SS1Y22340008 / SME MOTOR PTE LTD ENTRY DATE & TIME: 04/03/2022 16:14 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (04/03/2022 16:14 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

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

04/03/2022 16:14 (SGT) 03/03/2022 18:28 (SGT) Braddell Rd, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SKQ7863K

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No

Email Address Mobile Phone No Alternative Phone No

No HUANG JINCHENG S2728409D jincheng590@gmail.com (Phone) +65-81236878 +65-81236878

VEHICLE PARTICULARS

Manufacturer Model

Variant Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Transmission CC

Toyota ALTIS

Private use

No - Claiming third party Private car Auto 1600

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

India International Insurance Pte Ltd Comprehensive No D18MPC0003096_03

DRIVER

Name of Driver NRIC No

HUANG JINCHENG S2728409D

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number

15/08/1964 Indoor 14/07/2008

13 YEARS AND 8 MONTHS

753590

Yes

(Phone) +65-81236878

+65-81236878

jincheng590@gmail.com

BLK 590C MONTREAL LINK #13-57

Postcode Is the driver the policyholder? 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 Weather Conditions Road Surface

Email Address

Address complement

Address

Collision - Head to Rear

Raining Wet

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? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 2 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name Gender LU YIK FATT Male

DETAILS OF POLICE ACTION

Was the accident reported to the police? Police Station Name Police Station Phone No. Alt. Police Station Phone No. Police Station Address Was notice of intended Prosecution given? If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

Yes

Bedok North Neighbourhood Police Centre (Phone) +65-18002449999 (Fax) +65-62447258

30 Bedok North Road Singapore 469676

No

REFER TO POLICE REPORT: T/20220304/2071.

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?

Yes No No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer

SHD4204L

Accident report SS1Y22340008

N	
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	_
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender	HUANG JINCHENG Male
Phone No	-
Address	
Address Complement	
Post Code	
Approximate Age Years Old	_
Injuries Sustained	
Injured person in which vehicle?	SKQ7863K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	LU YIK FATT
Gender	Male
Phone No	-
Address	-
Address Complement	_
Post Code	-
Approximate Age Years Old	
Injuries Sustained	-
Injured person in which vehicle?	SKQ7863K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	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 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 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.
- 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)

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;
- (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.

04/03/22 Driver's Signature (# driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date &

Sketch Plan

1 SKQ 7863K Braddel Road.

Describe Circumstances of the Accident
On 03-03-2022 @ about 1828 hrs. I was driving my cor (SKQ 7863K) along Braddel Road in middle lane with I passenged inside my cor. The triffic status was heavy due to the mining weather and all vehicles are moving slowly so i'm also sollow the guence in my lane. Suddenly i deltan impact from behind and i realized that a blue taxi (SHO 42044) was graze
triffic status was heavy due to the mining weather and all vehicles
are moving slowly so i'm also sellow the queue in my lane. Suddenly i set an
and brushed over my cor while he shifting lune to the right without keep a
laware lakest on the surranding traffic status. The Nie laxifedinar of that
stop after the accident and was dreve owner directly. Hence, Thereto lodge this report to claim against the the taxi (SHD 4204L) is marrance for my decident
changes. The same pusheyer was disconfort after the accident, we will go to
grek for moderal troatedent later.
I wish to siete that, the blue taxi (SHD 4204L) was queving along the
I wish to state that, the blue taxi (SHD 4204L) was queuing along the left wort land, when i passing by (Before the accelent happening).
, , , , , , , , , , , , , , , , , , , ,
the call bile found the transfer of
* Attached Police Report No: T/20220304/2071.

Declaration

I'We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly sheek with your insurer for more details.

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

Winessed by Reporting Centre Personnel





Report No. T/20220304/2071

REPORT OF A TRAFFIC ACCIDENT Date/Time Report Made: Vide Report No .: Station Diary No.: 04/03/2022 14:58 90 Informant's Particulars Name of Informant: Address: HUANG JINCHENG APT BLK 590C MONTREAL LINK #13-57 SINGAPORE 753590 ID Type / ID No.: NRIC NO / \$2728409D Contact No.: Home/Office: Mobile: 81236878 Nationality: SINGAPORE CITIZEN Email: Jincheng590@gmail.com Sex: Age: Date of Birth: Type of Informant: Male 57 15/08/1964 Driver Race: Language: Institution / School Name: Chinese Chinese Occupation: Driving Licence Information: Building and construction project Class: 3 Date of Expiry:

Type of Accident:	Literal Desa		Date/Time of Accident: 03/03/2022 18:30	Type of Location Straight Road	
Location:		No	100/00/2022 10:30		
BRADDELL F	:OAD				
Weather: Raining		Road Surface: Wet		Road Speed Limit:	
				Traffic Volume: Heavy	
Traffic Flow:		Traffic Control: Not Controlled			

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD4204L (Not Accurate)	Car			Blue		0
SKQ7863K	Car	ТОУОТА	TOYOTA COROLLA ALTIS 1.6L CVT	Grey	Slightly Damaged	1

manager



Report No. T/20220304/2071

CONTINUATION OF REPORT

Details of V	ehicle Insurance	·		
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKQ7863K	INDIA INTERNATIONAL INSURANCE	D18MPC0003096_ 03	26/12/2021	25/12/2022

Details of Perso	n Involved		-	- 2		
Any Pedestrian I	nvolved: No					
No. of Pedestrians Injured: NIL Use of Pe			edestrian Crossing: NA			
Driver .						
Name	HUANG JINCHENG		ID No.		S2728409D	
Related Vehicle	SKQ7863K (Car)		Contact No.		81236878	
Hospital/Clinic	BOK FAMILY CLINIC PTE LTD		Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry; NIL	
Date Treatment	04/03/2022 Date Dis		scharge 04/03/2022		3/2022	
No. of Days gran	ted Medical Leave 03	Degree of I	njury	Slight		
Passenger			and the second	and the state		
Name	LU YIK FATT		ID No.		S9174828B	
Related Vehicle	SKQ7863K (Car)		Contact No.		88811814	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Discha	arge	NIL		
No. of Days gran	ted Medical Leave NIL	Degree of Ir	njury	Slight	Į.	

Brief Details.

On the 03/03/2022 at around 1828hrs, I was driving my vehicle bearing registration number. SKQ7863K. along Braddell Road, going towards Central Expressway on the middle lane. I proceeded to stop my vehicle when the vehicle in front of me came to a stop. After which, I felt an impact from the rear of my vehicle. I then saw a Blue colored Taxi drove to the right most lane. I wish to state that the taxi was driving on the third lane before he moved to the first lane. I noted part of the plate number of the blue colored taxi and it was "4204L". There were some scratches on the rear right portion of my vehicle, and there was some blue paint left on it as well.

After I shorted from the vehicle. I realized that the blue taxi did not stop after being involved in the accident.

On the 04/03:2022 at around 11 50am, I went to OneMotoring website and checked for the Blue colored





3 of 4 Report No. T/20220304/2071

CONTINUATION OF REPORT

Taxi registration number and I found a registration plate number that might be the said Taxi that was involved in the accident. The plate number is SHD4240L, a Hyndai / AE Ioniq Hev FL 1.6 DCT Taxi.

On the same day at around 12:00pm, I went to seek medical treatment at Bok Family Clinic Pte Ltd, located at Blk 117 Bedok Reservoir Road #01-58, as I felt discomfit at my neck area. The diagnosis given by the doctor was that I had strainned my neck due to the accident. I was given 3 days Medical Certificate(MC), dated from 04/03/2022 to 06/03/2022. MC number: 0000030629. On the same day, my colleague had seek medical treatment at My Family Clinic (Angsana Breeze @ Yishun) locate at Blk 507 Yishun Ave 4 #01-05 Singapore 760507, MC number: OD-YS0000199983, as he had discomfit at his neck area as well. He was given two days Medical Certificate, dated from 04/03/2022 to 05/03/2022. He then WhatsApp me a copy of his MC.

I wish to state that the in-vehicle camera in my car was not recording at the point of accident.





4 of 4 Report No. T/20220304/2071

CONTINUATION OF REPORT

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.

Signature of Officer Recording The Report: G / SGT 2 SARVESHVERAN S/O JAGATHESAN	Signature Of Informant:	<i>y</i> ©
Signature Of Interpreter: Not applicable	Date/Time: 04/03/2022 14.58	
Officer In Charge Of Case: TP / HRT / SI STEPHANIE, CHEUNG TSZ YING Contact No. 96203032	Classification Of Case:	