SN0821B50001 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 05/11/2021 11:56 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (05/11/2021 11:56 (SGT))

# **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.

- 4. The issue and acceptance of this is form by instrained 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 05/11/2021 11:56 (SGT) Date of Accident 02/11/2021 00:43 (SGT) Exact Location of Accident Geylang Rd, Singapore Additional Location Information Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SI H7257X

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner SUBHADRA TAN QING HUANG NRIC No. SXXXX930J

Email Address keltgh.39@gmail.com Mobile Phone No (Phone) +65-81513354

Alternative Phone No +65-81513354

VEHICLE PARTICULARS

Manufacturer Honda Model Hr-v 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 1496

**INSURANCE COMPANY** 

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive

Fleet Policy

Policy Number DMHCSNW00000842100

Cover Note Number

DRIVER

Name of Driver SUBHADRA TAN QING HUANG NRIC No. SXXXX930J

Date Of Birth 21/11/1991 Occupation Outdoor Date Of Driving Pass 04/11/2010 Driving experience 11 YEARS Gender Male Mobile Number (Phone) +65-81513354 Alt. Phone Number +65-81513354 Email Address keltgh.39@gmail.com Address 11 MOUNT SOPHIA #02-34 Address complement Postcode 228461 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 Hit and run / Vandalism / Damaged whilst parked 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? No Was any injured conveyed to hospital by ambulance? 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? No **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Hougang Neighbourhood Police Centre Police Station Phone No (Phone) +65-18004890999 Alt. Police Station Phone No (Fax) +65-63128989 Police Station Address 60 Hougang Ave 9 Singapore 538775 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20211102/2094 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number FBS7016K Vehicle Manufacturer Vehicle Model Vehicle Variant

Motorcycle

Vehicle Colour
Vehicle Category

Name of Driver	
Contact Number	<u>-</u>
Address	·····
Address complement	
Postcode	
Insurance Company Name	<del>.</del>
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

# DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNKOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	_
Vehicle Colour	_
Vehicle Category	NA / Unknown
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)	_

#### SKEIVHELAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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.

Policyholder's Signature / Date & Time

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

Winessed by Reporting Centre Personnel

#### Sketch Plan

L'103 Geylang Road

A: SCH 72574

A: BCH 72574

B: FBS 7016 K

C: UMKNOWN CAR

Describe Oricumstances of the Accident
\
refer to police report 1/202/1102/2094.
1/20 1/10/1 3014
<u> </u>
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# Declaration

IWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

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

Wilnessed by Reporting Centre Personnel



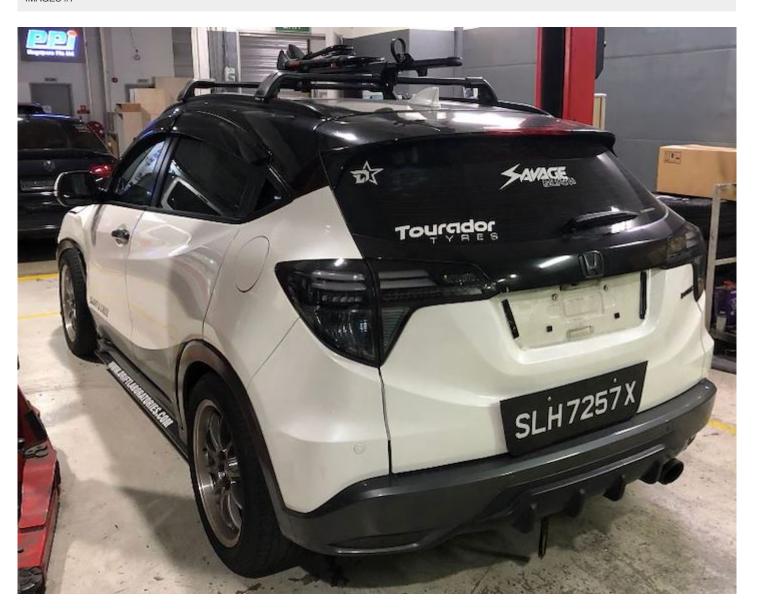




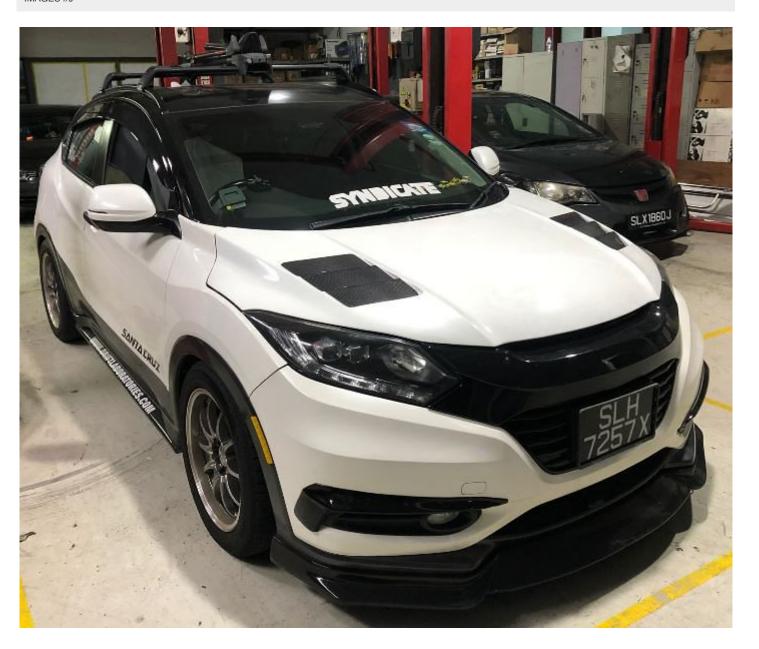




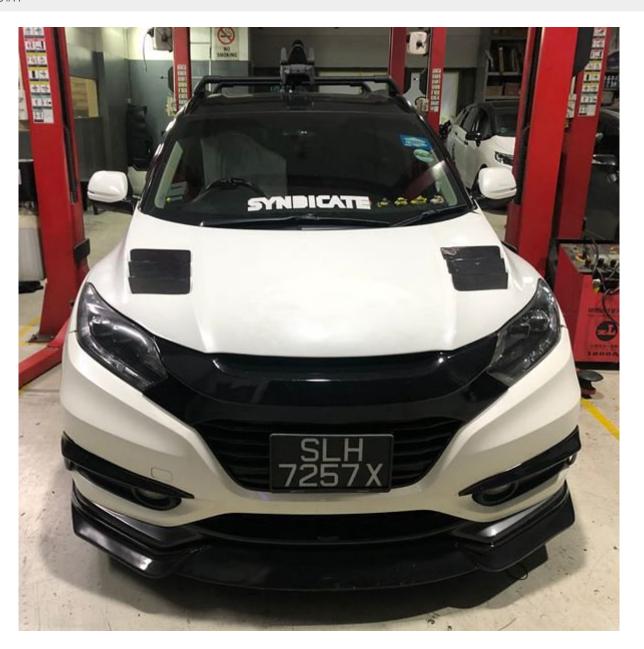
















Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

1 01 3 Report No. T/20211102/2094

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/11/2021 19:54		Vide Report No.:	Station Diary No. 91	
Informa	nt's Partic	ulars		
Name of Informant: SUBHADRA TAN QING HUANG		Address: BLK 11 MOUNT SOPHIA #02-34 SINGAPORE 228461		
ID Type / ID No.: NRIC NO / S9141930J		Contact No.: Home/Office:	Mobile: 81513354	
National SINGAP	ity: ORE CITIZ	EN.	Email:	
Sex: Male	Age: 29	Date of Birth: 21/11/1991	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: PRIVATE HIRE DRIVER			Driving Licence Informat Class: 3	tion: Date of Expiry:

Type of Accident:	Non-Injury Others	Drive: Acc	te/Time of cident: 11/2021 00:45	Type of Location: Exiting to the main road from shell petrol kiosk
Location: GEYLANG R	DAD			
Weather: Road Surface: Road Sp. Clear Dry		ad Speed Limit:		
Clear		Diy		
Clear Traffic Flow: One Way		Traffic Control: Not Controlled	Tra Lig	iffic Volume:

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBS7016K	Motorcycle	YAMAHA	AEROX155 ABS CVT	Black		0
SLH7257X	Car	HONDA	HRV 1.5 DX CVT	White	Slightly Damaged	0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLH7257X	CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.	DMHCSNW000008 42100	19/01/2021	18/01/2022





2 of 3

Report No. T/20211102/2094

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

CONTINUATION OF REPORT

#### Brief Details.

On 02/11/2021 at about 0045hrs, I was at the above mentioned location and there was a lot of mind as I was having verbal dispute with my wife. I was exiting the petrol station and the music playing in my vehicle was loud. My vehicle number Is SLH7257X. After I had reach homed, I noticed some damages on the left portion of my vehicle.

Later on the same day at about 1100hrs, I went to my workshop and checked my in-car camera footage. I then discovered that as I was exiting the petrol station, there was a motorcycle bearing vehicle registration plate number FBS7016K whom was hit by another car with unknown registration plate number. The impact caused vehicle FBS7016K to collide into the left portion of my vehicle. However, I wish to state that I did hear or feel any impact at that point of time and as such, did not alight to attend to the matter. I am not injured.

I am lodging this report as instructed by my insurance company.





Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

3 of 3 Report No. T/20211102/2094

## 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.

CONTINUATION OF REPORT

F /	Signature Of Informant:
Sgt 1 TAY YONG KIAT	PARE
Signature Of Interpreter: Not applicable	Date/Time: 02/11/2021 19:54
Officer In Charge Of Case: TP / GIA / SI TAN JEOK LENG Contact No.: 65476151	Classification Of Case:
Authentication Stamp	