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 03/12/2021 16:06 (SGT) Date of Accident 02/12/2021 18:25 (SGT) Exact Location of Accident SLE, Singapore Additional Location Information SLE TOWARDS CTE BEFORE MANDAI Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mitsubishi

Vehicle Registration Number SJC7746B

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner CHRISTOPHER CHIN TECK LOONG NRIC No. SXXXX542G Email Address SAMUELFREDERICK18@GMAIL.COM Mobile Phone No (Phone) +65-92369684 Alternative Phone No (Home) +65-92369684

VEHICLE PARTICULARS

Manufacturer

Model Lancer 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 Private car Transmission Auto CC

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy Policy Number 5119218179-01 Cover Note Number

DRIVER

Name of Driver SAMUEL CHIN KAI JIE NRIC No. SXXXX975I

Date Of Birth 12/04/1997 Occupation Indoor Date Of Driving Pass 12/12/2018 Driving experience 3 YEARS Gender Male Mobile Number (Phone) +65-92369684 Alt. Phone Number Email Address SAMUELFREDERICK18@GMAIL.COM Address APT BLK 166 YISHUN RING ROAD #09-723 Address complement Postcode 760166 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Parent Does Driver Own Other Vehicles? Nο 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 Chain Collision 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 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? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO ATTACHED 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 SMH83657 Vehicle Manufacturer Vehicle Model

Private car

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	China Taiping Insurance (Singapore) Pte. Ltd.
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMA569S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	Sompo 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	SAMUEL CHIN KAI JIE
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJC7746B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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- 5. Any false reporting may be referred to the Police for investigation.
- 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)

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 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;

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- (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")

- 0

- (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 &	Driver's Signature (If driver is not the policyholder) / Date 8. Time	Witnessed by Reporting Centre Personnel
ketch Plan		
		A: SJC 7746B
		8:SMH 8365Z
		C: SMA 5698
The second secon		
A		
18		

Describe Circumstances of the Accident

Please refer to the police report

claration	ars are true in every respect.	
claration		

(T/20211202/7031)



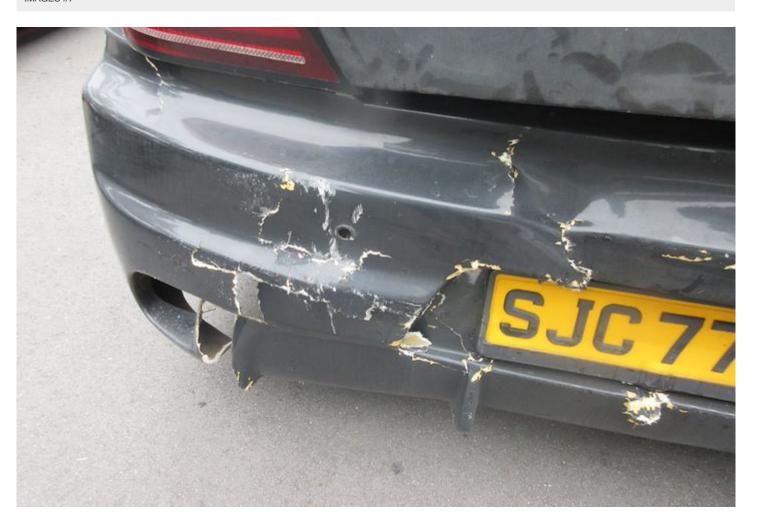










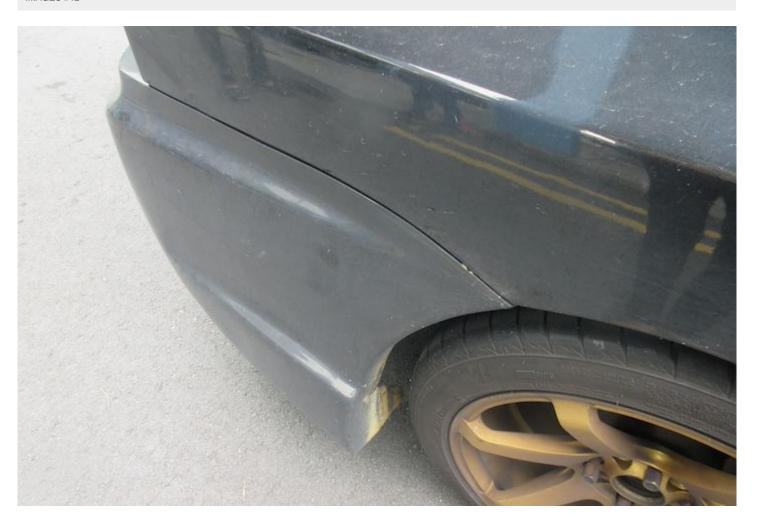








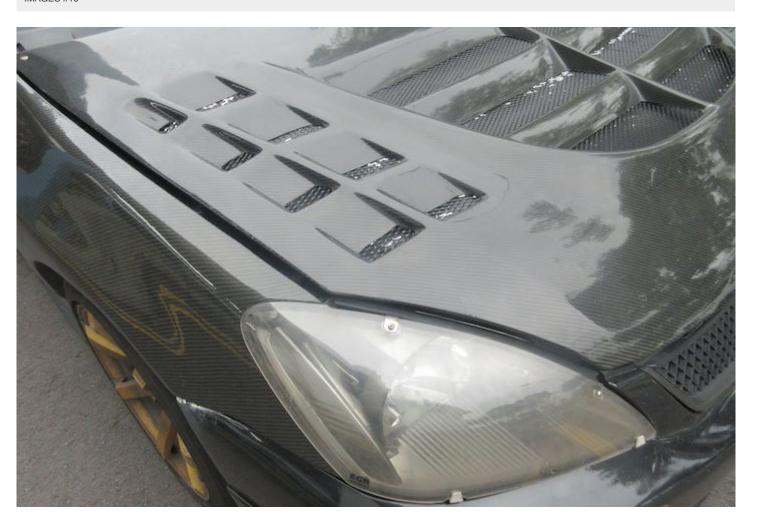




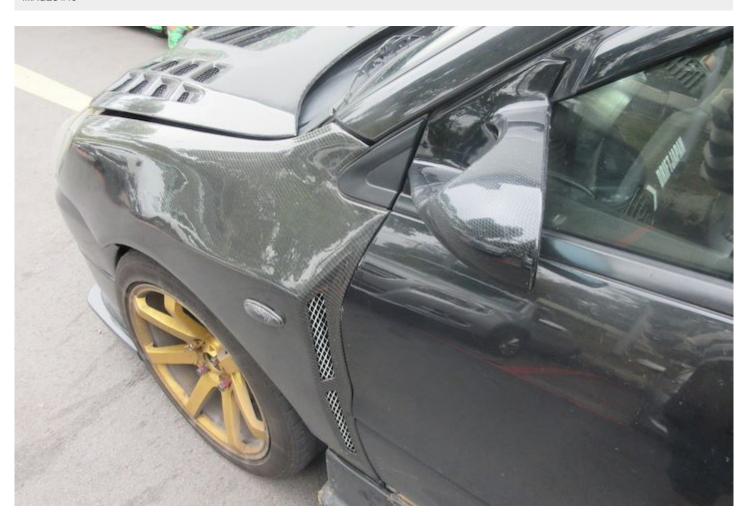




























Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3

Report No. T/20211202/7031

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 21 20:54	fade:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partice	ulars	Water to the same		
Name of Informant: Address: SAMUEL CHIN KAI JIE 14 LENTOR PLAIN			Address: 14 LENTOR PLAIN SIN	GAPORE 786516	
ID Type	/ ID No.:	751	Contact No.:		
NRIC NO) / S97119		Home/Office: Mobile: 92369684		
Nationality:		Email:			
SINGAPORE CITIZEN		samuelfrederick18@hotmail.com			
Sex:	Age:	Date of Birth:	Type of Informant:		
Male	24	12/04/1997			
Race: Chinese		Language: English	Institution / School Name:		
Occupation:		Driving Licence Informa	tion:		
Aeronautical engineering technician		Class:	Date of Expiry:		

Type of Accident;	Injury Others	Drink Drive; No	Date/Time of Accident: 02/12/2021 18:25	Type of Location Straight Road
Location: SELETAR EX	PRESSWAY	Road Surface:		Road Speed Limit:
Clear		Dry	10	70 Km/h
		Dry Traffic Control: Not Controlled	1	

Details of V	ehicle Invo	lved				A STATE OF THE PARTY OF THE PAR
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SJC7746B	Car					0
SMA569S	Car					0
SMH8365Z	Car					0





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20211202/7031

CONTINUATION OF REPORT

Details of Perso	n Involved	1000			E 10 19	
Any Pedestrian I	nvolved: No		14 14 14 14 14 14 14 14 14 14 14 14 14 1	AC 3-102		UIC
No. of Pedestrian	s Injured: NIL		Use of Pe	Use of Pedestrian Crossing: NA		
Driver		NI PARTY	San III	Total la		
Name	SAMUEL CHIN KAI	SAMUEL CHIN KAI JIE		ID No	* 10	S9711975I
Related Vehicle	SJC7746B (Car)			Conta	ct No.	92369684
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		L	Class Drivin Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date	NIL		Date		02/12	2/2021
No. of Days gran	ted Medical Leave	Degree o	of	Serio	us	

Brief Details.

i was driving vah A on the mention date n time. The veh in front stopped n i stopped a few second later i felt an impact, when i alight i notice the veh (SMH8365Z) could not stop in time n hit the rear of my veh (SJC7746B) causing it to move forward n hit the veh (SMA569S) in front. I was given 4 days MC by mount alvernia hospital after i felt neck n shoulder pain.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20211202/7031

CONTINUATION OF REPORT

Sketch Plan			
Informant is	not able	e to provide	e sketcl

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: 02/12/2021 20:54
Officer In Charge Of Case: TP / TPIB / MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case;
NP168	