SC1A22880001 / CAR CITY AUTO CENTRE PTE LTD ENTRY DATE & TIME: 08/08/2022 10:11 (SGT) SUBMITTED BY: ANSON SEAH SIEW JOO VERSION: 1 (08/08/2022 10:11 (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 Actual 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.

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 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 08/08/2022 10:11 (SGT) Reported by Date of Accident 07/08/2022 19:20 (SGT) Exact Location of Accident Near Nanyang Ave, Bef Jln Bahar, Singapore Additional Location Information NAYANG AVENUE TO JALAN BAHAR Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number SMX3327H

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner YANG HONGWEI NRIC No SXXXX999C Email Address JAMESYHW@YAHOO.COM Mobile Phone No (Phone) +65-98375363 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model C-hr Variant **HYBRID** 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 1800

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMPCSNA00002662201

DRIVER

Name of Driver YANG HONGWEI NRIC No SXXXX999C Date Of Birth 22/04/1968 Occupation Indoor

Date Of Driving Pass 02/12/2004 Driving experience 17 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-98375363 Alt. Phone Number Email Address JAMESYHW@YAHOO.COM Address BLK 152A BEDOK SOUTH ROAD #13-530 Address complement Postcode 461152 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 Collision - Head to Rear Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? Yes 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 **FOREIGN VEHICLE 1** Vehicle Registration Number JUN5857 Vehicle Category Goods vehicle **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 REFER TO POLICE REPORT ATTACHMENT(S) Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Yes

Was there any video captured by Car Camera?

Vehicle Registration Number	JUN5857
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Fuso
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Goods vehicle
Name of Driver	EDMAN ALANDU
Passport No/FIN	AXXXX6948
Contact Number	_
Address	_
Address complement	_
Postcode	_
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	1

		1
Refer to	Police	Report

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

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.
- 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
- (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

Witnessed by Reporting Centre Personnel

Sketch Plan

A-SMY 3327 H

B-5W5857











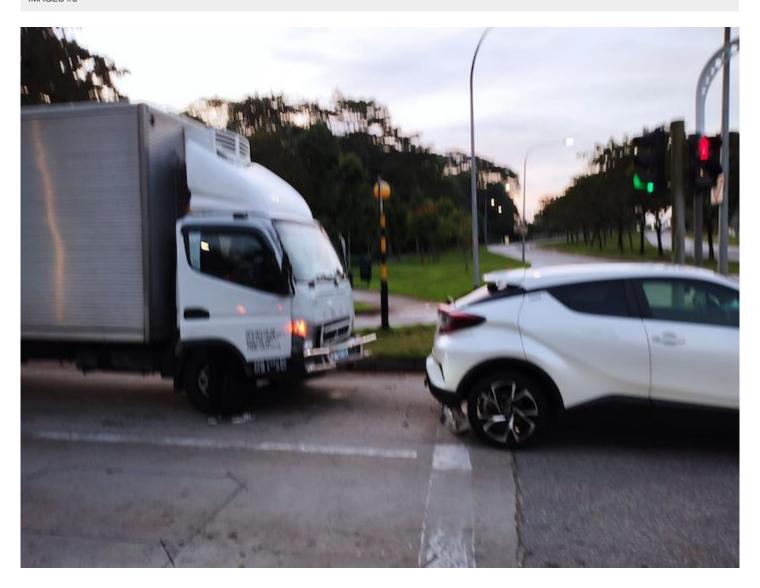
























T20220807/2075

Report No. T/20220807/2075

2014

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

Tel No: 1800-7929999

CONTINUATION OF REPORT

Details of Vo	ehicle Insurance		element with	7
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMX3327H	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNA0000266 2201	07/01/2022	06/01/2023

Details of Perso	n Involved		The state of the s	Ration .	A 220	
Any Pedestrian In	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Pe	destriar	Cross	ing: NA
billing _ m h						
Name	EDMAN A/L ALAND	Ú		ID No.		921111085163
Related Vehicle	JUN5857 (Lorry)			Contact No.		NIL
Hospital/Clinic	NIL		Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	Date Discharge NIL		
No. of Days gran	ted Medical Leave	Degree of	ree of Injury NIL			
Driver		Still Street			9-8-	202
Name	YANG HONGWEI			ID No		S6862999C
Related Vehicle	SMX3327H (Car)		Conta	ct No.	98375363	
Hospital/Clinic	NIL			Class Drivin Licen Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	ischarge NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of	f Injury	NIL	

Brief Details.

On 07/08/2022 at about 1920hrs, I was driving my personal car V1) SMX3327H along Nanyang Avenue towards Jalan Bahar as I am proceeding back home after alighting my kids at their hostel. As I reached the T- Junction, I noticed that the traffic light was in red colour thus I stopped V1. After a second, I felt an impact coming from behind. I immediately alighted from V1 and noticed that a malaysia Lorry V2) jun5357 had collided with V1. I made a check on the damages on V1 and I observed that V1's rear bumper was dented badly, part of the rear bumper had fell off and the rear taillight was damaged too. I also made a check on V2 and observed that v2's front bumper was dented. I spoke to the driver of V2 and I noticed that he was not injured, We exchanged particulars and took photos of the damages of V1 and V2. Subsequently, we left the place.

I wish to state that I had in car camera installed inside V1. I am not sure whether the camera captured the whole accident.





Report No. T/20220807/2075

1 of 4

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

Tel No: 1800-7929999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/08/2022 20:08		Made:	Vide Report No.:	Station Diary No.: 116	
Informa	nt's Partic	ulars		4 11 2 2 2 2 2 2	
	of Informant: Address: HONGWEI APT BLK 152A BEDOK SOL 461152			OUTH ROAD #13-530 SINGAPORE	
ID Type / ID No.: NRIC NO / S6862999C		99C	Contact No.: Home/Office:	Mobile: 98375363	
Nationality: SINGAPORE CITIZEN		EN	Email:		
Sex: Male	Age: 54	Date of Birth: 22/04/1968	Type of Informant: Driver		
Race: Chinese			Language: Institution / School Name Chinese		
Occupation: Automation Manager		er	Driving Licence Information: Class: 3 Date of Expiry:		

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 07/08/2022 19:20	Type of Location T-Junction	
NANYANG A	VENUE	D10 f			
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by	

Details of V	ehicle Invo	lved	reconsider and			and the second second
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
JUN5857	Lorry				Slightly Damaged	1
SMX3327H	Car	ТОҮОТА	C-HR HYBRID 1.8S CVT	White	Seriously Damaged	0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



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

Tel No: 1800-7929999



3.06

Report No. T/20220807/2075

CONTINUATION OF REPORT





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999 4 of 4 Report No. T/20220807/2075

CONTINUATION OF REPORT

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 / SGT 3 KANG YONG HUI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 07/08/2022 20:08
Officer In Charge Of Case: TP / AEIT / SSI TAY CHUN KEEN Contact No.: 65476436	Classification Of Case:
NP168	