicle Involved								
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger		
SLK2776G	Car	MITSUBISHI	LANCER EX 1.6 AT LED TAIL LAMP	Grey	Slightly Damaged	0		
SMN8404M	Car				Slightly Damaged	2		

Details of Vehicle Insurance		GORDEN TO	
Vehicle No. Insurance Company	Insurance No	Effective	Expiry Date

