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.

 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 13/07/2022 16:38 (SGT) Reported by Driver Date of Accident 13/07/2022 10:20 (SGT) Exact Location of Accident 18 Marina Gardens Dr., Singapore 018953 Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number SLM4218C

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner **PRO SHINE** Company Reg No 52999906D Email Address BABIHENG71@GMAIL.COM Mobile Phone No (Phone) +65-90095085 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Sienta Variant Exact purpose for which vehicle was being used at time of accident Private hire Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private hire Transmission Auto CC

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Policy Number / Cover Note Number 5089425486-05

DRIVER

Name of Driver TAN CHENG HENG(CHEN QINGXING) NRIC No S7100176H Date Of Birth 02/01/1971 Occupation Outdoor

Date Of Driving Pass 13/05/2003 Driving experience 19 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-90095085 Alt. Phone Number Email Address BABIHENG71@GMAIL.COM Address APT BLK 191 PUNGGOL CENTRAL #06-309 Address complement Postcode 820191 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **COMPANY OWNER** 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? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name **UNKNOWN** Gender Male PASSENGER 2 Name UNKNOWN Gender Male PASSENGER 3 Name **UNKNOWN** Gender Male PASSENGER 4 Name **UNKNOWN** Gender Female PASSENGER 5 Name

UNKNOWN

Female

PASSENGER 6

Gender

UNKNOWN Female

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 Phone No

If yes, against whom?

Yes

Traffic Police

(Phone) +65-65470000

(Fax) +65-65474900

10 Ubi Avenue 3 Singapore 408865

No

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHMENT

ATTACHMENT(S)

Are accident photos available for attachment?

Yes
Was there any video captured by Car Camera?

Yes

Reasons for not uploading a video of the accident VIDEO WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number **GBL6908E** Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle Name of Driver Contact Number Address Address complement Postcode Insurance Company Name China Taiping Insurance (Singapore) 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 TAN CHENG HENG(CHEN QINGXING) Gender Male Phone No (Phone) +65-90095085 Address APT BLK 191 PUNGGOL CENTRAL #06-309 Address Complement Post Code 820191 Approximate Age Years Old Injuries Sustained Injured person in which vehicle? SLM4218C Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? Nο

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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.
- 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.

1/2



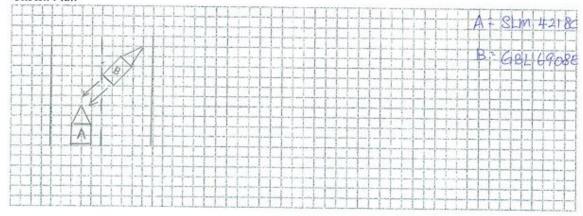
Policyholder's Signature / Date &

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

dickny

Witnessed by Reporting Centre Personnel

Sketch Plan



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Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3

Report No. T/20220713/7031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/07/2022 15:35		/lade:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars			
	Informant: ENG HENC		Address: 191 PUNGGOL CENTRAL #06-309 SINGAPORE 8201		
ID Type / ID No.: NRIC NO / S7100176H			Contact No.: Home/Office: Mobile: 90095085		
National SINGAP	ity: ORE CITIZ	EN	Email: BABIHENG71@GMAIL.COM	ı	
Sex: Male	Age: 51	Date of Birth: 02/01/1971	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Phy driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Infor	mation of the Accid	dent		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/07/2022 10:2	Type of Location: Car Park
Location: MARINA GAI	RDENS DRIVE			
Weather:		Road Surface:		Road Speed Limit:
Clear		Dry		20 Km/h
Traffic Flow:		Traffic Control:		Traffic Volume:
One Way		Not Controlled		No Traffic
Type of Collis	22 E 7 C F F			Anyone conveyed by

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
GBL6908E	Van				Slightly Damaged	0
SLM4218C	Car				Slightly Damaged	0





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Report No. T/20220713/7031

CONTINUATION OF REPORT

Details of Perso	11.117.7.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2						
Any Pedestrian I	nvolved: No						
No. of Pedestrians Injured: NIL			Use of P	Use of Pedestrian Crossing: NA			
Driver			TE HOLK OK	-	MANA S		
Name	TAN CHENG HENG		ID No).	S7100176H		
Related Vehicle	SLM4218C (Car)			Conta	act No.	90095085	
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		L	Class Drivir Licen Expir	ig ce &	Class: 3 Date of Expiry: NIL	
Date	13/07/2022		Date		13/07	//2022	
No. of Days granted Medical Leave 05		Degree o	Degree of S				

Brief Details.

I was dropping passenger off at drop off/pick up lobby A and my vehicle is stationary. Out of sudden. GBL6908E reverse hardly and ram to the front of my vehicle. My vehicle jerk hardly due to impact.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20220713/7031

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Signature Of Informant: Not applicable The identity of the person making this report has been authenticated by Singpass. No signature is required. Signature Of Interpreter: Date/Time: Not applicable 13/07/2022 15:35 Officer In Charge Of Case: Classification Of Case: TP / TPIB / MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204 NP168

