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 15/08/2022 15:41 (SGT) Reported by Date of Accident 12/08/2022 19:25 (SGT) Exact Location of Accident Synagogue St, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

Vehicle Registration Number SMM5556H

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner K GAMBING PTE LTD Company Reg No 202210841M Email Address ANGUSMICHAEL94@GMAIL.COM Mobile Phone No (Phone) +65-98370300 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Freed 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

1496

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMHCSNA00005822200

DRIVER

Name of Driver **CHONG CHIN FOOK** NRIC No S1412574D Date Of Birth 01/03/1960 Occupation Outdoor

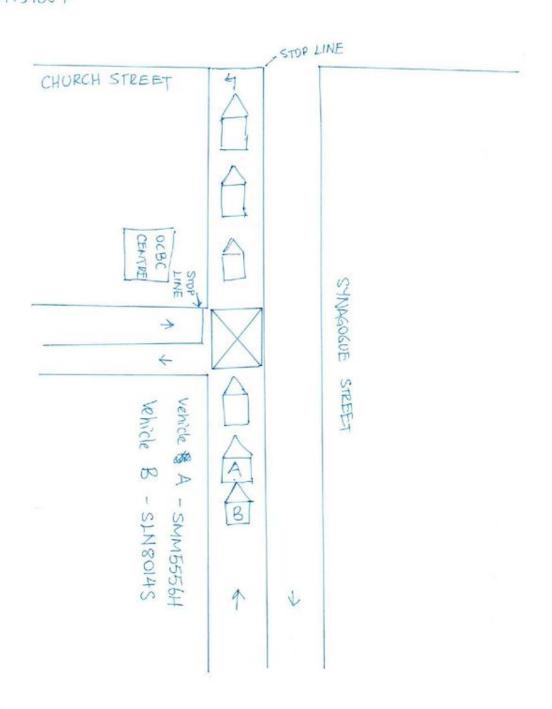
Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	21/08/2017 5 YEARS Male (Phone) +65-84159687 - Bernard_chong2004@yahoo.com.sg 128A PUNGGOL FIELD WALK #05-341 No Hirer No -
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? 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? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement	No 2 No - Yes 1 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No
CIRCUMSTANCES OF ACCIDENT	
REFER TO POLICE REPORT T/20220813/7008.	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number	SLN8014S

Vehicle Model
Vehicle Variant

Vehicle Colour -	
	rivate hire
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)	

INA TAIPING			会(新加坡)有 RANCE (SINGAPORE)	
Motor Hire Car				
1112 144			MZ406L/B	
	CERTIFICATE OF I	NSURANCE	E SN AN0695A	
	Motor Vehicles (Their-Party Fishs, and Co- Reset Fremount Act, the Motor Vehicles Third Fishs Act, 1986	ATTIONNESSON NUMBER 1960	Env Type G	
ERTIFICATE No.	DMHCSNA00005822200	Engine No. LEB56411 Cha. No. GB71100191		
Index Mark and Registration Number of Visingle	SMM5556H	AUTOSAFE		
Name of Policy Holder	K. GAMBINO LEASING PTE. LTD			
Effective date of the Commenceriest of Insurance for the surposes of the Regularities or Enactment.	21/04/2022 (00:00:00)		ons Sect S\$2,000	
Date of Expiry of Insurance	08/04/2023		sss Sect. II 8\$1,600	
	V0042023	Excess Sect.ii (Outside 8 EX ON WIND		
Persons or Classes of Persons analted	2.40.41		33100.0	
) Use for racing, pace-making, reliab) Use whilst drawing a trailer except.	the towing (other than for reward) of any	one disabled machini color occurrent	tai	
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HIRE PURCHASE CO.: TECK W	D CREDIT PTE LTD	(Paid-Party Risks and Companyation)	Act (Coupter 189)	
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12 | 8 | 2022 19.25PM SMM5556H 84159687



TCH PLAN		
IBE CIRCUMSTA	NCES OF THE ACCIDENT	
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		1
ATION		
	particulars are true in every respect.	Λ
10/	C V respect.	/10
S UEN IN	11/00	//
A (NEW 188) 2	(L	(M
111		No.
del Signature	Driver's Signature	Reporting Centre Personnel's Signature
me:	(If driver is not the policyholder	Name:
	Date & Time:	NRIC/FIN No.:

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material
 facts may allow insurance companies to repudiate policy liability.
- 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 Police for investigation.
- 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.
- By the lodgment 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.
- 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 insurers') 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:
 - 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")
- 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

O (MEN TO)

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20220813/7008

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

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: 13/08/2022 11:14
Officer In Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
NP168	





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20220813/7008

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No Effective Expiry Dat		
SMM5556H	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNA0000582 2200	21/04/2022	08/04/2023

Details of Perso	n Involved					
Any Pedestrian I	nvolved: No		0.4			
No. of Pedestriar	ns Injured: NIL		Use of Ped	destrian	Cross	sing: NA
Driver					9	
Name	CHONG CHIN FOOI	K		ID No.		S1412574D
Related Vehicle	SMM5556H (Car)		3	Conta	ct No.	84159687
Hospital/Clinic	HEALTHPLUS FAMILY CLINIC & SURGERY		&	Class Driving Licence Expiry	g e &	Class: 3 Date of Expiry: NIL
Date	13/08/2022	W-75	Date		13/08	3/2022
No. of Days gran	ted Medical Leave	03	Degree of		Sligh	t

Brief Details.

At stated date and time, road traffic was stagnant as there was a stop line at T-Junction. I stopped behind the vehicle in front of me. Suddenly, SLN8014S hit the rear of my vehicle.





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20220813/7008

REPORT OF A TRAFFIC ACCIDENT

Date/Time 13/08/202		lade:	Vide Report No.:		Station Diary No.:
Informant	's Particu	ulars			
Name of Ir CHONG C		K	Address: 128A PUNGGOL FIEL	D WALK #05-341 SI	NGAPORE 821128
ID Type / I NRIC NO		74D	Contact No.: Home/Office:	Mobile: 84	159687
Nationality SINGAPO		EN	Email: BERNARD_CHONG20	004@YAHOO.COM.	SG
Sex: Male	Age: 62	Date of Birth: 01/03/1960	Type of Informant: Driver	No.	
Race: Chinese		11.00	Language: English	Institution /	School Name:
Occupatio	n:		Driving Licence Informa Class: 3	ation: Date of Exp	piry:

General Infor	mation of the Acci	dent		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/08/2022 19:25	Type of Location T-Junction
Location:				
SYNAGOGU Weather: Clear	E STREET	Road Surface:	Į f	Road Speed Limit:
T 111 E1		T (C . O)		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SLN8014S	Car	TOYOTA	PRIUS	Silver	Slightly Damaged	0
SMM5556H	Car	HONDA	FREED HYBRID	Silver	Slightly Damaged	0

