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 12/09/2022 15:40 (SGT) Reported by Date of Accident 09/09/2022 19:28 (SGT) Exact Location of Accident Rangoon Rd, Singapore Additional Location Information TOWARDS RACE COURSE ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mercedes

Vehicle Registration Number SND929J

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TOH KOK SOON (ZHUO GUOSHUN) NRIC No SXXXX089A Email Address koay.xinwang@gmail.com Mobile Phone No (Phone) +65-90091808 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model GLE 63S AMG 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 5461

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMPCSNW00113292200

DRIVER

Name of Driver TOH KOK SOON (ZHUO GUOSHUN) NRIC No SXXXX089A Date Of Birth 12/03/1972 Occupation Indoor

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	20/07/1992 30 YEARS AND 2 MONTHS Male (Phone) +65-90091808 - koay.xinwang@gmail.com BLK 43 CAMBRIDGE ROAD #03-12 - 210043 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Side Swipe 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 Yes 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	
PLEASE REFER TO SKETCH AND POLICE REPORT T/20220910 ATTACHMENT(S)	0/7022
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident DETAILS OF OTHER	Yes Yes WITH OWNER

SHC2513M

Accident report SN08229C0004

Vehicle Model

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Variant	_
Vehicle Colour	_
Vehicle Category	Taxi
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)	-

INJURED PERSONS DETAILS

No

INJURED 1

Name of injured person TOH KOK SOON (ZHUO GUOSHUN) Gender Male Phone No (Phone) +65-90091808 Address Address Complement Post Code Approximate Age Years Old
Injuries Sustained SLIGHT INJURY Injured person in which vehicle? SND929J Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance?

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 Actual Driver.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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/ aw 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

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

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

Sketch Plan

1

Describe Circumstance of the Accident On the 9th Sep 2022 @ 1928 Hrs. I was driving along Rangeon Road intend
, The mist make anying along Hangeon Road intend
turn left into Roce course Road. At the troffic of Rongson Road I Roce
Course Road I was waiting for pedestrians to cross before I turn
Left. While I was making I negotating Left Hand turn there was a
Venicle Squeezing from my 1844, as to avoid that venicle I turn
toward the right lane of Race cause Road. Suddenly vehick B (SHC2513)
turned abriptly from the opposite direction. Due to his careless driving
the said vehicle enrouched into my lare and collided against my vehicle
(SND0293) After the collision, my verice was not able steer due to
the naid impact to my wheels we both drivers exchange particulars and
I engaged towing service to shift my car to repair shop.
Polick RAPORT 7/20220910/7022

Declaration

I/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

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

2







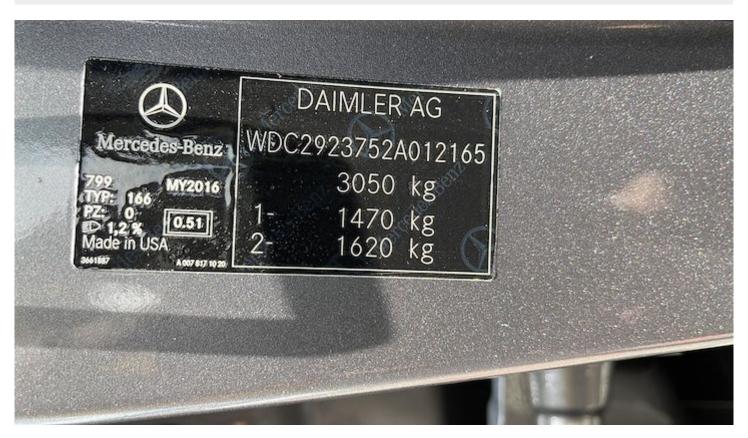






























Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20220910/7022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/09/2022 14:01		Made:	Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars				
Name of Informant: TOH KOK SOON			Address: 43 CAMBRIDGE ROAD #03-12 SINGAPORE 210043			
	/ ID No.: D / S72320	89A	Contact No.: Home/Office:	Mobile: 90091808		
National SINGAP	ity: ORE CITIZ	EN.	Email: SAMTOH2089@HOTMAIL	.COM		
Sex: Male	Age: 50	Date of Birth: 12/03/1972	Type of Informant: Driver			
Race: Chinese		1	Language: English	Institution / School Name:		
Occupation: manager			Driving Licence Information Class:	Date of Expiry:		

	I and the second	dent	0.00	I =	
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/09/2022 19:30	Type of Location: X-Junction	
Location:					
RANGOON R Weather: Clear	OAD	Road Surface: Dry		toad Speed Limit: 0 Km/h	
		Traffic Control:	100	Traffic Volume: Light	
		Not Controlled	L	ignit	

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SHC2513M	Car					0
SND929J	Car	MERCEDES BENZ	AMG GLE 63 S 4MATIC (R22 LED SR)	White		0



T/20220910/7022

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20220910/7022

CONTINUATION OF REPORT

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SND929J	CHINA TAIPING INSURANCE	DMPCSNW001132	05/05/2022	01/08/2023	
	(SINGAPORE) PTE, LTD.	92200			

Details of Perso	n Involved					
Any Pedestrian Ir	nvolved: No					
No. of Pedestrians Injured: NIL			Use of Ped	Use of Pedestrian Crossing: NA		
Driver		AMME		Rental 18		
Name	TOH KOK SOON			ID No.	S7232089A	
Related Vehicle	SND929J (Car)			Contact No.	90091808	
Hospital/Clinic	HEALTHPLUS CLINIC & SURGERY			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	10/09/2022 Date		Date	NIL		
No. of Days gran	ted Medical Leave	03	Degree of	Serio	ous	

Brief Details.

On the 9th Sep 2022 @ 1927 Hrs, I was driving along Rangoon Road intend turn left into Race Course Road. At the traffic of Rangoon Road / Race Course Road I was waiting pedestrians to cross before I turn left. Awhilst I was making / negotiating left hand turn, the vehicle B (SHC2513M) turned abruptly from the opposite direction. Due to her careless driving the said vehicle encroached into my lane and collided against my vehicle (SND929J). After the collision, my vehicle was not able steer due to hard impact to my wheels, we both drivers exchange particulars and I engaged towing service to shift my car to repair shop.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Informant is not able to provide sketch

Sketch Plan

3 of 3 Report No. T/20220910/7022

CONTINUATION OF REPORT

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: 10/09/2022 14:01
Officer In Charge Of Case: TP / TPIB / MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219	Classification Of Case: