SN09226S0005 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 28/06/2022 16:05 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (28/06/2022 16:05 (SGT))

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 28/06/2022 16:05 (SGT) Reported by Date of Accident 26/06/2022 11:55 (SGT) Exact Location of Accident CTE, Singapore Additional Location Information NEAR BALESTIER ROAD EXIT Country/State of Loss Singapore **DETAILS OF OWN VEHICLE** Vehicle Registration Number SNC3042C

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner TODOROKI LEASING Company Reg No 5XXXX251K Email Address yuenmunheng6@gmail.com Mobile Phone No (Phone) +65-91285353 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Noah Variant Exact purpose for which vehicle was being used at time of accident **Employment** Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Auto CC 1797

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd Policy Number / Cover Note Number D21MFL0007697

DRIVER

Name of Driver YUEN MUN HENG NRIC No SXXXX660H Date Of Birth 02/11/1981 Occupation Outdoor

Date Of Driving Pass 02/06/2019 Driving experience 3 YEARS Gender Male Mobile Number (Phone) +65-87898116 Alt. Phone Number Email Address yuenmunheng6@gmail.com Address BLK 349 CORPORATION DRIVE #02-514 Address complement Postcode 610349 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? Yes 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? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name **UNKNOWN** Gender **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Jurong West Neighbourhood Police Centre Police Station Phone No (Phone) +65-18002689999 Alt. Police Station Phone No (Fax) +65-62672438 Police Station Address 700 Corporation Road Singapore 649818 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20220626/2065 ATTACHMENT(S)

DETAILS OF OTHER VEHICLE PROPERTY 1

Yes

No

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Vehicle Registration Number	SH9778M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	AXA Insurance Pte Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender	YUEN MUN HENG Male
Phone No	(Phone) +65-87898116
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SNC3042C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

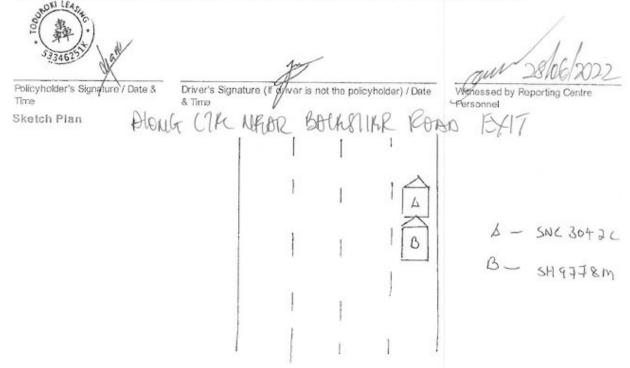
SKETCH PLAN

IMPORTANT NOTICE

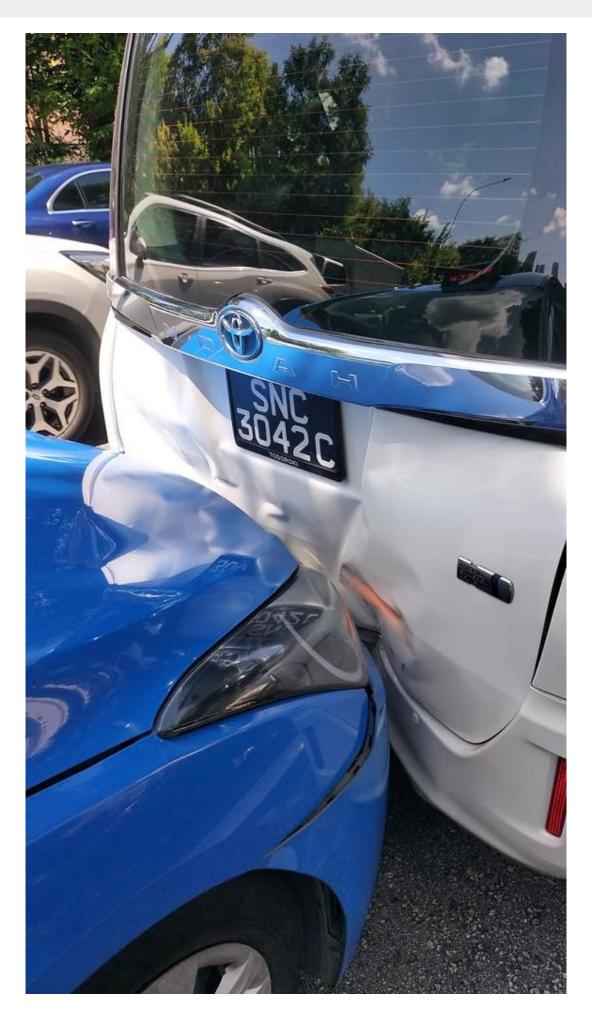
- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts 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.
- 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 heroby 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)

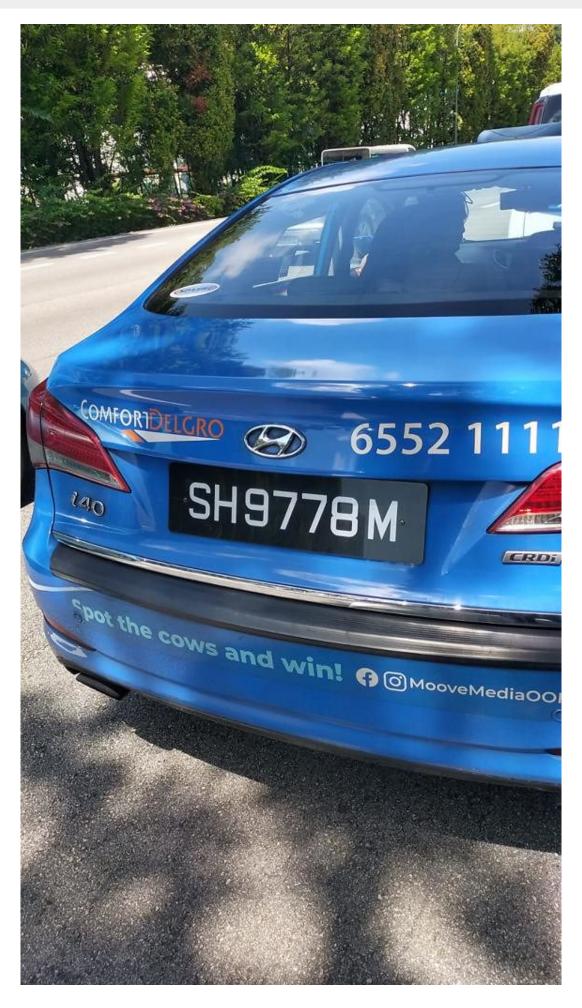
Lunderstand, acknowledge, agree and consent that ;

- (a) 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 hoursers' 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.

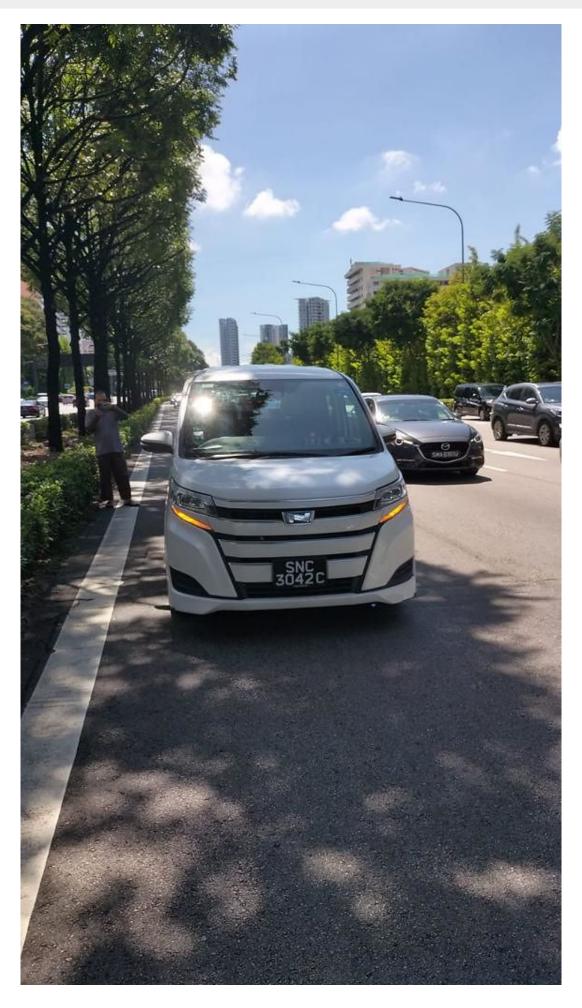


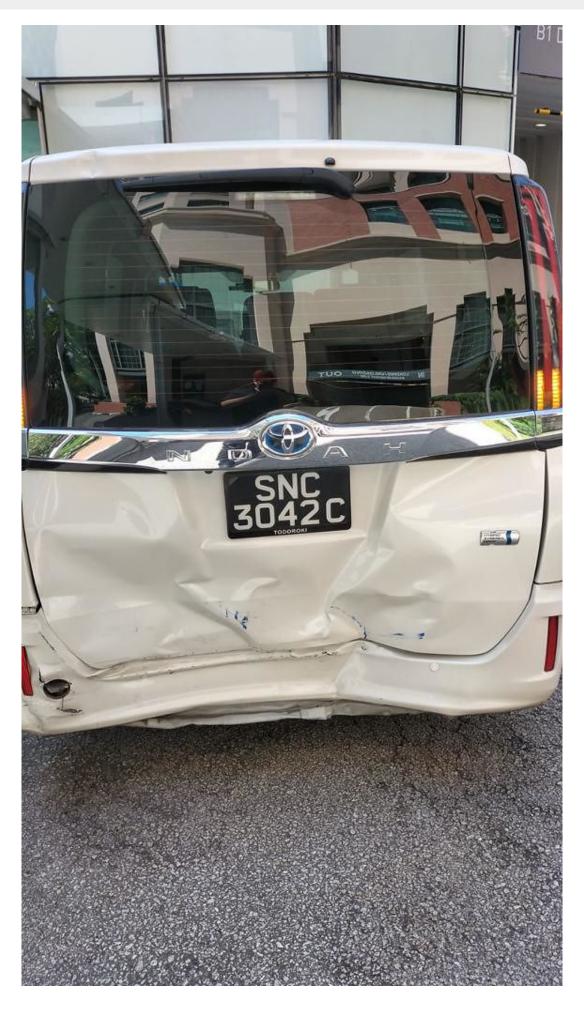
-	45 PC	DNICE	Acord C -	1/2022	Obot to	064	
	100	- Joseph	[vehac]	(1202)	0000	VOZ /	_
					- (
	-						
						/	
						1	
						/	
				-	/		
					/		
-					/		-
		-			/	-	
	_						
					_		
		_	-				
				/			
				/			
-							
				7			
		0914016006000					
				4			
ration							
clare the foreg	oing particular	rs are true in e	very respect.				
clare the foreg							
题).	1.2						28/06/200
24535	A)					111	declara
3461	<		25			all	28/106/202
	e / Date &		1	not the policyhol		14	



















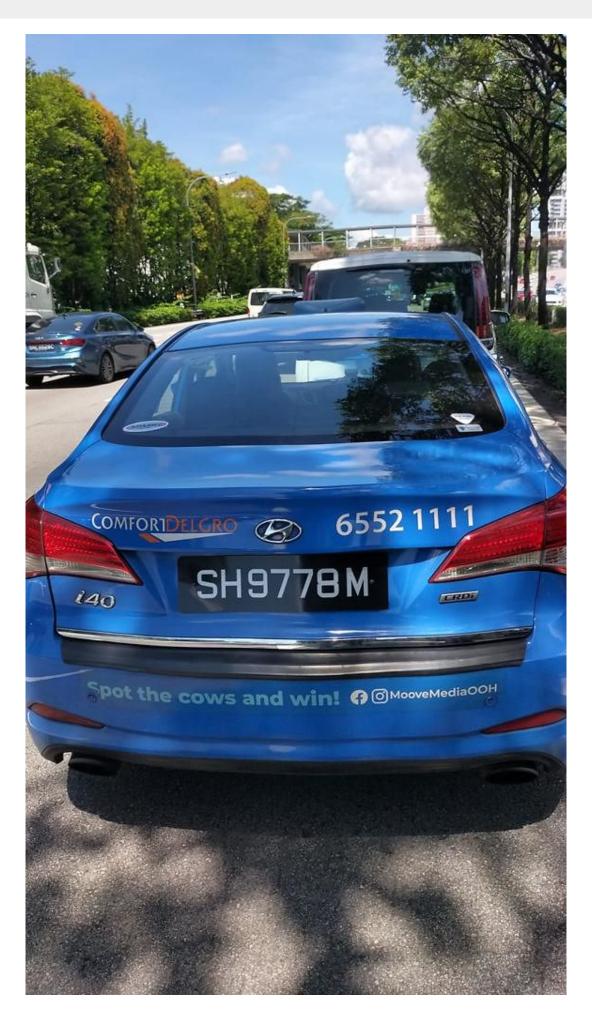














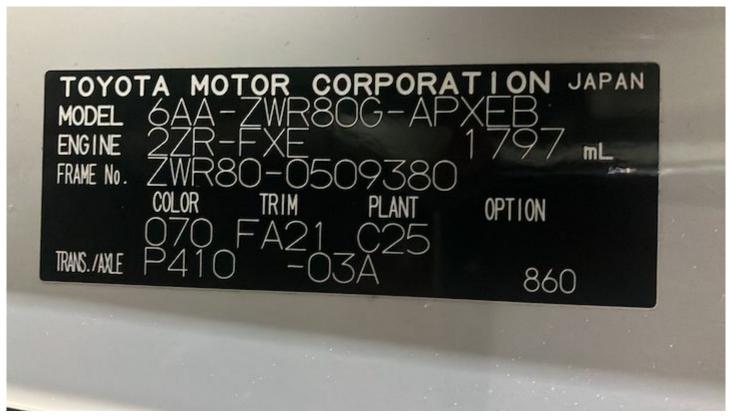


















Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818

Report No. T/20220626/2065

Tel No: 1800-2689999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/06/2022 20:44		Made:	Vide Report No.:	Station Diary No.: 125
Informa	nt's Partic	ulars		
	Informant: IUN HONG		Address: APT BLK 349 CORPORATIO 610349	N DRIVE #02-514 SINGAPORE
ID Type / ID No.; NRIC NO / S8136660H		60H	Contact No.: Home/Office:	Mobile: 87898116
National SINGAP	ily: ORE CITIZ	'EN	Email:	
Sex: Male	Age: 40	Date of Birth: 02/11/1981	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: PRIVATE HIRE DRIVER		IVER	Driving Licence Information: Class: 3	Date of Expiry:

General Inform	nation of the Acci	dent		CONTRACTOR LABORATOR	
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/06/2022 12:0	Type of Location: Straight Road	
Weather:	(PRESSWAY	Road Surface:		Road Speed Limit:	
Traffic Flow:		Dry Traffic Control: Not Controlled		Traffic Volume: Heavy	
Type of Collis Between Mov	ion: ing Vehicles - Head	To Rear		Anyone conveyed by ambulance:	

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SH9778M	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR			3
SNC3042C	Car	тоуота	NOAH 1.8X HYBRID CVT	White		1



2 of 3

Report No. T/20220626/2065

Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

CONTINUATION OF REPORT

Details of Perso		TOTAL PROPERTY.			SOCIETY OF		
Any Pedestrian II	rvolved: No						
No. of Pedestrian	s Injured: NIL		Use of Ped	estrian	Cross	ing: NA	
Driver					254514		
Name	YUEN MUN HONG			ID No.		S8136660H	
Related Vehicle	SNC3042C (Car)			Contact No.		87898116	
Hospital/Clinic	PROHEALTH MEDICAL GROUP @ TAMAN JURONG PTE LTD			Class Driving Licent Expiry	g ce &	Class: 3 Date of Expiry: NIL	
Date Treatment	26/06/2022		Date Disch	narge	26/06	5/2022	
No. of Days granted Medical Leave 03			Degree of	gree of Injury Slight			

Brief Details.

On 26/6/2022 at around 1155hrs, I was driving my car (SNC3042C) on the first lane of Central Expressway near exit 7D (Balestier Road). Suddenly, I felt an impact on the rear of my car. I then realized that a taxi (SH9778M) had hit the rear of my car. The front of the taxt hit onto the rear of my car. We then stopped our vehicles and I wanted to settle the matter. However, the taxi driver refused to exchange particulars. He told me just to take a picture of his taxi plate number and that would be enough for any insurance claim. He then left, I do not have an in-car camera. My car suffered some dents on the rear. I am unsure of the estimated cost of damages incurred. I went to the doctor and managed to receive a 3 days MC for injuries sustained. I was then told by my insurance company to lodge a traffic accident report.





T/20220626/2065

Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

CONTINUATION OF REPORT

Report No. T/20220626/2065

3 of 3

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: J / Other ASHRAF BIN ISHAK	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 26/06/2022 20:44
Officer In Charge Of Case: TP / AEIT / INSP (1) BOON YEN KIAN Contact No.: 65476172	Classification Of Case:
NP168	



HIRER	'S PARTICULA	10	14280	E REWAL AGE				₩RA.N	0.
			only HORN	Vehicle No.	SNC	30420	Replace Vo	h No:	
NRICIDA	es in iic) <u>(QE</u>	S8136660H	ONLY CTURAL	A Mileage Out	34	Cim.	Mileage Ou	t:	
Address	DIV	2013 bbbon	. 00-	315 Wake & Mod	tel: TOY	OTA N	o.Atl	Auto	/ Mar
H07	2-514 SE	10549	OPATION DRI	VE OUT Date	9/10/2	021	Time: 13	.30pm	
				HIRE/PERIO	D EXPIR	Y 7 Year	5 Lease	to nu	n
Traine &	Address of Emp	loyer:		NON-WAIVE	REXCES	5: \$ 5000	1\$5000		
Occupati	- Wille			EMERGENCY					-
Delidoni	on: CA	3(/(d/ D	riving Exp: 244	reft Name: Lon			UNG		
I Iseua Dat	07 Tel	2000 MIDIL Typ	s: Local / Internation	Relationship:	MOTH	ER	Contact Nurr	bers: 9110	23
Tel: (O)	C. DE QUIV	Date of	Birth: OZ NOV 1	CHARGES			-	-	T
101.101	(8)	H	PIPG 8789 8116	Dally	@\$	125	per day	8875	1
Name: (as	in I/C)		87402050		@\$		per wee.	The second second	T
				Monthly	@\$		per mon	th	
Address (R	(es):			Daposit	\$	500		\$ 500	
				Windscreen Ex	cess \$	300			
Driving Lie	ense No:	Do Ton	Local / International	Others		-			1
Issue Date:		Date of St	Local / International rth:	Remarks	2	day	Off To	r birt	hd
Occupation		Driving Ex	Wi	Delivery Service	9	ozki	121 to	03/11	12
		- Priving Ex	P			s/ua.s	TOTAL S	1 17	1
	HECKLIST			Breach of contri				\$136875	1
<u></u>				PETROL LEVE					
50 6	Provi	EAR		Out (E) 1/4	-				
S-SCRATCHES.	al co		\mathbb{M}	in E 1/4	1/2	3/4			
0.00	为一位		-4 AO	EXTENSION					
00				Collection Servic	e				
. 4	1)	1)		Misc.		-			
ž k	# ~==	7	P W			TOTAL O	CHARGE \$		
			711 10	Signed for and on	behalf o	Todoroki	Leasing Ki Le	0	
NDICATE:		C.	Th @		1	4	12/ 4	12	1
P KICH	FRD	NT	TOP LEFT	1900	N	10	(人) 季季).)	
				AC 380	y	1	34625	>/	- 1
CCESSORIE					-/-	1	-		-
Ashtray		Cig Lighter [S/Tyre	li la					1
STD Too	s [].	Jack [Sport lines		A	16	-		- 1
∠ Radio / C	pss De	:0 Г		f.	CES	1			-1
Androic	Player	Campra	Cartridges	Hirer's signature		1			1
c read and agr unts pavable o	ee to the terms &	condition on bot	h sides of this agreem	ent. If I have presented	a chane	deredit can	for navment	Learne that a	1
idered to have	been made on	the charge/cred	ong and traffic infringe	ent. If I have presented ements may be billed formation I have give:	to that a	ccount and	my signature	above will b	e
ment is age.	-10	02	Section of the	THING BING	1000	KOKI LEAS	ING in conne	ction with this	S
ORTANT (LO)		MORE THAN SYSTEM	EVERY MONE	DAY BEFORE	10.3	OPM			
RER SHALL AT LIA	DI E EOS EVORES SU	S MESS CHARRENT & CA A	HE MRER, AN ADMINISTRATIVE	CHARGE WELL BELDWED ON	nes Agreen	ACTS MAY DIVER	ON CHECKEN	ment Of L	ate
LE IS STRUCTUY SOR	THE STALL REPUR	IT TO RENTAL OFFICE IN	WATDLATELY, IF THERE IS BOOK	YINJUNES A POUNT PERSON	AL OF COM!		TE XPPOCABLE		
WHO OVERLOOK O	N MADITAINING THE EN	GIVE OIL & COOKANT T	ENDUT OF SIMPAPORE WITHOUT CAUSES DAMAGE TO THE	Y INJURIES, A POLICE REPORT OUT PRIOR CONSENT OF THE C ENGINE SHALL BEAR THE REA	CMPANY TO	DOBORO LEASIN	G No.		
OF VEWICLE, YH	F MIDTE LEADING	Maria de la composición dela composición de la composición de la composición de la composición dela composición dela composición dela composición de la composición de la composición de la composición dela composición de la composición dela composición de		THE REPORT OF SALES	AR COST.		1		
SEMED TO BE TH SAME AND SHALL	E DAY AND TIME THE NOT BE CHALLENG	E VEHICLE IS RETUR	IN THE COLUMN "SIGNATU NED TO OCEAN CARZ LEA ON ANY ACCOUNT WHATS	RE OF HIRER / DRIVER" FA SING PTELT O AND THE SA DEVER	IUNG WHIC	HITHE DAY AN	TIME INSURTE	D BELOW	
		- GESTIONED	ANY ACCOUNT WHATS	DEVER.		- GUEFIE	- A SUMELUSIA	E SYNJENCE	
ATE IN	TIME IN	MILEAGE	CHECKEDBY	REMARKS		-			
1					-			s 1	
1					1				