sC1P22460001 / Charn's CustomCraft ENTRY DATE & TIME: 06/04/2022 12:06 (SGT) SUBMITTED BY: Chua Seck Cheng VERSION: 1 (06/04/2022 12:06 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process. 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 hability.
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 todgement 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 06/04/2022 12:06 (SGT) Date of Accident 05/04/2022 18:00 (SGT) **Exact Location of Accident** Singapore Additional Location Information **HENDERSON ROAD** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **SJL4411P**

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner NOEL IGNATIUS CHOH NRIC No SXXXX417E **Email Address** NOELCHOH@GMAIL.COM Mobile Phone No (Phone) +65-90090308 Alternative Phone No +65-90090308

VEHICLE PARTICULARS

Manufacturer Hyundai Model Elantra 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? No - Claiming third party Vehicle Category Private car Transmission Auto CC 1591

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd Type of Coverage Comprehensive Fleet Policy No **Policy Number** MT/00577253/02 **Cover Note Number**

DRIVER

Name of Driver NOEL IGNATIUS CHOH NRIC No SXXXX417E



Page 1 of 17

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

SHB5570H

Taxi



Page 2 of 17

SKETCH PLAN

IMPORTANT NOTICE

VEHICLENO SJL 4411 DATE OF ACCIDENT: 5 4/20 LZ

- 1. Please report <u>correctly</u> 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
- 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 forw arded 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
- 8. Consent under the Personal Data Protection Act(PDPA)

funderstand, acknowledge, agree and consent that :

- (a) My insurer, my w orkshop 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) w he 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
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (w) 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purpose

MOSI SI

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Bukit Newh Certal £ 4411P - TON 5570H

ende Circumstances of th	ne Accident VEHICLE NO.	300	
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declare the foregoing particular	s are true in every respect	Λ.	
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Accident report SC1P22460001

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Report No. T/20220405/2085

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/04/2022 19:28		Made:	Vide Report No.:	Station Diary No.: 29	
Informa	int's Partic	ulars			
	f Informant: GNATIUS C		Address: APT BLK 70B TELOK BLAND SINGAPORE 102070	GAH HEIGHTS #22-517	
ID Type / ID No.: NRIC NO / S7634417E		17E	Contact No.: Home/Office:	Mobile: 90090308	
National SINGAF	lity: PORE CITIZ	EN .	Email:		
Sex: Age: Date of Birth: 14/10/1976		The state of the s	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: PROPERTY AGENT		Т	Driving Licence Information: Class: 2B,3	Date of Expiry:	

SCHOOL HILOH	mation of the Accide	Drink	Date/Time of	Type of Location:
Type of Accident:	Non-Injury Others	Drive:	Accident: 05/04/2022 18:00	Straight Road
Location: HENDERSON Weather:	N ROAD	Road Surface:		Road Speed Limit:
Clear		Wet		- C \(\(\) \(\)
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collis	ion: ing Vehicles - Chain C			Anyone conveyed by ambulance: No

Details of Volume Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHB5570H	Car	TOYOTA	PRIUS	Maroon	Slightly Damaged	0
SJL4411P	Car	HYUNDAI	ELANTRA AD 1.6 GLS AT	White	Slightly Damaged	0
SKZ9142Y	Car	HYUNDAI	ELANTRA	Grey	Slightly Damaged	0





2 of 4 Report No. T/20220405/2085

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJL4411P	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MT/00577253/03	24/12/2018	13/11/2022

	SINGAPORE) PTE. LTD.			
Details of Pers Any Pedestrian				
No. of Pedestria		Use of P	edestrian Cro	ssing: NA
Driver Name	SECK AI CHER		ID No.	S1437069B
reame	SEON AI CHEN		ID No.	314370095
Related Vehicle	SHB5570H (Car)		Contact No	o. 96276068
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Dis		scharge NIL	
NAME AND ADDRESS OF THE OWNER, WHEN PERSON AND ADDRESS OF THE PARTY OF	ted Medical Leave NIL	Degree o	f Injury NIL	
Driver - Walley				
Name	NOEL IGNATIUS CHOH		ID No.	S7634417E
Related Vehicle	SJL4411P (Car)		Contact No	90090308
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Disc	The state of the s	
			Injury NIL	
Driver		《音》。指字字	一块字数多数	The state of the s
Name	KENNETH GOH HEE POH		ID No.	S7146667A
Related Vehicle	SKZ9142Y (Car)		Contact No.	81845621
lospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
The second secon	NIL	Date Disch		
lo. of Days grante	ed Medical Leave NIL	Degree of		





3 of 4 Report No. T/20220405/2085

CONTINUATION OF REPORT

Brief Details.

On 5th April 2022 just before 6pm on Henderson Road in front of 211 Henderson Road towards West Coast Highway, I was rear ended by Taxi SHB5507H. I jammed on the brakes. I may or may not have hit the car in front of me, a grey SKZ9142Y.

We all moved forward as the position of the cars was blocking a filter lane to the right into Bukit Merah Central and was already blocking a bus.

The taxi had losts its front number plate and sustained damage to it's left side from the Toyota logo in the middle all the way to the wheel fender.

My car sustained damage to the back right hand side. The black portion of the stock body kit at the bottom most of the car has been dislodged. The bumper body kit had separated from the right back tail light.

The front body kit had dislodged. I am unsure if it is due to force of impact from the rear had dislodged it or possible impact to the front grey Elantra. I did not feel the car impact the front Elantra.

No one appears to have sustained bodily injury and everyone seemed fine.

My car is installed with in-car camera (Front).





4 of 4 Report No. T/20220405/2085

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: D / SGT 1 ONG JING WEI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 05/04/2022 19:28
Officer In Charge Of Case: TP / GIA / Other MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476201	Classification Of Case: