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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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,

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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

03/01/2022 15:14 (SGT) 29/12/2021 12:30 (SGT) Kaki Bukit Rd 1, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SND4105T

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address

Mobile Phone No

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model

Variant Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category

Transmission

CC

AUTOTRUST TRADERS PTE LTD

2XXXXXX165H

cs8558cs@gmail.com

(Phone) +65-96916249

+65-96916249

Employment

Honda

Civic

No - Claiming third party Commercial vehicle

Auto

1598

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

DRIVER

Name of Driver

NRIC No

China Taiping Insurance (Singapore) Pte. Ltd.

ThirdParty

DMTPSNA00000412102

TAN YUEN HONG, GABRIEL (CHEN YANFENG) SXXXX288D

Date Of Birth 20/02/1984 Occupation Indoor Date Of Driving Pass 05/03/2007 Driving experience 14 YEARS AND 9 MONTHS Gender Male Mobile Number (Phone) +65-96916249 Alt. Phone Number Email Address cs8558cs@gmail.com Address BLK 609 ANG MO KIO AVENUE 4 #05-1149 Address complement Postcode 560609 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 - Head on 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 2 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Yes 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 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? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20211230/7013 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 SMW1245D Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Private car

Vehicle Category

Name of Driver	
Contact Number	_
Address	1333
Address complement	-
Postcode	
Insurance Company Name	-
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

INJURED PERSONS DETAILS

INJURED 1

Name of injured person TAN YUEN HONG, GABRIEL (CHEN YANFENG) Gender Phone No (Phone) +65-96916249 Address Address Complement Post Code Approximate Age Years Old Injuries Sustained SERIOUS INJURIES Injured person in which vehicle? SND4105T Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? Yes

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 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
- 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.
- 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)

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 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' lawyers/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 lawyers/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

Witnessed by Reporting Centre

Personnel

Sketch Plan

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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

Witnessed by Reporting Centre Personnel

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* 16	
Email: sm@idac.com.sg Tel no: 6555 6888 *If no proper documents are produced, IDAC shall	ll not file the report. Information will be discarded after one week.
Date of Accident: 29/12/2021 (dd/mm/yy)	Time of Accident: 12 : 30 (24-HR-FORMAT)
	odel / Engine (cc): Honda CIVIC 1-6 Private Hire: (
Exact location of Accident: Kaki B4K1+	
	Traders Pte Ltd ROC/UEN (Company) 2012171
Driver's Name / IC No.: Tan Yuen Ho	ong, Gabriel 58405788 D (As Above
Driver's Contact No.: 9691 6249	Company Contact No / Owner Contact No:
	okio Ave 4 #05-1149 5(56060°
	Insurance Company: China Tai Ping
Driver Email address: CS 8558CS@	gmail: com
Relationship between Owner & Driver: (Please C	IRCLE one only)
Owner / Spouse / Children / Friend / Parents / Sibling	g / Relative / Employee / Hirer or Others specify:
What do you wish to claim? (Please TICK one	only)
	only) u want to claim against) / Reporting (For Record Purpose)
Own Insurance / Other Vehicle (The one you	
Own Insurance / Other Vehicle (The one you	u want to claim against) / Reporting (For Record Purpose)
Own Insurance / Other Vehicle (The one you Exact purpose for which the vehicle Was being used at time of accident?	Occupation (nature of job) Indoor/ Outdoor *No. of Passengers (Including Driver): Gender: Male / Female
Own Insurance / Other Vehicle (The one you Exact purpose for which the vehicle Was being used at time of accident? Private use / Work purpose *Passenger Name:	Occupation (nature of job) Indoor/ Outdoor *No. of Passengers (Including Driver): Gender: Male / Female Gender: Male / Female
Own Insurance / Other Vehicle (The one you Exact purpose for which the vehicle Was being used at time of accident? Private use / Work purpose *Passenger Name: *Passenger Name: Weather condition & Road conditions? (On the day	Occupation (nature of job) Indoor/ Outdoor *No. of Passengers (Including Driver): Gender: Male / Female Gender: Male / Female
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Own Insurance / Other Vehicle (The one you Exact purpose for which the vehicle Was being used at time of accident? Private use / Work purpose *Passenger Name: *Passenger Name: Weather condition & Road conditions? (On the day Clear & Dry / Raining & Wet / After Was there any video captured by your Car Camera Any Injuries: Yes / No (If YES) Injured Injuries Sustain: Alla Neck Body	Occupation (nature of job) Indoor/ Outdoor *No. of Passengers (Including Driver): Gender: Male / Female Gender: Male / Female y of accident) -Rain & Wet / Drizzling & Wet / Others: a? Yes / No Remarks: I Person' Name: Injured Person in Which Vehicle: SND 41057
Own Insurance / Other Vehicle (The one you Exact purpose for which the vehicle Was being used at time of accident? Private use / Work purpose *Passenger Name: *Passenger Name: Weather condition & Road conditions? (On the day Clear & Dry / Raining & Wet / Afterwas there any video captured by your Car Camera Any Injuries: Yes / No (If YES) Injuries Injuries Sustain: Atla Neck / Body Police Report filed: Yes / No (If YES)	Occupation (nature of job) Indoor/ Outdoor *No. of Passengers (Including Driver): Gender: Male / Female Gender: Male / Female y of accident) -Rain & Wet / Drizzling & Wet / Others: a? Yes / No Remarks: I Person' Name: Injured Person in Which Vehicle: SND 41057
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Own Insurance / Other Vehicle (The one you Exact purpose for which the vehicle Was being used at time of accident? Private use / Work purpose *Passenger Name: *Passenger Name: Weather condition & Road conditions? (On the day Clear & Dry / Raining & Wet / After Was there any video captured by your Car Camera Any Injuries: Yes / No (If YES) Injured Injuries Sustain: Alla Neckle Body Police Report filed: Yes / No (If YES) The Co	Occupation (nature of job) Indoor/ Outdoor *No. of Passengers (Including Driver): Gender: Male / Female Gender: Male / Female Gender: Male / Female y of accident) Rain & Wet / Drizzling & Wet / Others: Person' Name: Driver Injured Person in Which Vehicle: SND 4105 To Which Police Station: Owline Other Party(s) Details: Vehicle No: SMV 1245 To
Clear & Dry / Raining & Wet / After-Was there any video captured by your Car Camera Any Injuries: Yes / No (If YES) Injured Injuries Sustain: Atla Neck Body / Police Report filed: Yes / No (If YES) The County of the vehicle (The one your Exact purpose of the vehicle Was there are your exact purpose work purpose *Passenger Name: *Passenger	Occupation (nature of job) Indoor/ Outdoor *No. of Passengers (Including Driver): Gender: Male / Female Gender: Male / Female Gender: Male / Female y of accident) Rain & Wet / Drizzling & Wet / Others: a? Yes / No Remarks: Driver Injured Person in Which Vehicle: Which Police Station: Owline Other Party(s) Details: Vehicle No: SMW 1245 I
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T/20211230/7013

T/20211230/7013

1 of 3

Report No. T/20211230/7013

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT				
	DEDODT	OF A	TOAFFIO	ACCIDENT
	REPURI		IKAFFII.	ALL IIII-NI

Date/Time Report Made: 30/12/2021 12:23			Vide Report No.: G/20211229/0106	Station Diary No.:	
Informant	's Particu	ılars			
Name of Informant: TAN YUEN HONG, GABRIEL			Address: 609 ANG MO KIO AVENUE 4 #05-1149 SINGAPORE 560609		
ID Type / ID No.: NRIC NO / S8405288D			Contact No.: Home/Office: Mobile: 96916249		
Nationality: SINGAPORE CITIZEN			Email: kenheng2299@gmail.com		
Sex: Age: Date of Birth: Male 37 20/02/1984		The state of the s	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Salesman			Driving Licence Information: Class:	Date of Expiry:	

General Informati	on of the Accident			
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/12/2021 12:30	Type of Location: Straight Road
Location:	The second secon			
KAKI BUKIT ROA	AD 1			
Weather:		Road Surface:	***************************************	Road Speed Limit:
Clear		Dry		
Traffic Flow:		Traffic Control:		Traffic Volume:
One Way	4444-200-200-200-200-200-200-200-200-200	Not Controlled		Moderate
Type of Collision: Between Moving	Vehicles - Head To Si	de		Anyone conveyed by ambulance: Yes

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMW1245D	Car				Seriously Damaged	0
SND4105T	Car	MILITER			Seriously Damaged	0





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20211230/7013

CONTINUATION OF REPORT

Details of Perso	Charles and the same of the sa					
Any Pedestrian I	nvolved: No					
No. of Pedestrians Injured: NIL			Use of Pe	Use of Pedestrian Crossing: NA		
Driver						
Name	TAN YUEN HONG, GABRIEL		ID No		S8405288D	
Related Vehicle	SND4105T (Car)			Conta	ct No.	96916249
Hospital/Clinic	NIL		Class Drivin Licen Expire	g ce &	Class: NIL Date of Expiry: NIL	
Date	29/12/2021 Date			-	29/12	/2021
No. of Days granted Medical Leave 07			Degree o	f	Serious	

Brief Details.

I was traveling along Kaki Bukit Road 1, I was travelling straight then suddenly a car (SMW1245D) from the opposite direction make a illegal U-Turn and collided head onto the front right of my car.

Traffic police and ambulance were on the accident scene, I'm conveyed to Changi General Hospital.

The impact cause my air bag to be activated, i lost conscious for a short while, I suffered facial injuries, neck, body, wrist and my knee. I was given 7days MC.





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

Informant is not able to provide sketch

Sketch Plan

Not applicable

TP / TPIB /

NP168

Officer In Charge Of Case:

Contact No.: 65476201

MUHAMMAD NOOR BIN ABDUL RAHMAN

3 of 3 Report No. T/20211230/7013

CONTINUATION OF REPORT

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:	Date/Time:

30/12/2021 12:23

Classification Of Case:





Motor Trade Policy

MZ9

R SN AN0631A

CERTIFICATE OF INSURANCE Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Cov. Type:T

Engine No.: N.A. CERTIFICATE No. DMTPSNA00000412102 Cha. No.:N.A. Any Motor Vehicle the property of the Policyholder or in their custody or control. All steam-driven vehicles are excluded. Index Mark and Registration Number of Vehicle AUTOTRUST TRADERS PTE LTD 2. Name of Policy Holder Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 04/08/202 04/08/2021 Excess Sect. II \$\$1,500.00 03/08/2022 5. Persons or Classes of Persons entitled to drive* As per Schedule. Any other person provided he is driving with the Policyholder's permission and is accompanied by a named driver of the Policyholder under the Policy. 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 CHUA MENG HOCK OW CHEE KEONG TAN GUAN HONG CHUA MENG HOE LEE CHONGMIN(LI CHONGMIN) LEONG KAM WENG THAM KUAN HOW CHUA QI JIN CHUA CHEN ANN GIAM CHOON HUAT FELIX TAN RUI HAO CHUA QI WEI SECT II EXCESS \$3K 6. Limitations as to use:* Use only for Motor Trade purposes. 7. The Policy does not cover (a) Use for hire or reward. (b) Use for racing, pace-making, reliability trial or speed-testing.
(c) Use solely for "Breakdown" purposes is not deemed to be use for hire or reward. * 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 Transport Act, 1987 (Malaysia). Please see reverse For CHINA TAIPING INSURANCE (SINGAPORE) PTF. LTD. Issued By: Irene Hor Authorised Officer **Authorised Signatory**