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 09/06/2022 12:07 (SGT) Date of Accident 09/06/2022 09:20 (SGT) Exact Location of Accident Singapore Additional Location Information PIE TUAS TOWARDS TUAS 6.3KM Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number SI R519J

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner CHUI XI TAO (XU XITAO) NRIC No. SXXXX520H Email Address xitao79@hotmail.com Mobile Phone No (Phone) +65-96732960 Alternative Phone No +65-96732960

VEHICLE PARTICULARS

Manufacturer

Model Previa 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? No - Claiming third party Vehicle Category Private car Transmission Auto CC 2362

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number D22MTPV01004001 Cover Note Number

DRIVER

Name of Driver CHUI XI TAO (XU XITAO) NRIC No. SXXXX520H

Date Of Birth 07/02/1979 Occupation Indoor Date Of Driving Pass 06/05/2000 Driving experience 22 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-96732960 Alt. Phone Number +65-96732960 Email Address xitao79@hotmail.com Address 97A UPPER THOMSON ROAD #13-02 Address complement Postcode 574327 Is the driver the policyholder? Yes 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 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? 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? Nο **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? Nο 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? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SJK1390R Vehicle Manufacturer Vehicle Model

Private car

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver	MUHAMMAD IHSAN BIN MOHAMED HELMI
NRIC No	SXXXX947J
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

Vehicle Registration Number	SMS3729H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHOW WO KEON
NRIC No	SXXXX964B
Contact Number	(Phone) +65-97560488
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	-
	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJK1390R
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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.
- 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.

05

Policyholder's Signature / Date & Time

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

CITY AUTO PTE LTD Blk 8 Sin Ming Road #01-58/60/62 Sin Ming Ind Est Singappie 575643

Singapore 575643
Tel: 6453 1233 Kax: 6453 7944
(Claim's Section)
Witnessed by Reporting Centre

Personnel

Sketch Plan

T-SLR 519J L-SJK 1390R SMS 3729H J-P/B 6:3KM

Describe Circumstances of the Accident

Driver got out of SLR5193, and saw that SLR5193 was the first vehicle out of three in a chain collision. There were 3 children in middle vehicle SJR1590R, thus ambulance and Traffic points had to be called according to TP. Police report had to be filed as traffic acciden insolved children, according to TP. Police report filed - Report number 6/ 2022 0609/ 0049.	SLR 5197 was travelling at speed limit 90 km linr along Lane 1. Preceding traffic slowed down to a standstill. SLR 5197 gradually slowed down to 0 km linr and stupped. SIR 1390K was noticed by scr6197 driver to slow down behind as well. A few seconds later, a huge that from behind of SLR 5197 was felt, and SLR 5197 was moved forward. Driver of SLR 5197 decided to drive the rar a few metres forward to see if vehicle SLR 5197 was still driveable. Driver gut out of SLR 5197, and saw that SLR 5197 was the first vehicle out of three in a chain collision. There were 3 children in maddle vehicle SIR 1390R, thus ambulance and traffic poince had to be railed, according to TP. Police report had to be filed as traffic acciden involved children, according to TP. Police report filed. Report number 61 2022 06091 0049. SLR 5193 rear of car damaged. Front nil damage. Oriver nil injune	Location :	PIE Towards Tras 6-3 KM, Lane 1
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Declaration

We declare the foregoing particulars are true in every respect.

15

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel





















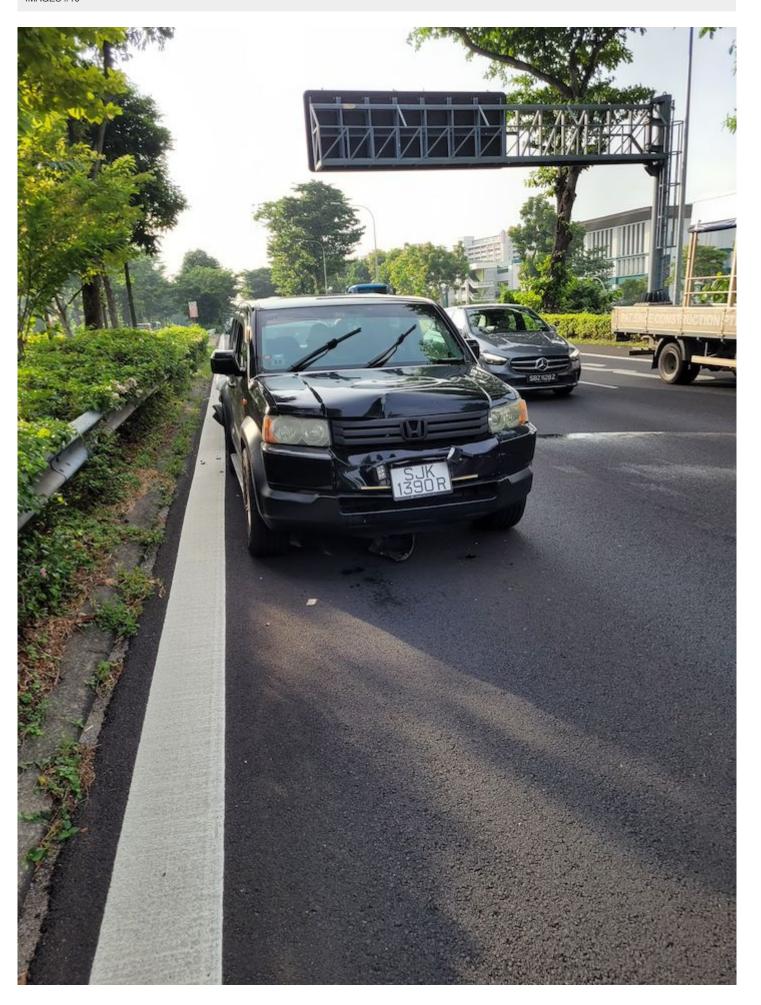


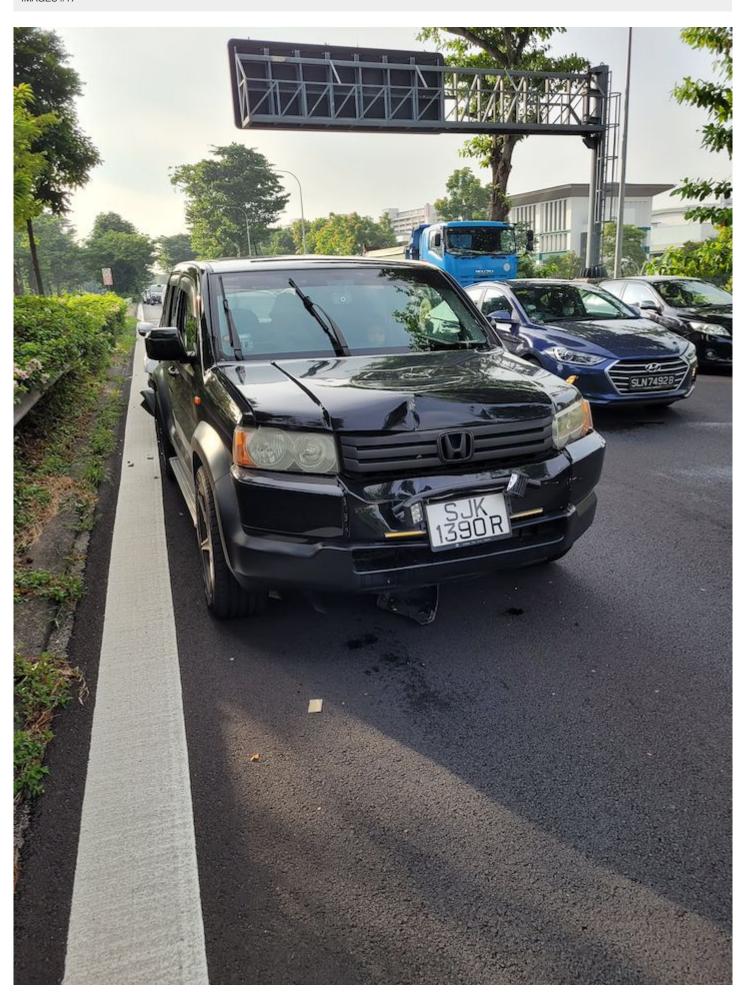




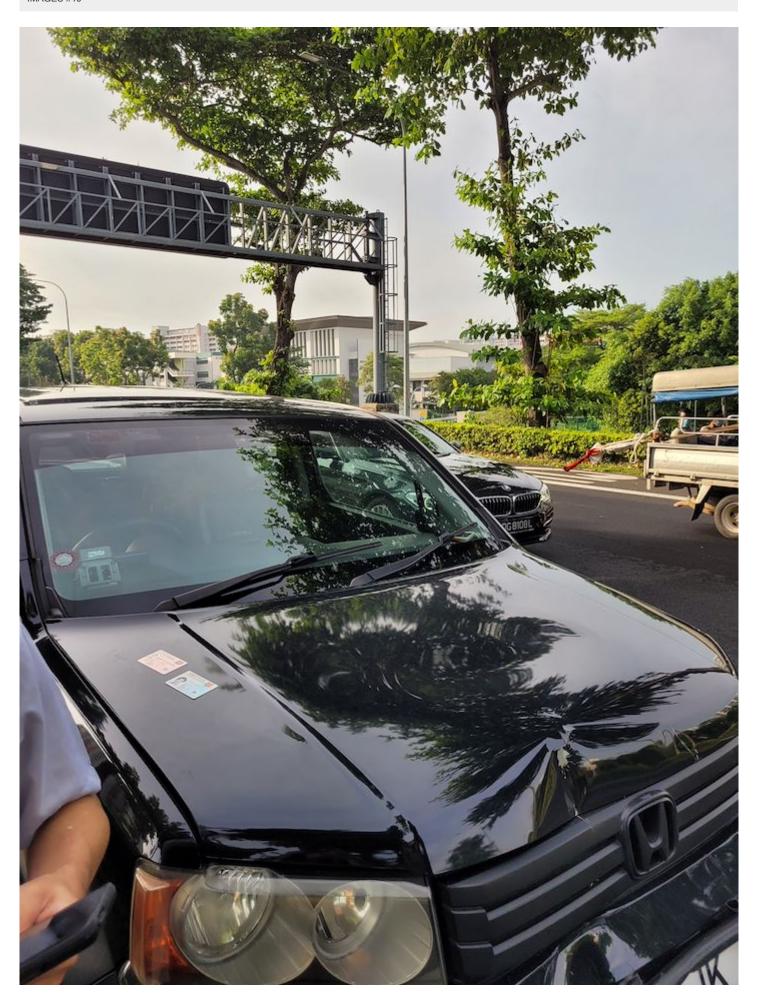


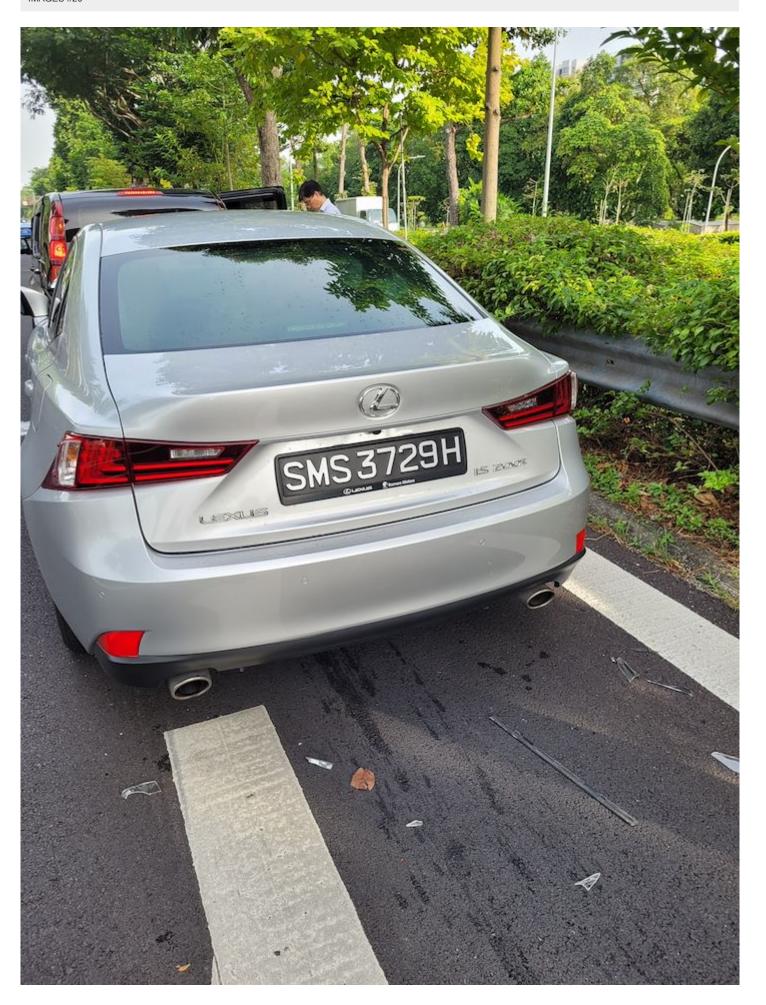




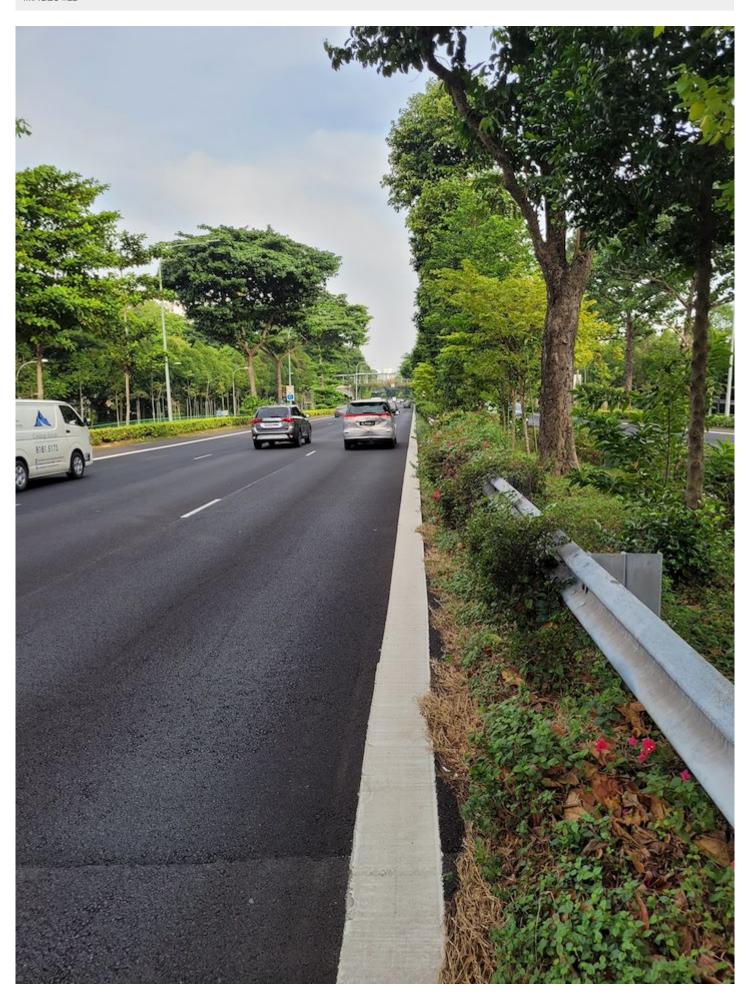


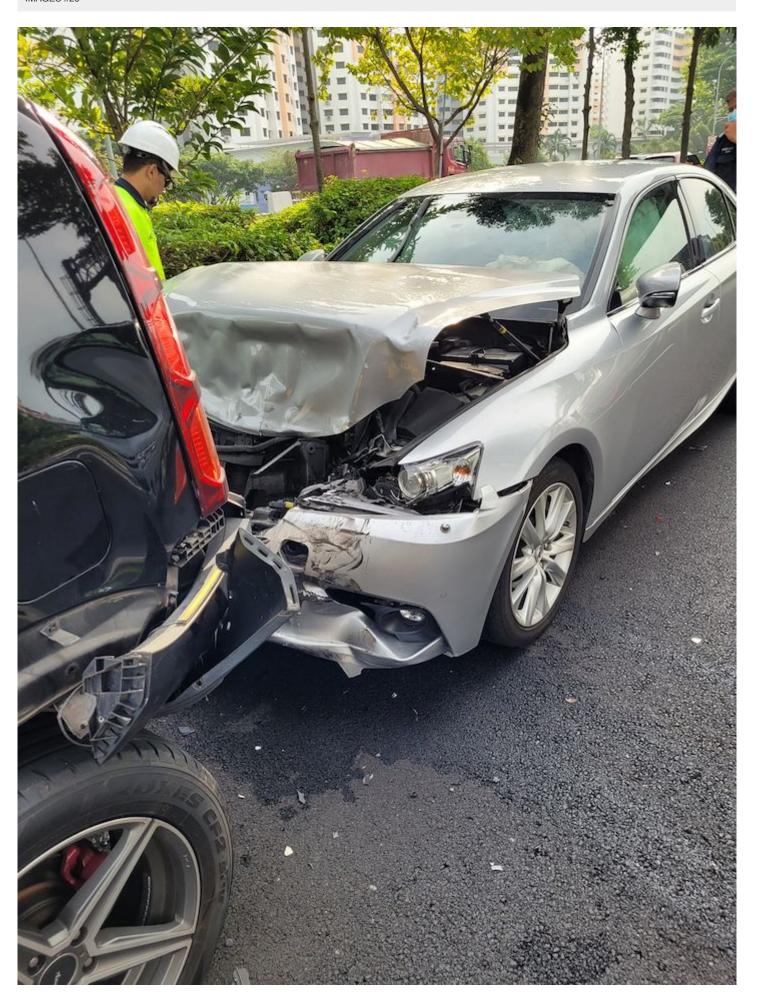


















1 of 1

Report No. E/20220609/7007

POLICE REPORT (NP299)

Police Station Of Origin Tanglin Division HQ 21 Kampong Java Road SINGAPORE 228892 Tel No:1800-3910000

Date/Time Report Made Vide Report No. Station Diary No. 09/06/2022 11:07 Name Of Informant Address CHUI XI TAO 97A UPPER THOMSON ROAD #13-02 SINGAPORE 574327 ID Type / ID No. Contact No. NRIC NO / S7902520H Home/Office: Mobile: 96732960 Nationality Email Address SINGAPORE CITIZEN xitao79@hotmail.com Occupation Sex Age Date of Birth Race Male 43 07/02/1979 Chinese Institution/School Name Language English Date/Time Of Incident Location Of Incident 09/06/2022 09:20 - 09/06/2022 09:20 97A UPPER THOMSON ROAD #13-02 SINGAPORE 574327

Brief details.

Case Report Number G/20220609/0049

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: 09/06/2022 11:07
Officer In-Charge Of Case:	Classification Of Case: