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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 1. Prease report contents 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
- 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 25/10/2021 17:39 (SGT) Date of Accident 22/10/2021 05:29 (SGT) Exact Location of Accident Lor 1 Geylang, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNB5672B

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner CHAN LAK SENG NRIC No **Email Address** SXXXX301I chanlakseng@gmail.com Mobile Phone No (Phone) +65-96329960 Alternative Phone No. +65-96329960

VEHICLE PARTICULARS

Manufacturer Toyota Model Vios Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to Private use your vehicle?

No - Claiming third party Vehicle Category Private car Transmission

Auto 1497

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMHCSNW00009742100 Cover Note Number

DRIVER

Name of Driver CHAN LAK SENG NRIC No SXXXX301I

Date Of Birth	00/00/4004
Occupation	03/06/1961
Date Of Driving Pass	Indoor 02/01/1977
*Driving experience	44 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96329960
Alt. Phone Number	+65-96329960
Email Address	chanlakseng@gmail.com
Address	BLK 109 PASIR RIS STREET 11 #09-593
Address complement	
Postcode	510109
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	•
wastance company of other vehicle Owned by Driver	2
CENERAL INFORMATION OF THE	
GENERAL INFORMATION OF THE ACCIDENT	
-	
Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	N.
Number of vehicles involved in the accident	No
Was anybody injured in the Accident?	2
was any injured conveyed to hospital by ambulance?	Yes No
was any other vehicle 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 T/20211022/7014	
III (Alexandra) - Alexandra -	
ATTACHMENT(S)	
Are accident photos available for attachment?	
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	Yes
Was there any audio recorded?	WITH WORKSHOP
	No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number	
Vehicle Registration Number Vehicle Manufacturer	GBK9399J
Vehicle Model	**
	-
The state of the s	+
/enicle Colour	·

Vehicle Category	
Name of Driver	
Contact Number	
Address	-
Address complement	
Postcode	
Insurance Company Name	-
Tataro or barriage	
Details of property damaged in accident No. Of Passenger (Including Price)	Tentralistania /-
and a find a fin	**************************************

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	
Conda	CHAN LAK SENG
Phone No	Male
Address	(Phone) +65-96329960
Address Complement	991000000000000000000000000000000000000
Post Code	-
Approximate Age Years Old	**************************************
Injuries Sustained	22-17-19-14 (KENTEL)
Injured person in which vehicle?	SLIGHT INJURY
Were soot holts war 2	SNB5672B
Was this injured conveyed to hospital by ambulance	Yes
, and to hospital by ambulance	7 No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please 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.
- 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>.
- 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. 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' 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 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.

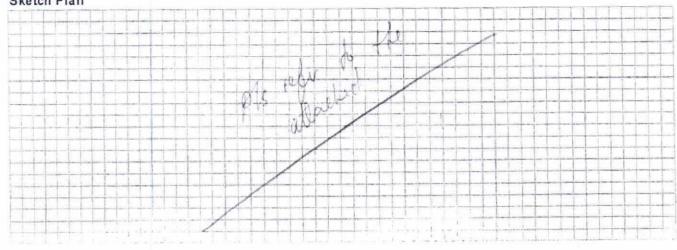
Dalloy holder's Signature / Date &

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Google Maps Lor 1 Geylang



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Street View - Nov 2020

Elgnelle A

Singapore

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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) / Dato & Time

Witnessed by Reporting Centre

ACCIDENT STATEMENT

ACCII	DENT DATE: (32 / CO) . 34 (DD/MM/YYYY)	TIME:(05:29)(HH:MM)
	TION: LOR 1 CZEYCHING	
LOCA	IION.	
1.	DETAILS OF VEHICLE	
	a) VEHICLE NUMBER: SNB54726	
	DINSURANCE COMPANY: CHIMA THIP	1/4
14	C)POLICY NUMBER: DIMMON NO DOOD	747/40
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PAR	TY / THIRD PARTY FIRE &THEFT)
	eJMAKE & MODEL: 70407A U195 A.	17 THE THE THE THE
	f)TYPE: (SALOON / COUPE / MPV /VAN / LORRY	(/ MOTORCYCLE / OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE / COMMERCIA	AL / MOTORCYCLE)
	h) PURPOSE OF USING AT ACCIDENT TIME:	PRICATE MIRE
	I) ARE YOU CLAIMING UNDER YOUR OWN INSUF	RANCE (YES/NO)
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / RE	
2	INSURED / POLICY HOLDER	
4-1	AINAME CHAN LAK SENG	(MALE / FEMALE)
	b) NRIC/FIN/PASSPORT: S147330/I	_CONTACT: 9632 9760
	C)ADDRESS: BUK 109 RASIR RIS ST	11
s 8: 9	HO9-593 (510109)	
a	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HO	DLDER
the of passanga	DRIVER	
(Including driver)	a)NAME: AS ABOUT	(MALE / FEMALE)
(13 arrest)	b]NRIC/FIN/PASSPORT:	CONTACT:
	c) ADDRESS:	4
	*d) DATE OF BIRTH: (03 / 06 / 1961) [DD/I	
	e)OCCUPATION: (INDOOR / OUTDOOR)	MIMOTITI
	f) YEARS OF DRIVING EXPRERIENCE: 03/0/	11977
A	WAS DRIVER AN EMPLOYEE OF THE INSUR	ED'S COMPANY? (YES /NO)
74.	IF NO, RELATIONSHIP OF THE DRIVER WIT	H INSURED: CONTER
5.	a) WEATHER CONDITION: (CLEAR / RAINING /	
	bJROAD SURFACE: (DRY / WET / OTHERS	
6.	WAS ANYBODY INJURED (YES / NO)	
7.	a) REPORTED TO POLICE (YES) NO)	*
	IF YES, PLEASE STATE WHICH POLICE STATION	•
8.	THIRD PARTY VEHICLE	
the of passenger	a) VEHICLE NUMBER: 98 493	MODEL:
(Inducting driver)	b) DRIVER'S NAME:	
()	b) DRIVER'S NAME:	CONTACT:
9.	THIRD PARTY VEHICLE	WODEL.
the of passenger	d) VEHICLE NUMBER:	MOUEL:
(Indudina driver	e) DRIVER'S NAME:	CONTACT
	/ I) NKIC/FIN/PASSPORT:	CONTACT
(_)	18	
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email = chanlaksing @ gmail.com fax = VIDEO = yes, with workshop





1 of 3

Report No. T/20211022/7014

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

Date/Time	A TRAFFIC Report Ma		Vide Report No.:	Station Diary No.:		
22/10/202	1 14:54					
Informan	t's Particu	lars		No.		
Name of	Informant: K SENG			#09-593 SINGAPORE 510109		
ID Type /		111	Contact No.: Home/Office:	Mobile: 96329960		
Nationali	ty:		Email: CHANLAKSENG@GMAIL.COM			
Sex:	02/06/1961		Type of Informant: Driver	Institution / School Name:		
Race:			Language: English			
Occupati GRAB I	tion:		Driving Licence Information Class: 2B,3	n: Date of Expiry:		

eneral Inform	nation of the Accid	lent Drink	Date/Time of		Type of Location:
Type of Accident:	Injury Others	Drive: No	Accident: 22/10/2021 05:2	29	T-Junction
OPONG 10	FYLANG				
Dette:	BEYLANG	Road Surface:			ad Speed Limit:
Weather:	BEYLANG	Road Surface: Dry		50	Km/h
Weather: Clear Traffic Flow:	BEYLANG	Dry Traffic Control:	orking	50 Tra	Km/h affic Volume: aht
Clear Traffic Flow: One Way		Dry		50 Tra Lig	Km/h affic Volume:

Details of V	ehicle Invo		Model	Color	Conditio	No of
Vehicle No.	Type	Make	Model	Service Control of the Control of th	Slightly	0
GBK9399J	Van	NISSAN		Grey	Damaged	
				Crow	Slightly	0
SNB5672B	Car	TOYOTA	VIOS	Grey	Damaged	



T/20211022/7014

2 of 3

Report No. T/20211022/7014

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

CONTINUATION OF REPORT

Details of Perso	n Involved					
Any Pedestrian II	nvolved: No			WWW.		- Intellating all the second
No. of Pedestrian	s Injured: NIL		Use of Pe	destrian C	rossing: NA	
Driver					Ministration of the second	
Name	CHAN LAK SENG			ID No.	S1473301	I
Related Vehicle	SNB5672B (Car)			Contact	No. 96329960	***************************************
Hospital/Clinic	MOUNT ALVERNIA	HOSPITA	L	Class of Driving Licence Expiry	Class: 2B, Date of Ex	
Date	22/10/2021	The second secon	Date	2	2/10/2021	
No. of Days gran	ted Medical Leave	03	Degree of	f S	light	

Brief Details.

On the 22 october 2021, at 0529hrs i was stationary at the T- junction of lorong 1 geylang and sims avenue on the extreme left lane of 3 lanes, upon the traffic light turns green i made a move to engage a left turn into sims avenue.

While i was making a turn a van from my right(GBK939J, Nissan) suddenly bang my vehicle causing me to jammed brake. I then stop and discover there were scratches and damages to my front bumper near to the front wheel. I took some photos and exchange number however i did not took the driver particular. I did not call for assistance however i felt pain on the neck causing me difficulty to turn my head. I decided to see a doctor at Mount Avernia Hospital. I was then issued with 3 days of Medical Certificate. My vehicle number is SNB5672B(TOYOTA VIOS). I have in car camera and there is a footage





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

3 of 3 Report No. T/20211022/7014

CONTINUATION OF REPORT

Sketch Plan

NP168

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/10/2021 14:54
Officer In Charge Of Case: TP / TPIB / TAY CHUN KEEN Contact No.: 65476436	Classification Of Case:
his report is lodged at Pasir Ris NPC Kiosk 1	



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Motor Hire Car

MZ406L/B

SN

CERTIFICATE OF INSURANCE

itor Vehicles (Third-Party Risks and Componsation) Art (Chapter 189) Motor Vehicles (Third-Party Risks and Componsation) Rules, 1960 Road Transport Act, 1997 (Meleysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

AN0574A Cov. Type:C

CERTIFICATE No.

DMHCSNW00009742100

Engine No : 2NRX433214

Cha. No: MR2B23F3801171653

1 Index Mark and Registration

SNB5672B

AUTOSAFE

Number of Vehicle

2. Name of Policy Holder

CHAN LAK SENG

Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment (09:50:36)

Excess Sect 1.

\$\$1,250.00

Excess Sect. I (Outside Singapore)

\$\$2,500.00

Date of Expiry of Insurance

04/10/2022

Excess Sect. II Excess Sect.II (Outside Singapore).

S\$1,250,00 \$\$2,500.00

EX ON WINDSCREEN

S\$100.00

5. Persons or Classes of Persons encode to drive*

As per Named Driver(s) stated below.

As per Named Driver(s) stated below.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

CHAN LAK SENG

6 Limitations as to use "

(1) Use for the carriage of passengers or goods in connection with the Policyholder's business.

(2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

The Policy does not cover (1) Use for racing, pace-making, reliability trial or speed-testing

(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO. HONG LEONG FINANCE LTD

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: Tan Xin Yi Josephine Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) *3 Anson Road #16-00 Springleaf Tower Singapore 079909

Q63896111

₩6222 1033

www.sg.cntaiping.com