SC1G2225000B / CHENG HOE MOTOR PTE LTD[768761] ENTRY DATE & TIME: 05/02/2022 14:49 (SGT) SUBMITTED BY: CHIONG BENG CHOON VERSION: 1 (05/02/2022 14:49 (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 05/02/2022 14:49 (SGT) Date of Accident 29/01/2022 08:20 (SGT) Exact Location of Accident Singapore Additional Location Information JALAN BAHAR Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SK7741C

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **CHEN JINGUANG** NRIC No. S2738383A Email Address haohaiconstruction@yahoo.com.sq Mobile Phone No (Phone) +65-97385698 Alternative Phone No +65-97385698

VEHICLE PARTICULARS

Manufacturer Toyota Model COROLLA AXIO 1.5G A 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 your vehicle? No - Reporting only Vehicle Category Private car Transmission Auto CC 1496

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMPCSNW00005122205 Cover Note Number 07/01/22 - 06/01/23

DRIVER

Name of Driver **CHEN JINGUANG** NRIC No. S2738383A

Date Of Birth 07/07/1966 Occupation Outdoor Date Of Driving Pass 02/08/2011 Driving experience 10 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-97385698 Alt. Phone Number +65-97385698 Email Address haohaiconstruction@yahoo.com.sg Address BLK 668 WOODLANDS RING ROAD #03-349 Address complement Postcode 730668 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 Collided into Bicyclist 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? 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 **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Nanyang Neighbourhood Police Centre Police Station Phone No (Phone) +65-18007929999 Alt. Police Station Phone No (Fax) +65-67912972 Police Station Address No. 2 Jurong West Avenue 5 Singapore 649482 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER POLICE REPORT 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 SD CARD WITH TRAFFIC POLICE Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number **BICYCLE** Vehicle Manufacturer Vehicle Model

Vehicle Variant
Vehicle Colour

Vehicle Category Name of Driver	Mobile equipment
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

1. VEHICLE NO .: _ SKZ 741C

2. INSURER CO: China Taiping

3.ACCIDENT

DATE & TIME:

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- 3. 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
- 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.

Policyhelder's Signature / Date &

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

(YS) ong S 2 Witnessed by Reporting Centre 5 2 22 Personnel

Sketch Plan

PLEASE TURN OVER

Sketch Plan	(A) (B) (A) (B) (A) (A) (B) (A) (A) (B) (A) (A) (B) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A	A: SKZ 741C B: Bicycle
DESCRIBE CIRCUMSTANCE		200- 201122 08-20
This China laipin	Veh No: SKZ741C	30H = 21 1 22 08 20
Refer Poisce	Papart-	
Note : Please note that ye	our insurer may have 14days Time Frame	for you to submit an Own Damage Claim
under your own co DECLARATION I/We declare the foregoing part Policyholder's Signature Date & Time:	prehensive policy. Please check with you iculars are true in every respect. Driver's Signature (If driver is not the policyholder) Date & Time:	

















Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Report No. T/20220129/2023

Tel No: 1800-7929999

REPORT OF A TRAFFIC ACCIDENT

 Date/Time Report Made:
 V/de Report No.:
 Station Diary No.:

 29/01/2022 11:00
 J/20220129/0067
 22

Informant's Particulars Name of Informant: Address: CHEN JINGUANG APT BLK 668 WOODLANDS RING ROAD #03-349 SINGAPORE 730668 ID Type / ID No .: Contact No.: NRIC NO / S2738383A Home/Office: Mobile: 97385698 Nationality: Email: CHINESE Age: Sex: Date of Birth: Type of Informant: 07/07/1966 55 Male Driver Race: Language: Institution / School Name: Chinese Occupation: Driving Licence Information: CONSTRUCTION WORKER Class: 3 Date of Expiry:

Type of Accident:	Injury Attended by F	Police Drink Drive:	Date/Time of Actident: 29/01/2022 08:20	Type of Location Straight Road
JALAN BAHA	R	7		7 1
	4	Road Surface:	R	pad Speed Limit:
Weather: Clear	1,46835	Dry	100	oad Opeed Littil.
	tego:		Tr	affic Volume:

Details of V	ehicle Invo	lyed			DE LA COLUMNIA DE LA	C SOLD DESIGNATION OF
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SKZ741C	Car	TOYOTA	COROLLA AXIO 1.5G A	Silver	Slightly Damaged	0

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKZ741C	CHINA VAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000051 22205	07/01/2022	06/01/2023



Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Report No. T/20220129/2023

2 of 3

Tel No: 1800-7929999

CONTINUATION OF REPORT

Details of Perso	n Involved	THE SEC			1	
Any Pedestrian Ir		- 9	734 3		- 1	Sept. P.
No. of Pedestrians Injured: NIL Use of Pedestrian Cro			Cross	ossing: NA		
Driver				W. 100	020 PM	
Name	CHEN JINGUANG			ID No	. 3	S2738383A
Related Vehicle	NIL	1	98	Conta	ct No.	97385698
Hospital/Clinic	NIL TO	V	200	Class Drivin Licence Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	1000
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	The state of the state of

Brief Details.

On 29/1/2022 at about 0820hrs, I was driving my vehicle (SKZ741C) along Jalan Bahar. I was at a traffic light junction, waiting for the traffic light to turn green. I wish to state that there was a cyclist on the road as well, in front of my vehicle.

As soon as the traffic light turned green, I proceeded to drive forward. However, I had failed to realise that the cyclist had yet to move. I immediately tried to apply my brakes. However, it was too late, and my vehicle collided onto the bicycle.

As a result, the cyclist fell to his left side and onto the grass patch. There were other cyclists on the road as well, and they attended to the cyclist to render assistance.

Shortly after, the police and paramedrs arrived at scene. The cyclist was not conveyed by the ambulance. I was given a case card reference J/20220129/0067, by the police to lodge a traffic accident report.

My vehicle sustained minor damages on its front bumper while the bicycle sustained damages on its rear rim. I did not observe any visible injuries on the cyclist. I am not injured,

The cyclist's handphone number is 97885019. I do not know his name.



T/20220129/2023

Police Station Of Origin: Nanyang N.P.C Report No. T/20220129/2023 2 Jurong West Avenue 5 SINGAPORE 649482 CONTINUATION OF REPORT Tel No: 1800-7929999 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 staring the report number as reference. Signature of Officer Recording The Report Signature Of Informant: SGT 2 MOHAMAD NURHADIE SYAFTO BIN MOHAM D S > 17 Signature Of Interpreter. Date/Time: Not applicable 29/01/2022 11:00 Classification Of Case: Officer In Charge Of Case: STAFF SGT SYED MUHAMMAD ISA BIN OMAR ALHABSHEE Contact No.: 65476214