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 26/07/2022 17:27 (SGT) Reported by Date of Accident 25/07/2022 17:45 (SGT) Exact Location of Accident Singapore Additional Location Information AYE TWDS TUAS SFT GILLMAN FLYOVER Country/State of Loss Singapore **DETAILS OF OWN VEHICLE** Vehicle Registration Number SNA8875T INSURED/POLICYHOLDER Is company? No Name Of Registered Owner ASHTON SEE YEOW LIN(XIE YANGLIN) NRIC No SXXXX991I Email Address ashtyler1423@gmail.com Mobile Phone No (Phone) +65-87777077 Alternative Phone No VEHICLE PARTICULARS Manufacturer Jaguar Model XΕ 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 2000

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMHCSNW00007782100

DRIVER

Name of Driver ASHTON SEE YEOW LIN(XIE YANGLIN) NRIC No SXXXX991I Date Of Birth 14/02/1980 Occupation Outdoor

Date Of Driving Pass 16/06/2003 Driving experience 19 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-87777077 Alt. Phone Number Email Address ashtyler1423@gmail.com Address **BLK 10B BOON TIONG RD** Address complement #08-535 Postcode 164010 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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 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? 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

MUHAMMAD ISKANDAR BIN ABDULLAH Gender

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

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

WITH WORKSHOP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJG9989H
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLW6985E
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SJH7993C
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)	_

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender	ASHTON SEE YEOW LIN(XIE YANGLIN) Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK & NECK



Injured person in which vehicle? SNA8875T Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? No INJURED 2 Name of injured person MUHAMMAD ISKANDAR BIN ABDULLAH Gender Male Phone No Address Address Complement Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle? **SLIGHT** SNA8875T Were seat belts worn? 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 Form must 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.
- 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)

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 Insurers' lawyers/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.

Policyholder's Signature / Date & Time

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

Sketch Plan

	AME TWOS TURS AKT	A:SNA 8875T
		B: \$36 9989 F
A	GILLMAN FLYOUER	C SLW 6985 D SJH 1993
B		
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and the same of th	the state of the s			Accident								
· 0n	25.07.2	022 0+	about	13:45pm	I I Was	travellin	na alor	19 AYE	toward	s TUAS	(AHer	Gillmon
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Ayover.	1 W0S	Slowe	d dow	on and	stopped	due +	o the	front	troffic.	Sudden	y,I	left an
impact	from m	I tone										
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-												
15-1												

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



T/20220726/7010

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 4 Report No. T/20220726/7010

CONTINUATION OF REPORT

Details of Vehicle Insurance							
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date			
SNA8875T (Not Accurate)	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.						

Details of Perso	n Involved				The same	
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Pe	destriar	Cross	ing: NA
Passenger					T CONT	
Name	MUHAMMAD ISKAN	DAR BIN	ABDULLAH	ID No).	NIL
Related Vehicle	SNA8875T (Car)			Conta	act No.	NIL
Hospital/Clinic	NIL			Class Drivin Licen Expire	g ce &	Class: ,3 Date of Expiry: NIL
Date	NIL		Date		NIL	74
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	
Vehicle Owner				THE REAL PROPERTY.	and the	
Name	ASHTON SEE YEOV	V LIN		ID No	0.0	S8004991I
Related Vehicle	SNA8875T (Car)			Conta	ct No.	87777077
Hospital/Clinic	NIL			Class Drivin Licen Expin	g ce &	Class: 3 Date of Expiry: NIL
Date	25/07/2022		Date		25/07	/2022
No. of Days gran	ted Medical Leave	03	Degree of		Serio	us

Brief Details.

ON 25.07.2022 AT ABOUT 17:45PM. I WAS TRAVELLING ALONG AYE TOWARDS TUAS (AFTER GILLMAN FLYOVER). I WAS SLOWED DOWN AND STOPPED DUE TO THE FRONT TRAFFIC. SUDDENLY, I FELT AN IMPACT FROM MY REAR.

I WAS INVOLVED IN A 4 VEHICLES CHAIN COLLISION INVOLVING:

SLW 6985E SNA 8875T SJG 9989H SJH 7993C

WHERE MINE WAS THE SECOND VEHICLE.





3 of 4

Report No. T/20220726/7010

CONTINUATION OF REPORT

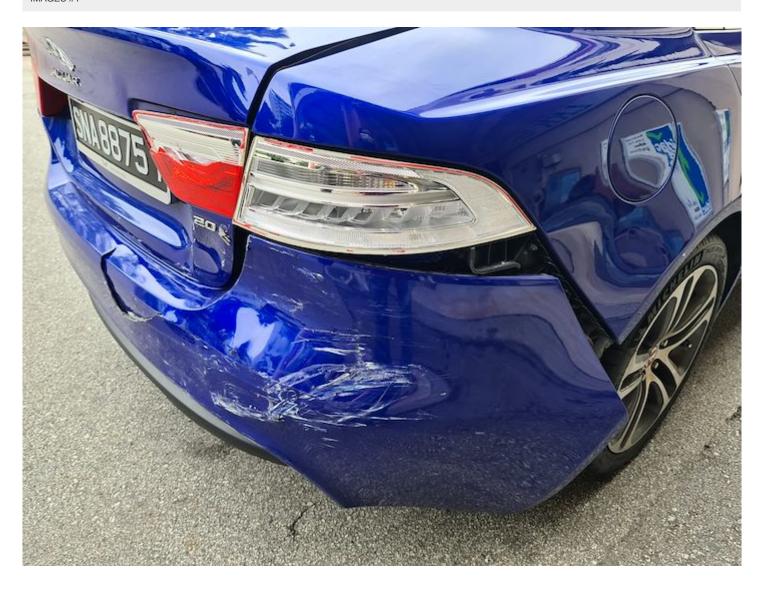
AFTER THE ACCIDENT, I FEELING ACHES IN MY SHOULDER, BACK AND NECK. I WENT TO THE CHONG FAMILY CLINIC PTE LTD AND GIVEN 3 DAYS MC.

I RECEIVED A CASE CARD (REPORT NUMBER: D/20220725/0075)



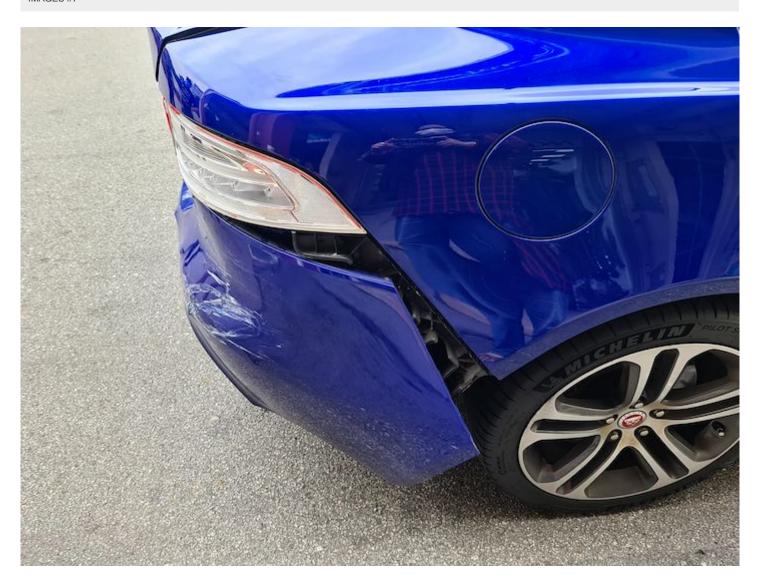






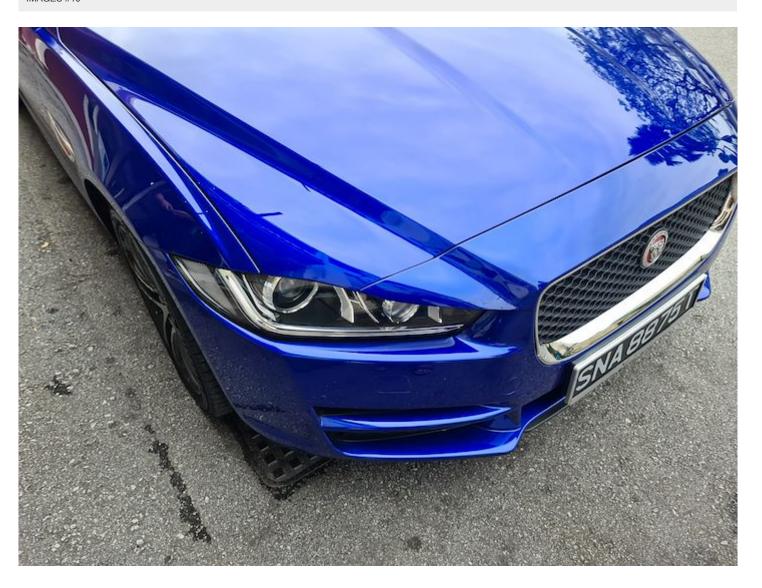




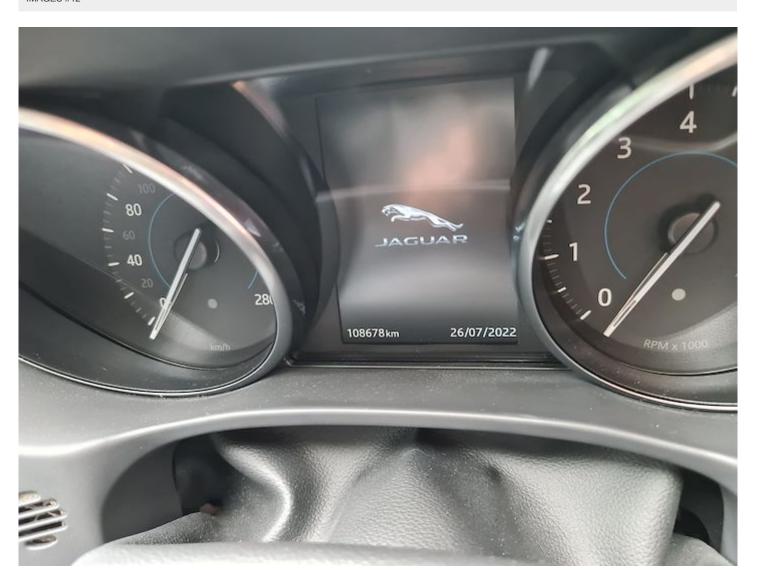


















1 of 4 Report No. T/20220726/7010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/07/2022 12:05			Vide Report No.:	Station Diary No.:	
Informa	nt's Partice	ulars			
	Informant: SEE YEC		Address: 10B BOON TIONG RO	DAD #08-535 SINGAPORE 164010	
ID Type / ID No.: NRIC NO / S8004991I			Contact No.: Home/Office: Mobile: 87777077		
Nationality: SINGAPORE CITIZEN			Email: ASHTYLER1423@GMAIL.COM		
Sex: Male	Age:	Date of Birth: 14/02/1980	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English	Institution / School Name:	
Occupation:		Driving Licence Inform Class: 3	ation: Date of Expiry:		

General Infor	mation of the Accident	ALCO STORY		
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/07/2022 17:45	Type of Location: Straight Road
	H EXPRESSWAY			
Weather: Clear		Road Surface: Dry		Road Speed Limit: 90 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collis Between Mov	sion:			Anyone conveyed by

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Conditio	No of	
SJG9989H	Car					0	
SJH7993C	Car					0	
SLW6985E	Car					0	
SNA8875T (Not Accurate)	Car	JAGUAR	XE 2.0		Seriously Damaged	1	



T/20220726/7010

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 4 Report No. T/20220726/7010

CONTINUATION OF REPORT

Details of Vehicle Insurance							
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date			
SNA8875T (Not Accurate)	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.						

Details of Perso	n Involved	all or o			THE ST	
Any Pedestrian I	nvolved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Passenger				NIKO SI	THE REAL PROPERTY.	
Name	MUHAMMAD ISKANDAR BIN ABDULLAH			ID No.		NIL
Related Vehicle	SNA8875T (Car)		Contact No.		NIL	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: ,3 Date of Expiry: NIL
Date	NIL		Date	NIL		W
No. of Days gran	lays granted Medical Leave NIL			of NIL		
Vehicle Owner		and the same		THE REAL PROPERTY.	TO OUT	The state of the s
Name	ASHTON SEE YEOW LIN			ID No.		S8004991I
Related Vehicle	SNA8875T (Car)			Contact No.		87777077
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: 3 Date of Expiry: NIL
Date	25/07/2022		Date		25/07/2022	
No. of Days granted Medical Leave 03		3	Degree of		Serious	

Brief Details.

ON 25.07.2022 AT ABOUT 17:45PM. I WAS TRAVELLING ALONG AYE TOWARDS TUAS (AFTER GILLMAN FLYOVER). I WAS SLOWED DOWN AND STOPPED DUE TO THE FRONT TRAFFIC. SUDDENLY, I FELT AN IMPACT FROM MY REAR.

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WHERE MINE WAS THE SECOND VEHICLE.





3 of 4

Report No. T/20220726/7010

CONTINUATION OF REPORT

AFTER THE ACCIDENT, I FEELING ACHES IN MY SHOULDER, BACK AND NECK. I WENT TO THE CHONG FAMILY CLINIC PTE LTD AND GIVEN 3 DAYS MC.

I RECEIVED A CASE CARD (REPORT NUMBER: D/20220725/0075)



Sketch Plan

Informant is not able to provide sketch



4 of 4

Report No. T/20220726/7010

CONT	INUA'	TION	OF	REP	ORT
CON	INUA	HUN	OF.	KEF	URI

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: 26/07/2022 12:05				
Officer In Charge Of Case: TP / TPIB / SITI NORHAFIDAH BINTE HANAFI Contact No.: 65476202	Classification Of Case:				
NP168					

