SN08227R0005 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 27/07/2022 11:53 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (27/07/2022 11:53 (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.

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 27/07/2022 11:53 (SGT) Reported by Date of Accident 25/07/2022 16:30 (SGT) Exact Location of Accident Serangoon North Ave 6, Singapore Additional Location Information T-JUNCTION WITH SERANGOON NORTH AVE 5 Country/State of Loss Singapore **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SLW2817J INSURED/POLICYHOLDER

Toyota

Is company? No Name Of Registered Owner **BOO MUI LING (WU MEILING)** NRIC No SXXXX230F Fmail Address korkelvin87@gmail.com Mobile Phone No (Phone) +65-84992209

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Wish Variant Exact purpose for which vehicle was being used at time of accident Private use

Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private car

Transmission Auto CC 1798

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMPCSNW00023672200

DRIVER

Name of Driver KOR HAN BOON (XU HANWEN) NRIC No SXXXX150E Date Of Birth 08/08/1987 Occupation Indoor

Date Of Driving Pass 31/05/2010 Driving experience 12 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-84992209 Alt. Phone Number Email Address korkelvin87@gmail.com Address 44 WOODGROVE AVENUE Address complement Postcode 738243 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Child 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? No 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 NUR SHEELA SIM BINTE MOHD ISMADI Gender **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Woodlands Division Headquarters Police Station Phone No (Phone) +65-18004660000 Police Station Address 1 Woodlands St 12 Singapore 738622 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT L/20220726/7003

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Yes

Yes

Reasons for not uploading a video of the accident WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLX2176U
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)	_
- · · · · · · · · · · · · · · · · · · ·	

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 Actual Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to regudiate 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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to 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:

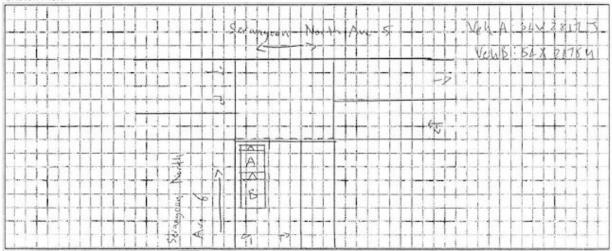
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' 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' 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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Origin Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



1

01	the	stated	time	Ĵ.	Dade	, (W45	Driving
my v	e hicle	on anc	2 04	2 (un es	ales	Τ -	jarction
& Sevan	goon n	orth Ave	6 2	540	ngorn	north	Ave	S - The
rattic	ligh t	was Red	50	ì	slowly	(um k	to	an
top	Adder .	- FEM	Second.	1 -	(el+	an	huge	impact
from .	m >	rear 1	allyl	1+ed	m y	Vehic	e 0	nd
in lised	Vehicle	(SLX217	6u)	had	renr	ended	my	Vehicle
e exch.	27 - 1	articular	ard	(c++	the	Sune	sh.	-lly -
Po	LICK,	RMPORT	4/202	26726	/7003)	
						1		
					/			

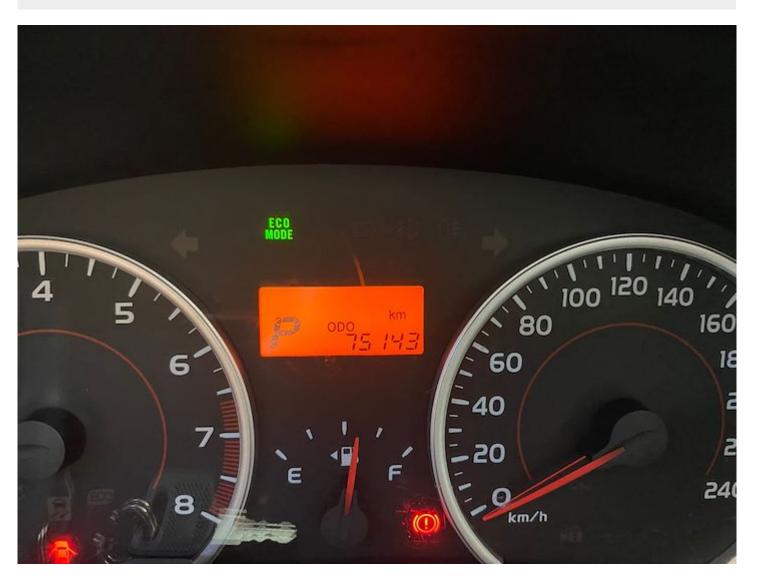
Driver's Signature (if driver is not the policyholder) / Date & Time

Accident report SN08227R0005

Policyholder's Signature / Date & Time

2

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

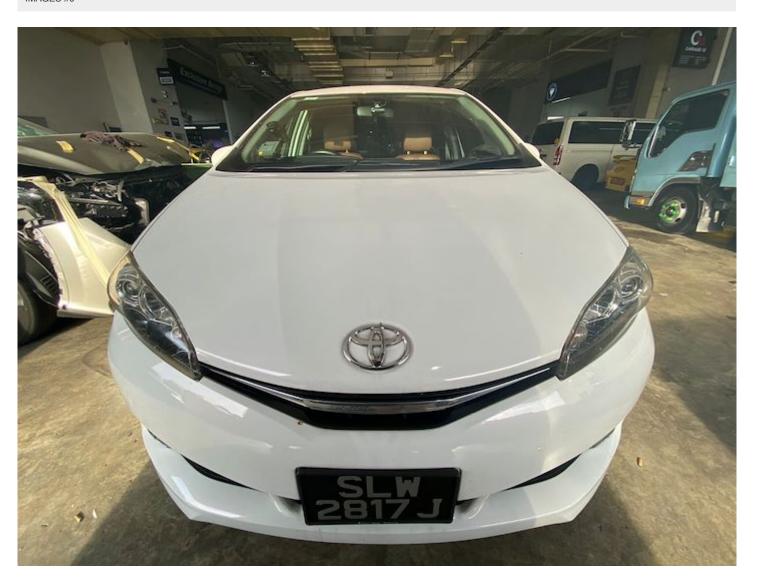






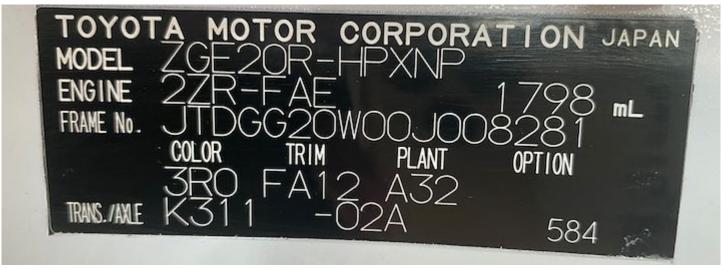
















1 of 2

Report No. L/20220726/7003

POLICE REPORT (NP299)

Police Station Of Origin Woodlands Division HQ 1 Woodlands Street 12 SINGAPORE 738622 Tel No:1800-4660000

Date/Time Report Made 26/07/2022 03:19	Vide Re	port No.		Station Diary No.
Name Of Informant	Address			
KOR HAN BOON ID Type / ID No. NRIC NO / S8724150E	44 WOODGROVE AVENUE SINGAPORE 738243 Contact No. Home/Office: Mobile: 84992209			
Nationality SINGAPORE CITIZEN	Email Address Korkelvin87@gmail.com			
Occupation	Sex	Age	Date of Birth	Race
Sales manager	Male	34	08/08/1987	Chinese
Institution/School Name	Language English			
Date/Time Of Incident 25/07/2022 16:30	Location Of Incident 44 WOODGROVE AVENUE SINGAPORE 738243			
Brief details.				

On stated time and date i was driving my vehicle on lane 2 of 2 lanes along T-Junction of serangoon north ave 6 and serangoon north ave 5. The traffic light was red so i slowly came to an stop. After a few seconds later i felt an huge impact from the rear and i alighted my vehicle and realise that vehicle (SLX2176U) had rear ended my vehicle. We exchange particulars.

Subjects Involved Victim	
Person Name KOR HAN BOON	
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 03:19
Officer In-Charge Of Case:	Classification Of Case:





26/7003

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20220726/7003

ID Type	NRIC NO	ID No	S8724150E
Gender	Male	Age	34
Race	Chinese	Language	English
Occupation	Sales manager	Address	44 WOODGROVE AVENUE SINGAPORE 738243
Mobile No	84992209	Is Informant A Victim?	Yes

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 03:19		
Officer In-Charge Of Case:	Classification Of Case:		