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.

- 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 10/08/2022 15:48 (SGT) Reported by Date of Accident 10/08/2022 10:00 (SGT) Exact Location of Accident Singapore Additional Location Information CTE(AYE) before Moulmein Road exit Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number SMX3266A

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner TRANS LEASING PTE LTD Company Reg No 201603575K **Email Address** claims@transcab.com.sg Mobile Phone No (Phone) +65-62876666 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Prius 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 Commercial vehicle

Transmission Auto CC 1800

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Policy Number / Cover Note Number 5128626563

DRIVER

Name of Driver **GOH CHOH HUAT** NRIC No S6928790E Date Of Birth 13/08/1969 Occupation Outdoor

Date Of Driving Pass 13/10/1989 Driving experience 32 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-96611993 Alt. Phone Number Email Address claims@transcab.com.sg Address APT BLK 466 ANG MO KIO AVENUE 10 Address complement #13-1046 Postcode S560466 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer 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 **UNKNOWN** Gender **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Changkat Neighbourhood Police Post Police Station Phone No (Phone) +65-18007819999 Alt. Police Station Phone No (Fax) +65-67832722 Police Station Address Blk 109 Tampines Street 11 #01-261 Singapore 521109 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT Refer to sketch plan ATTACHMENT(S)

DETAILS OF OTHER VEHICLE PROPERTY 1

Yes

Yes

File size exceeding limit

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

Vehicle Registration Number	GBK4104B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	YAP BOON LAI
Passport No/FIN	G7569869R
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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 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 companies.
- Any false reporting may be referred to the Traffic Police Department for investigation.
- 6. 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.
- 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' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

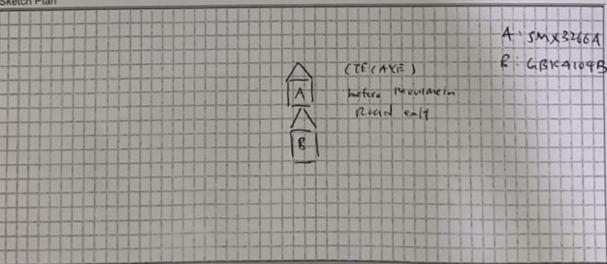
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims:
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (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

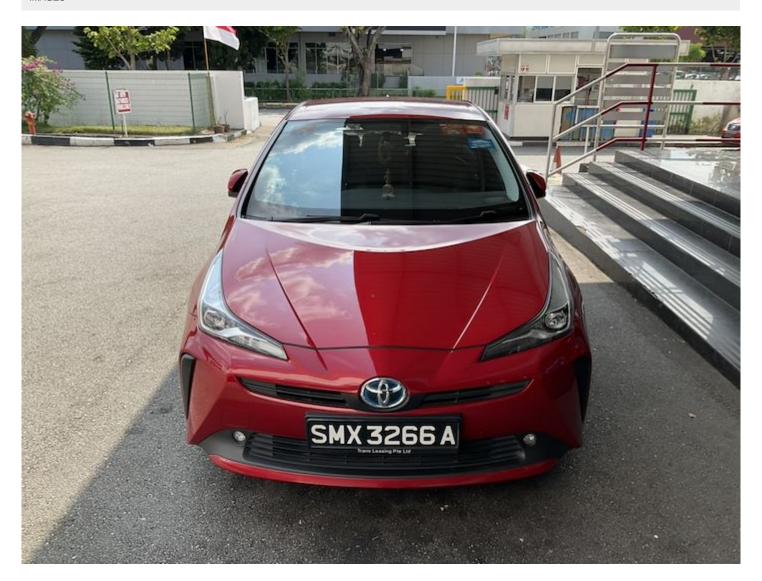
ture (if driver is not the policyholder) / Date 1010312012 1530 hrs

Kek Ching Chiang

Sketch Plan



Describe Circumstance of the	Accident		
Poter to police	c 1904: T/2022081	0/2027	
	the state of the state of		
Declaration	excessive and a second		
I/We declare the foregoing partic	ulars are true in every respect.		
	6		
	Miles	L	1.
Policyholder's Signature / Date & Tim		licyholder) / Date Witnesse	d by Reporting Centre Personnel
	A Time 10/02/2022	(Name as	in NRIC/ID card)















T/20220810/2027

1 of 4

Report No. T/20220810/2027

Police Station Of Origin: Changkat NPP 109 Tampines Street 11 #01-261 SINGAPORE 521109 Tel No: 1800-7819999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/08/2022 12:39		ade:	Vide Report No.:	Station Diary No. 8	
Informa	nt's Particu	lars			
	Informant: IOH HUAT	ald sumoc	Address: APT BLK 466 ANG MO KIO A SINGAPORE 560466	AVENUE 10 #13-1046	
ID Type NRIC NO	/ ID No.: D / S692879	90E	Contact No.: Home/Office: Mobile: 96611993		
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 52	Date of Birth: 13/08/1969	Type of Informant:		
Race: Chinese			Language: Chinese	Institution / School Name:	
Occupation: PRIVATE HIRED DRIVER		RIVER	Driving Licence Information: Class: 2B,3,4,5	Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/08/2022 10:00	Type of Location Straight Road
Location: CENTRAL EX	(PRESSWAY	Road Surface:	1	
Weather:				Road Speed Limit:
Weather: Clear Traffic Flow: One Way		Dry Traffic Control: Not Controlled	3	Road Speed Limit: 30 Km/h Traffic Volume:

Details of V	ehicle Invo	lved			- DIE CENT	Contract of the last
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBK4104B	Van				Slightly Damaged	0
SMX3266A	Car			17 17	Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Changkat NPP 109 Tampines Street 11 #01-261 SINGAPORE 521109 Tel No: 1800-7819999 2 of 4 Report No. T/20220810/2027

CONTINUATION OF REPORT

Driver		CHARLES	SPECIAL DESIGNATION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN C	CHARLES AND	SOURCE STREET, SALES OF
Name	YAP BOON LAI			No.	G7569869R
Related Vehicle	GBK4104B (Van)			ntact No.	NIL
Hospital/Clinic	NIL		Dri Lic	ss of ving ence & biry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Disc		te Discharg		
No. of Days gran	ted Medical Leave NIL		gree of Injur		
Driver			gree or myar	THE	AND DESCRIPTION OF THE PERSON NAMED IN
Name	GOH CHOH HUAT		IDI	No.	S6928790E
Related Vehicle	SMX3266A (Car)			tact No.	96611993
Hospital/Clinic			Cla	ss of	Class: 2B,3,4,5 Date of Expiry: NIL
			Lice	nce & iry Date	Zara or Expiry. NIE
Date Treatment	10/08/2022	Dat	e Discharge	NIL	
No. of Days grant	No. of Days granted Medical Leave 05		Degree of Injury Slight		

Brief Details.

On 10/08/2022 at about 1000hrs, I was fetching my passenger the vicinity of Orchard and while I was travelling along CTE (towards City) on the second lane just before exit 7D, I slowly came to stop as there was a stationary vehicle in front of mine.

Shortly after I stopped my vehicle, I noticed a van (GBK4104B) behind travelling at a relatively fast speed towards me. At this juncture, I knew that he would not be able to slow down in time and thus braced for impact. There was no way for me to steer away to avoid the collision as there were vehicles around me.

The van indeed collided onto the rear of my vehicle. After the collision, I made a check on my passenger and he claimed that he was experiencing some pain on his neck however he mentioned that there was no need for medical attention. I then alighted my vehicle to make an assessment of the damages on my vehicle. The driver of the van claimed that he had applied the brakes but have no idea why the collision

The driver of the van was asking how to go about settling the damages of the vehicle, but I told him that my vehicle belongs to a rental company thus I am unable to settle the issue with him there and then. After which, we exchanged particulars and my passenger requested for me to continue the trip to his

I wish to state that I did experience slight pain on both my left arm and leg. There is some soreness on my left leg as well. I had since went for doctor consultation and was given 5 days MC for my injuries. I will be notifying my company GOJEK after lodging this report. That is all.



Police Station Of Origin: Changkat NPP 109 Tampines Street 11 #01-261 SINGAPORE 521109 Tel No: 1800-7819999



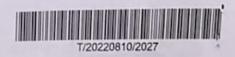
3 of 4

Report No. T/20220810/2027

CONTINUATION OF REPORT



Police Station Of Origin: Changkat NPP 109 Tampines Street 11 #01-261 SINGAPORE 521109 Tel No: 1800-7819999



4 of 4

Report No. T/20220810/2027

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:

SGT 3 ROY WANG



Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP / AEIT /

SR STAFF SGT FAHKRUL RAZI BIN SUHAIME Contact No.: 65470000

NP168

Signature Of Informant:



Date/Time: 10/08/2022 12:39

Classification Of Case: