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.

 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 24/02/2022 16:26 (SGT) Date of Accident 23/02/2022 16:20 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information **TOWARDS TUAS** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

2800

Vehicle Registration Number GBJ8368K

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner **VODA POOL PTE LTD** Company Reg No 2XXXXX883H Email Address admin@vodapool.com.sq Mobile Phone No (Phone) +65-92200027 Alternative Phone No +65-92200027

VEHICLE PARTICULARS

Manufacturer

Model Hiace Variant Exact purpose for which vehicle was being used at time of **Employment** accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Commercial vehicle Transmission Auto

INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd Type of Coverage Comprehensive Fleet Policy Policy Number MQ003244 Cover Note Number

DRIVER

CC

Name of Driver TAN CHUAN HOE NRIC No. SXXXX590B

Date Of Birth 25/01/1966 Occupation Outdoor Date Of Driving Pass 09/11/1984 Driving experience 37 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-91067616 Alt. Phone Number Email Address admin@vodapool.com.sg Address BLK 676A JURONG WEST ST 64 Address complement #12-251 Postcode 641676 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? 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? No 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? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE POLICE REPORT:T/20220224/7005 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number XE4099D Vehicle Manufacturer Vehicle Model

Commercial vehicle

Vehicle Variant
Vehicle Colour
Vehicle Category

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)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Valida Davistration Number	\/B05001/
Vehicle Registration Number	XD8589K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	_

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender	TAN CHUAN HOE Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS
Injured person in which vehicle?	GBJ8368K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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- 2. The Formmust be completed by the Policyholder and/or the Authorised Driver.
- information provided must be as truthful and accurate as possible. Any willul misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The sisse 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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- 6. The report will be forw arded by the insurers of the GIA Records Management Centre established by the General insurance Association of Stigapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the bagement 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)

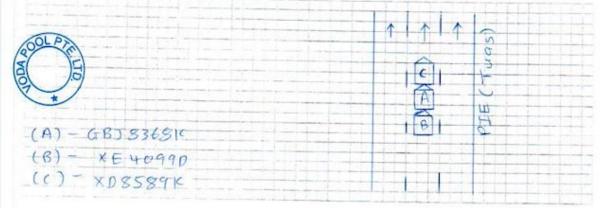
Lunderstand, acknowledge, agree and consent that

- (a: Milinsurer, 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 possivised by my insurer (collectively the "Personal Information") and disclose and transfer such Personal information to all insurer(s) with the following personal information to all insurer(s) 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
- (i) investigating the accident and/or my claims:
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me:
- (iv) actinistering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve discipline of certain personal data about me to bring about delivery of the same as wield as on the external cover of envelopes/mail
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all naurer's) who have insured vehicle(s) involved in this accident and the insurers' law yers/law firms, may/are permitted to solect, use, discusse 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 12 to 1 Date &

Driver's Sighature (£ driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel

Sketch Plan



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2 of 3 Report No. T/20220224/7005

CONTINUATION OF REPORT

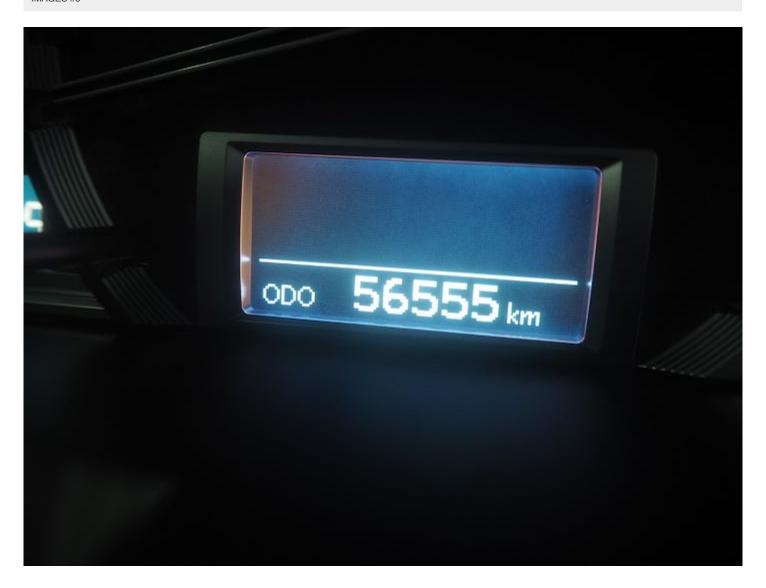
Details of Perso	n Involved	THE WOLLD			
Any Pedestrian I	nvolved: No				
No. of Pedestrian	ns Injured: NIL		Use of Pe	destrian Cros	sing: NA
Driver					
Name	TAN CHUAN HOE			ID No.	S1768590B
Related Vehicle	GBJ8368K (Van)			Contact No.	91067616
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	23/02/2022	587	Date		2/2022
No. of Days gran	ted Medical Leave	04	Degree of		

Brief Details.

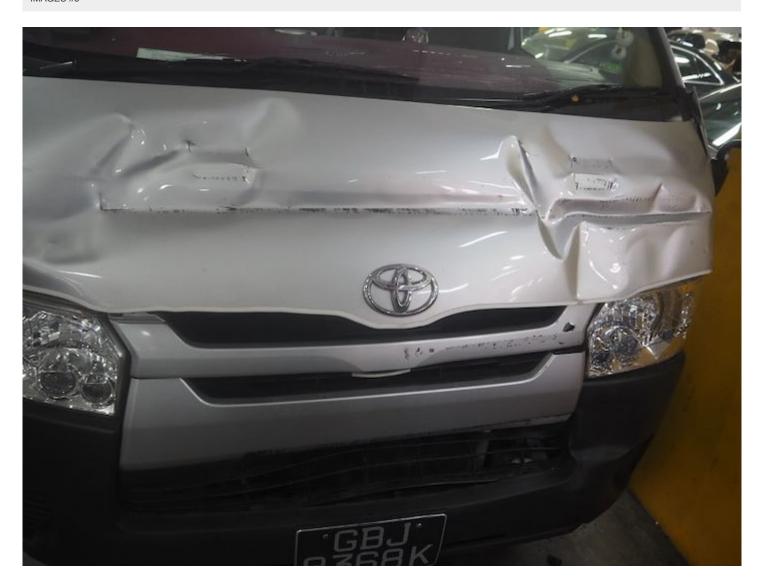
On the stated date and time, along PIE(Tuas). I was driving my Vehicle GBJ8368K on the Lane 2 of the above mentioned expressway before Jurong Town Hall Exit. When my front vehicles slowed down and stopped due to heavy traffic, hence i followed suit. Suddenly a Vehicle XE4099D hit me from the rear and the impact pushed my vehicle forward to hit into Vehicle XD8589K in front of me, It was a chain collision of 3 cars in total.

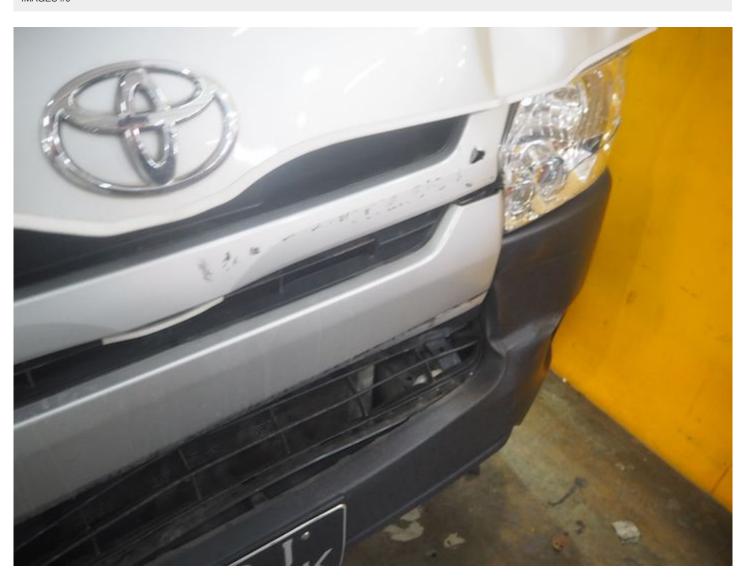




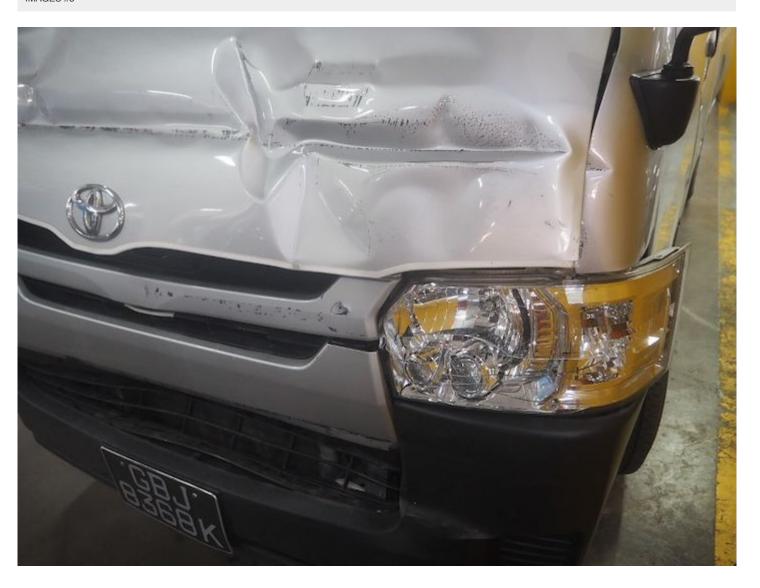


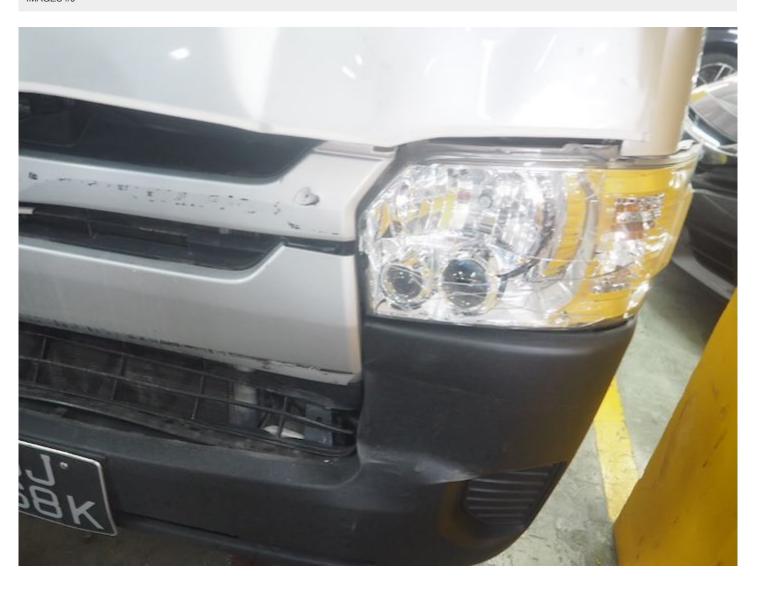














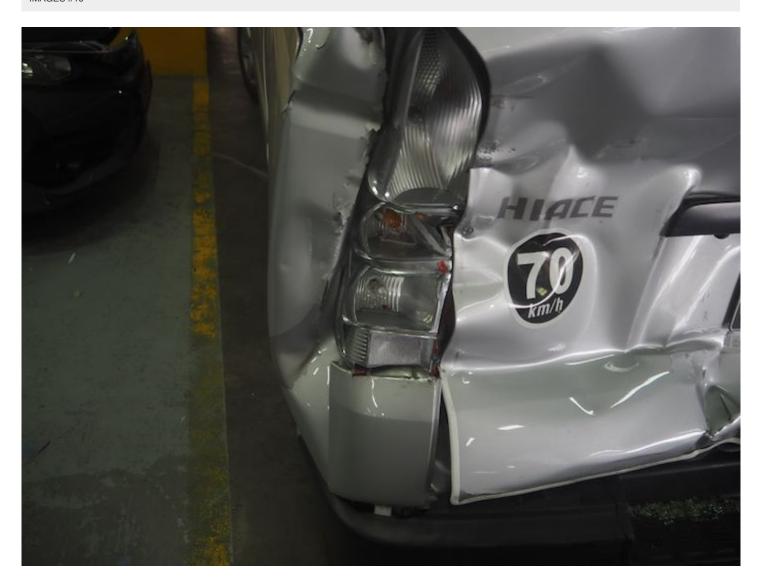


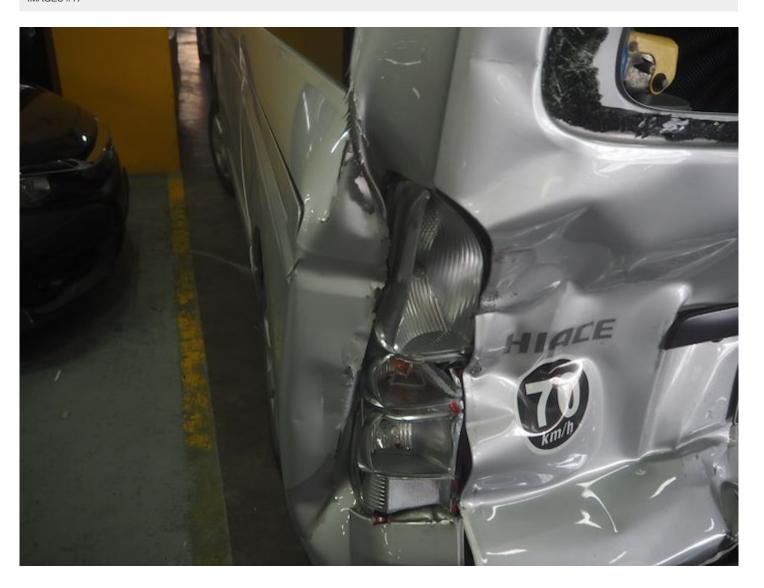


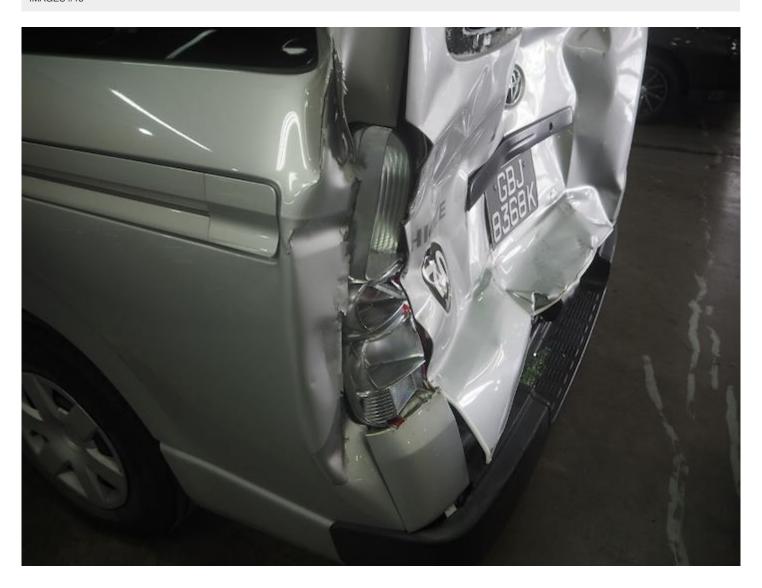






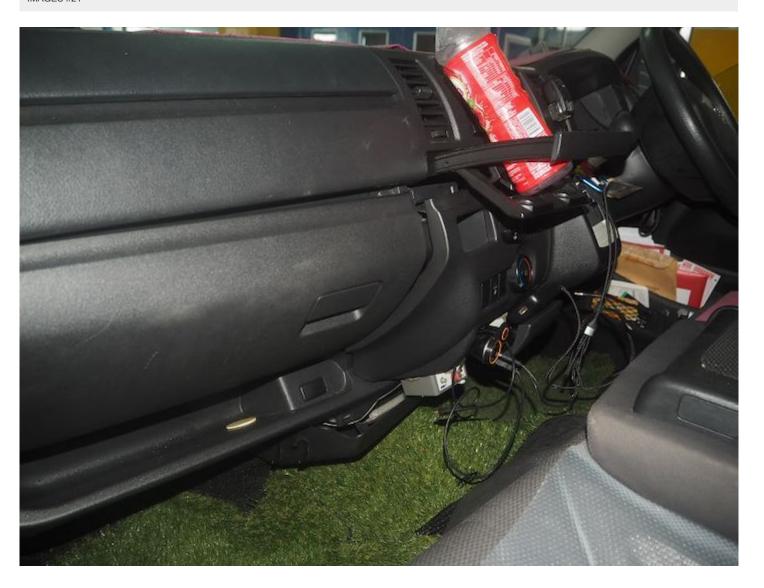
















1 of 3 Report No. T/20220224/7005

REPORT OF A TRAFFIC ACCIDENT

	ate/Time Report Made: 4/02/2022 11:46		Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars				
	Informant: UAN HOE		Address: 676A JURONG WEST 641676	STREET 64 #12-251 SINGAPORE		
	/ ID No,: 0 / S17685	90B	Contact No.: Home/Office:	Mobile: 91067616		
	Nationality: SINGAPORE CITIZEN		Email: ADMIN@VODAPOOL.COM.SG			
Sex: Male	Age: 56	Date of Birth: 25/01/1966	Type of Informant: Driver			
Race: Chinese			Language: Institution / School Nar English			
Occupation: OPERATIONS MANAGER		Driving Licence Information: Class: Date of Expiry:				

General Infor	mation of the Acci	dent		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/02/2022 16:20	Type of Location Straight Road
PAN ISLAND Weather:	EXPRESSWAY	Road Surface:		
Clear		Dry		Road Speed Limit: 0 Km/h
Traffic Flow:		Tractica Constructi	7	O MIII/II
One Way		Traffic Control: Not Controlled	132	raffic Volume:

Details of V	ehicle Invo	lved			No Period Control	Marin Marin
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
GBJ8368K	Van	1002				0
XD8589K	Lorry					0
XE4099D	Lorry					0





2 of 3 Report No. T/20220224/7005

CONTINUATION OF REPORT

Details of Perso	n Involved	Total W			
Any Pedestrian I	nvolved: No		1		
No. of Pedestrian	ns Injured: NIL		Use of Per	destrian Cros	sing: NA
Driver		and the same			
Name	TAN CHUAN HOE			ID No.	S1768590B
Related Vehicle	GBJ8368K (Van)			Contact No.	91067616
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	23/02/2022 Date		Date		2/2022
No. of Days gran	ted Medical Leave	04	Degree of		

Brief Details.

On the stated date and time, along PIE(Tuas). I was driving my Vehicle GBJ8368K on the Lane 2 of the above mentioned expressway before Jurong Town Hall Exit. When my front vehicles slowed down and stopped due to heavy traffic, hence i followed suit. Suddenly a Vehicle XE4099D hit me from the rear and the impact pushed my vehicle forward to hit into Vehicle XD8589K in front of me, It was a chain collision of 3 cars in total.





3 of 3 Report No. T/20220224/7005

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Signature Of Informant: Not applicable The identity of the person making this report has been authenticated by Singpass. No signature is required. Signature Of Interpreter: Date/Time: Not applicable 24/02/2022 11:46 Officer In Charge Of Case: Classification Of Case: TP / TPIB / MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204 NP168