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 22/03/2022 16:30 (SGT) Date of Accident 22/03/2022 07:10 (SGT) Exact Location of Accident BKE, Singapore Additional Location Information Along BKE towards PIE around Dairy Farm Exit Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMM8699J

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner

Ninetrade Pte Ltd Company Reg No 201910533W

Email Address cynthia.lim@cosmo.com.sg Mobile Phone No (Phone) +65-92234854

Alternative Phone No +65-92234854

VEHICLE PARTICULARS

Manufacturer Honda Model Freed

Variant **HYBRID 1.5G AUTO**

Exact purpose for which vehicle was being used at time of Private hire accident

Are you claiming under your own insurance policy for repair to No - Reporting only your vehicle?

Vehicle Category Private hire Transmission Auto

CC 1496

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd.

Type of Coverage Comprehensive

Fleet Policy

Policy Number SPMF1000000455 Cover Note Number

DRIVER

Name of Driver Thye Wah Keong NRIC No. S7871882Z

Date Of Birth 30/07/1978 Occupation Outdoor Date Of Driving Pass 18/05/2007 Driving experience 14 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-90067915 Alt. Phone Number Email Address destai1978@gmail.com Address Apt Blk 455 Sin Ming Avenue Address complement #02-479 Postcode 570455 Is the driver the policyholder? No If No. Relationship of the Driver with the Insured Hirer 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 Collision - Head to Rear 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 PASSENGER 1 Name Yanti Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name **Tanglin Division Headquaters** Police Station Phone No (Phone) +65-18003910000 Alt. Police Station Phone No (Fax) +65-63964900 Police Station Address 21 Kampong Java Road Singapore 228892 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT Refer to sketch plan ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1**

SGX2238J

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model	-
Vehicle Variant	_
Vehicle Colour	-
Vehicle Category	Private car
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)	-

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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)

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.

73%

& Time

2000/20/26

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

Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date & Time

Sketch Plan

A: 56x2238J R: Smm8699J

TRIAD

Describe Circumstances of the Accident
On 20/03/2022, around 7:10am, I was fetching, passenger, Yant, from
Wandlands to Ally 7 was distribute along RKE Harriards DTE in my car Shim 69
Afround Dairy Farm Exit, vehicle S 6x 2238 T Suddenly emergency brake. Immediately I also emergency brake. I had quite a distance away, but
Immediately I also emergency brake. I had quite a distance away, but
Even after I stepped dully on the brake pedal, the head to rear
collission occur. No one is injured.
After I alighted from my car I saw there are 5 more cars M
from also had accident.
THE VERILLES WILL BE RESPAIR.
AT HOR-12 ALDO CTIV
N 4 00 3 18 01 00 1.
& HENG YAP SENG AND SERVICES- 3"
W TO

Declaration

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

Policyholder's Signature / Date & Time

33

22/03/2022

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

Witnessed by Reporting Centr

Witnessed by Reporting Centre Personnel





1 of 2

Report No. E/20220322/7034

POLICE REPORT (NP299)

Police Station Of Origin Tanglin Division HQ 21 Kampong Java Road SINGAPORE 228892

Tel No:1800-3910000

Date/Time Report Made 22/03/2022 16:21	Vide Re	port No.		Station Diary No.
Name Of Informant THYE WAH KEONG	Address			
ID Type / ID No. NRIC NO / S7871882Z	Contact Home/C	No.	Mobile: 90067915	NGAPORE 570455
Nationality SINGAPORE CITIZEN	Email Address DESTAI1978@GMAIL.COM			
Occupation	Sex	Age	Date of Birth	Race
Grab Driver	Male	43	30/07/1978	Chinese
Institution/School Name	Language English			
Date/Time Of Incident 22/03/2022 07:10 - 22/03/2022 07:10	Location Of Incident 455 SIN MING AVENUE #02-479 SINGAPORE 570455			
Brief details.				10/11 0/12 0/0400

On 22/03/2022, around 7.10am, i was feething grab passenger, Yanti, from woodlands to NUH. I was driving along BKE, towards PIE, in my car SMM8699J.

Around Dairy farm exit, vehicle SGX2238J suddenly emergency brake.

Immediately i also emergency brake. I had quite a distance away, but even after i stepped fully on the brake pedal, the head to rear collision occur.

No one is injured at the scene after i had checked with them.

After i alighted from my car, i saw there are 5 more cars in the front also had accident.

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: 22/03/2022 16:21
Officer In-Charge Of Case:	Classification Of Case:





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20220322/7034

Victim	d					
Person Name	THYE WAH KEONG					
ID Type	NRIC NO	ID No	S7871882Z			
Gender	Male	Age	43			
Race	Chinese	Language	English			
Occupation	Grab Driver	Address	455 SIN MING AVENUE #02 479 SINGAPORE 570455			
Mobile No	90067915	Is Informant A Victim?	Yes			
Person Name	Yanti					
Gender	Female	Race	Malay			
Mobile No	88155965	Relation To	grab customer			
1000000		Informant	grab odotornor			
Person Name	Ryan Sim					
Gender	Male	Race	Chinese			
Mobile No	97832256	Relation To	car owner SGX2238J			
		Informant				
Person Name	THYE WAH KEONG (nformant)				

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: 22/03/2022 16:21
Officer In-Charge Of Case:	Classification Of Case: