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 26/09/2022 11:54 (SGT) Reported by Date of Accident 23/09/2022 13:25 (SGT) Exact Location of Accident Near 50 Anderson Rd, Singapore 259982 Additional Location Information ALONG STEVENS ROAD @ X JUNCTION TOWARDS ANDERSON ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number SH1296P

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner LOY NEE PUAN NRIC No S0074722Z Email Address CHOONHOCKAUTOCARE@GMAIL.COM Mobile Phone No (Phone) +65-81131879 Alternative Phone No

VEHICLE PARTICULARS

Model Corolla Variant Exact purpose for which vehicle was being used at time of accident **Employment** Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party

Vehicle Category Taxi Transmission Auto CC 1500

Manufacturer

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd Policy Number / Cover Note Number D-210098513MSH

DRIVER

Name of Driver LOY NEE PUAN NRIC No S0074722Z Date Of Birth 27/12/1951

Occupation Outdoor Date Of Driving Pass 27/07/1973 Driving experience 49 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-81131879 Alt. Phone Number Email Address CHOONHOCKAUTOCARE@GMAIL.COM Address 476 PASIR RIS DRIVE 6 #06-524 Address complement Postcode S510476 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 Chain Collision 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? Yes Was any injured conveyed to hospital by ambulance? Yes 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 Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name **UNKNOWN** Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Pasir Ris Neighbourhood Police Centre Police Station Phone No (Phone) +65-18005852999 Alt. Police Station Phone No (Fax) +65-65855261 Police Station Address 1 Pasir Ris Drive 4 #01-01 Singapore 519457 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT T/20220924/2037 ATTACHMENT(S)

Yes

Yes

CUSTOMER DECLINE TO PROVIDE

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 VEHICLE PROPERTY 1

Vehicle Registration Number	SFN1870D
Vehicle Manufacturer	_
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	_

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJP2068P
Vehicle Manufacturer	_
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SKF5A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	_

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SKM4936A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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

INJURED 1

Name of injured person	LOY NEE PUAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SH1296P
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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)
 Lunderstand, 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.
 - (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 evalbating, 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.

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

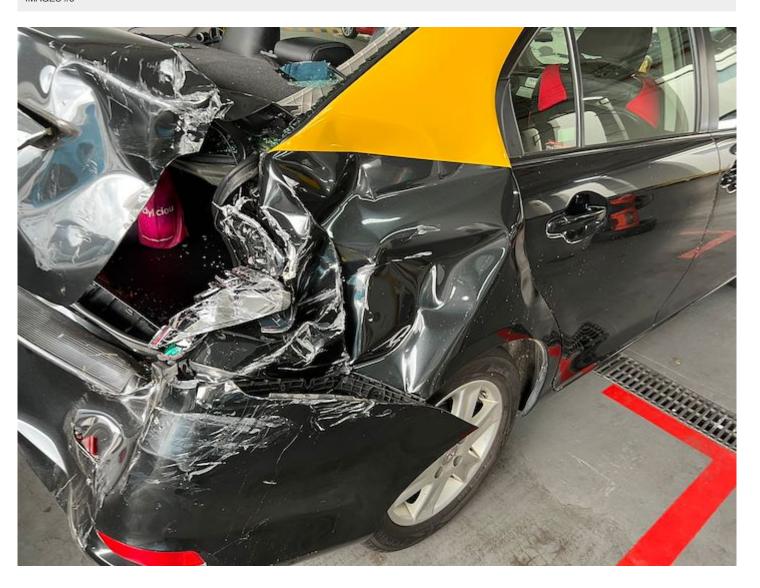
Name: QUEK ZIXIANG NRIC/FIN No.: SXXXX962Z

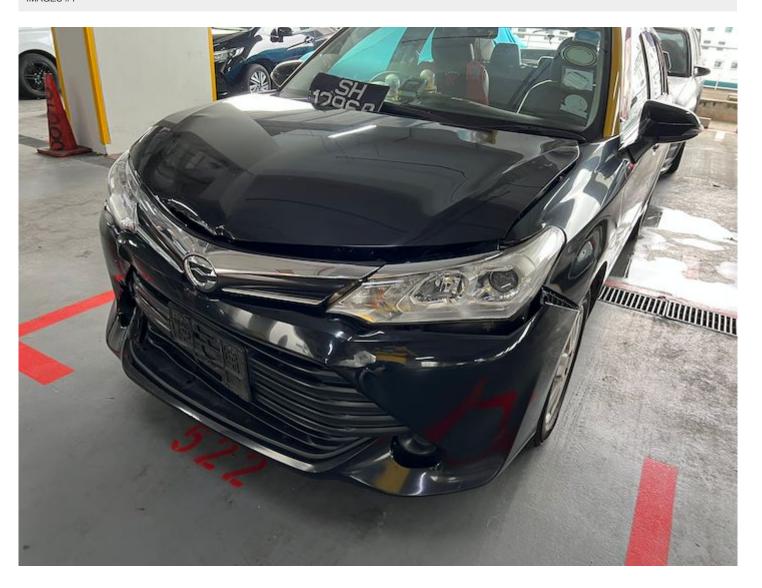
GIARMC SketchPlanForm_V3

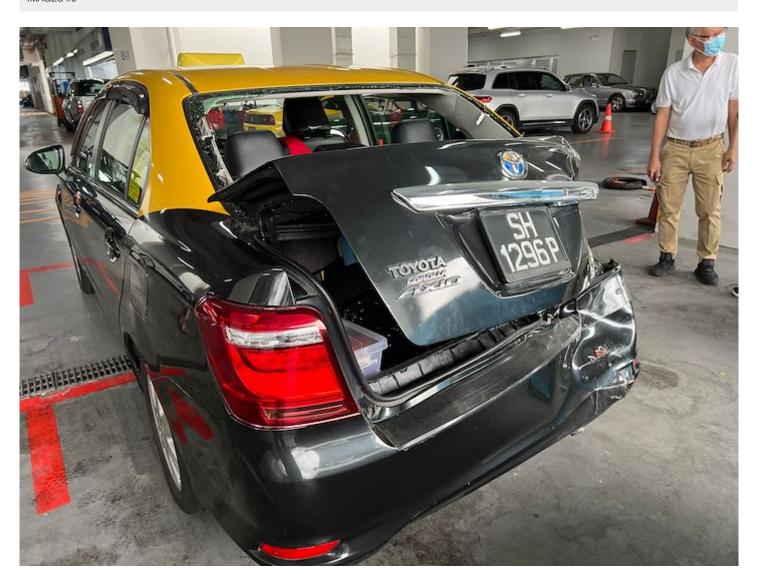
ETCH PLAN te & Time of Acciden	+. 23.9.22@13.25H	IRS Location: ALO	NG STEVENS ROAD@X JUNO	TION TOWARDS ANDERSON ROAD
h A: SKV 3836 P	Veh B: SFN1870D	Veh C/Others:		
SHIPSEP				
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ESCRIBE CIRCUMSTA	NCES OF THE ACCIDENT			
REFER TO POLICE REF	ORT T/20220924/2037			
	*			
NOTE - DI FASE NOT	E THAT YOUR INSURER MAY I	LAVE 14 DAYS TIME FRAME	FOR YOU TO SUBMIT A	N OWN DAMAGE CLAIM
NOTE TELESCENO		ASE CHECK YOUR POLICY FO		
	Claim at Lim Tan Motor		t Lim Tan Motor	
] Own Damage	Claim at Other Worksho	p [🗸] TP Claim a	t Other Workshop	[] Reporting Only
	111 7 11 11	d + - f d / ft	lad CIA peoldons so	nort to:
/We hereby authorise	ed Lim Tan Motor Pte Lt	a to forward my/our ii	ied dia accident re	pore to.
My/Our workshop via	email:			
일본 전 경기가 되었다면 모든 그 것이다. 그런 유민은 감독하는 것이 없었다.	2110117			
DECLARATION				
/We declare the foregoin	g particulars are true in ever	y respect.	. /	
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124.11			17	
A.				Passage Va Classes
Policyholder's Signature D. & Time:		ure the policyholder) Date	Reporting/Cent Name; QUEK Z	re Personnel's Signature IXIANG

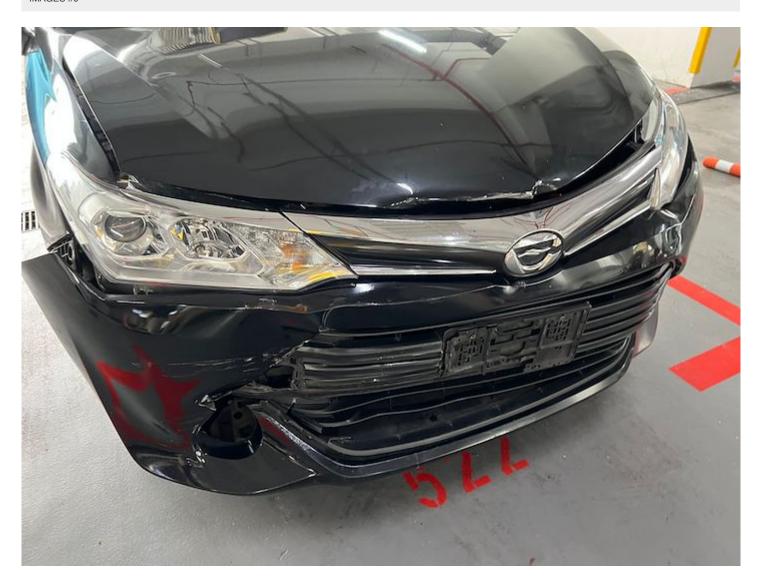


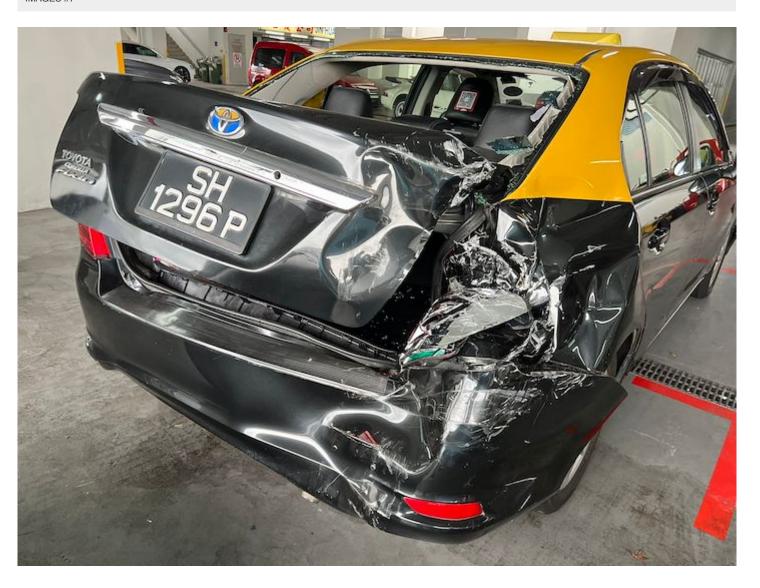




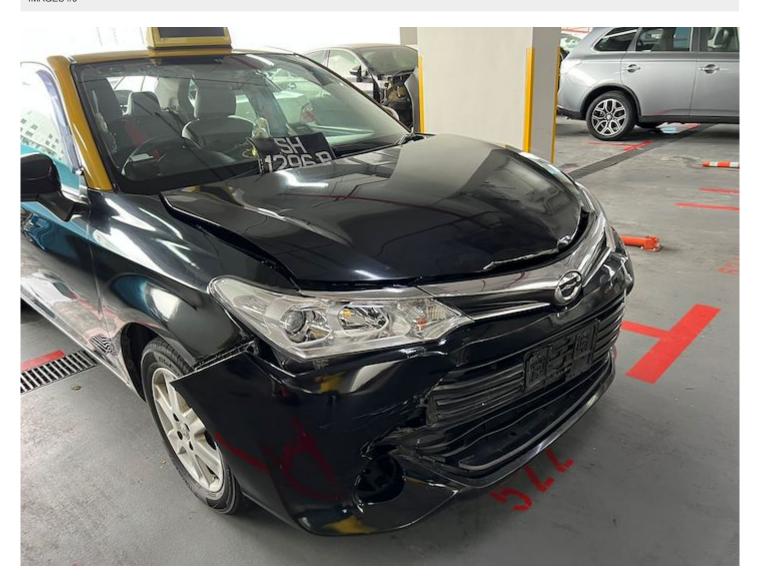


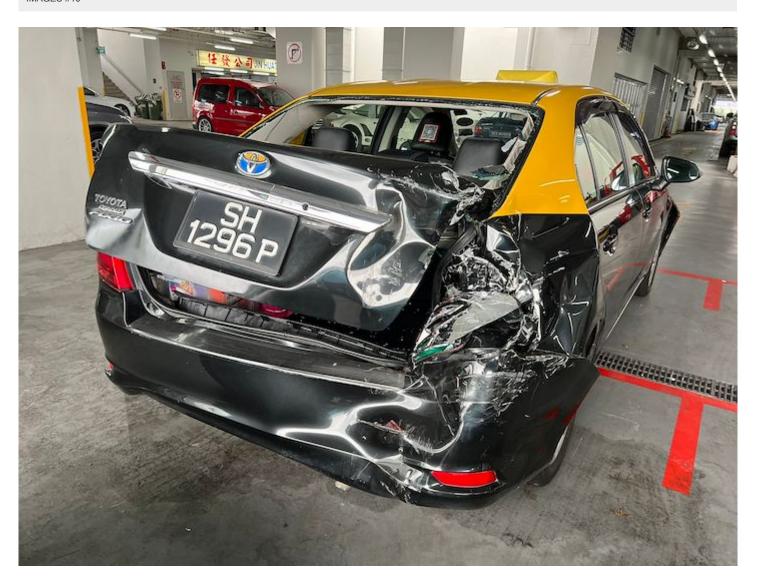


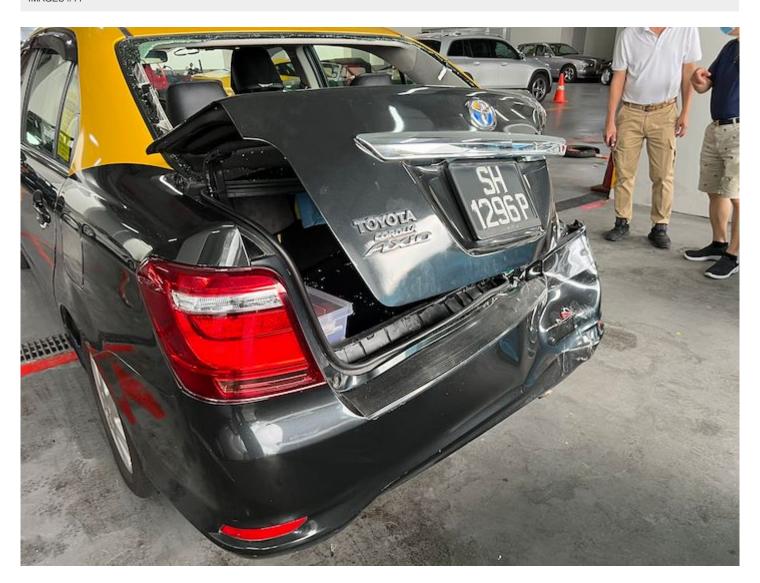


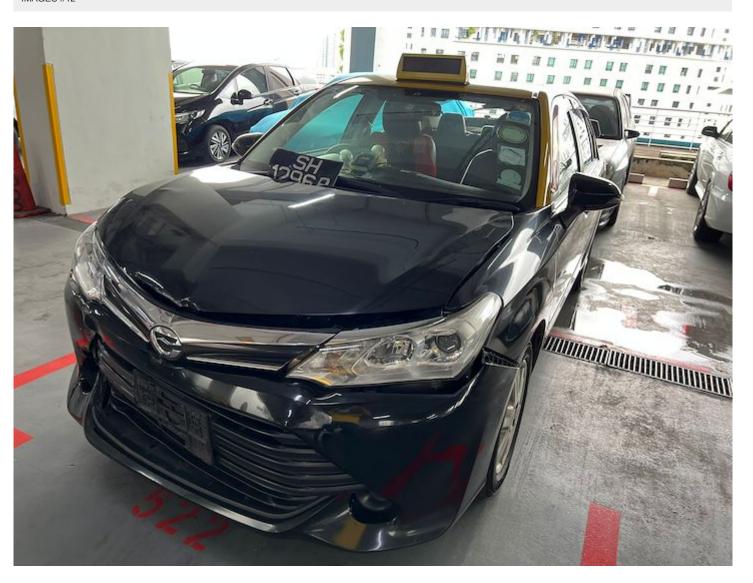


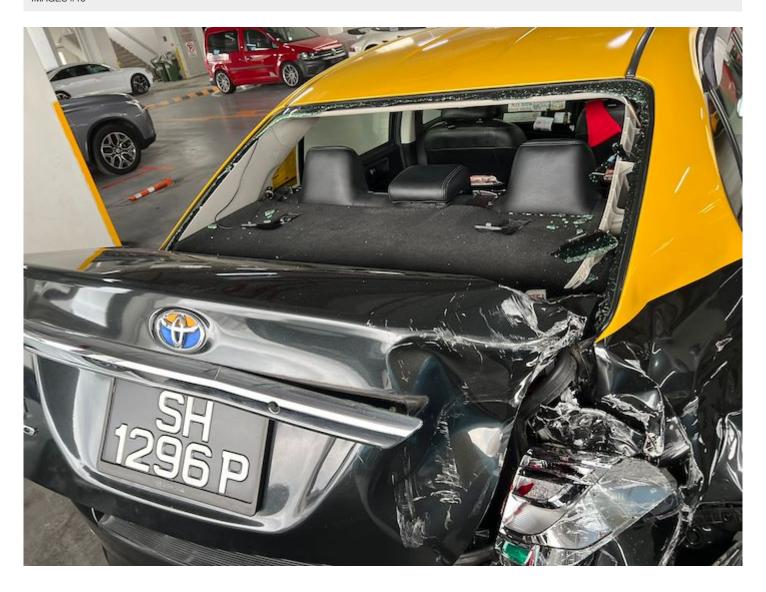


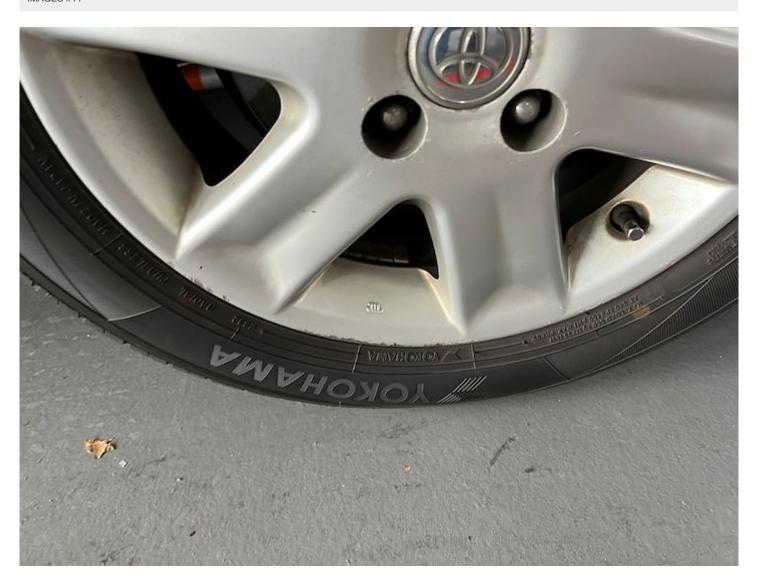


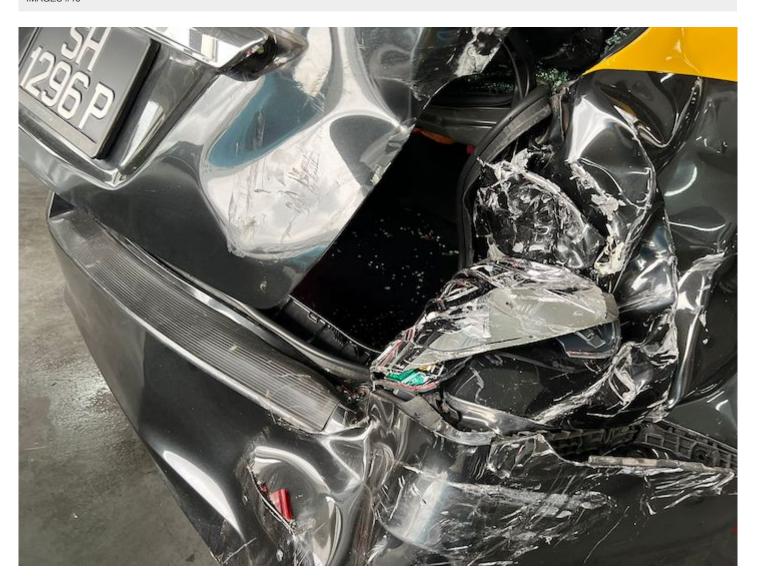


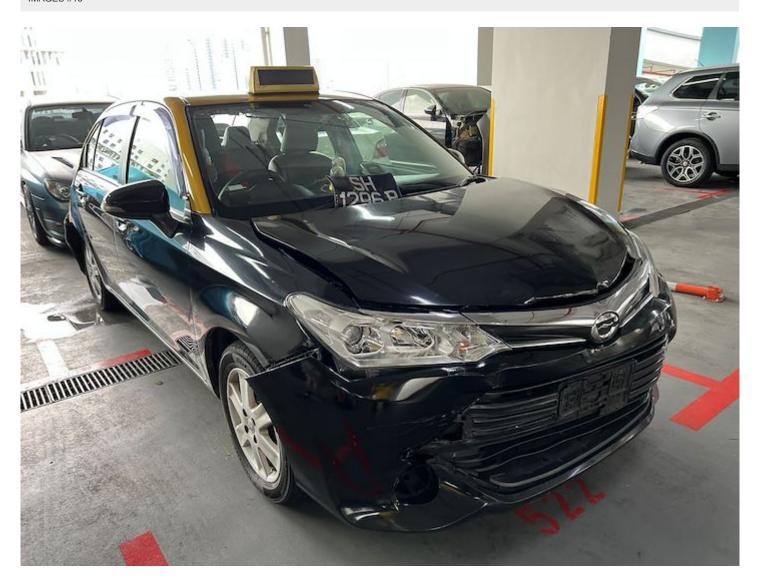


















Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

REPORT OF A TRAFFIC ACCIDENT

Report No. T/20220924/2037

	Date/Time Report Made: 24/09/2022 12:34		Vide Report No.: Station Dia 45	
Informa	nt's Partic	ulars		
LOY NEE PUAN APT		Address: APT BLK 476 PASIR RIS DRIVE 6 #06-524 SINGAPORE 510476		
	/ ID No.: D / S00747	22Z	Contact No.: Home/Office:	Mobile: 81131879
National SINGAP	ity: ORE CITIZ	EN	Email:	
Sex: Male	Age: 70	Date of Birth: 27/12/1951	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: TAXI DRIVER		Driving Licence Informa Class: 3	ation: Date of Expiry:	

Type of Accident: Injury Attended by Police		Drink Drive: No	Date/Time of Accident: 23/09/2022 13:25	Type of Location T-Junction	
Location: STEVENS RO	DAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h	
Ologi	Traffic Flow: Traffic Two Way Not Co			Traffic Volume:	
Traffic Flow:		Not Controlled		Moderate	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFN1870D	Car				Slightly Damaged	0
SH1296P	Car	TOYOTA	COROLLA AXIO 1.5X CVT ABS D/AIRBAG 2WD	Black	Seriously Damaged	1
SJP2068P	Car				Slightly Damaged	0



Report No. T/20220924/2037

Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457

Tel No: 1800-5852999

Details of Volume Vehicle No.	- Committee of the comm	Make	Model	Color	Condition	No of Passenge
venicie No.		Molto	ACOUNTY OF THE PERSON NAMED IN COLUMN TO PER		Seriously	0
SKF5A	Car				Damaged	77.5
OKM4036A	Car				Slightly	0
SKM4936A	Car	1			Damaged	

CONTINUATION OF REPORT

Details of Vo	ehicle Insurance		1	T D.L.
Vehicle No.	I Institutive Company	Insurance No	Effective	Expiry Date
SH1296P	FIRST CAPITAL INSURANCE LIMITED	D-210098513MSH	11/12/2021	10/12/2022

Details of Person		GRANASACISM.		. 1. (2. 2. 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			
Any Pedestrian Ir	volved: No		-			in at NIA	
No. of Pedestrians Injured: NIL			Use o	Use of Pedestrian Crossing: NA			
Driver						000747007	
Name	LOY NEE PUAN			ID No.		S0074722Z	
Related Vehicle	SH1296P (Car)			Conta	ct No.	81131879	
Hospital/Clinic	CHANGI GENERAL HOSPITAL			Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL	
Date Treatment	23/09/2022		Date	Date Discharge		3/2022	
No. of Days granted Medical Leave		04	Degre	Degree of Injury		Slight	

Brief Details.

On 23/9/22 at about 1325hrs, I was involved in a road traffic accident along Stevens Road. I was driving my vehicle (SH1296P) and there was a passenger in my vehicle when the accident happened. I am a taxi driver and I was on the right most lane together with 2 other vehicles waiting to make a right turn towards Anderson road.

I managed to retrieve some details of all the drivers involved in the road traffic accident. The details and identity of the drivers involved are as follows:

1) Hp:94523691, Car plate:SKF5A Hp:93678885, Car plate: SJP2068P Hp: 97763151, Car plate: SFN1870D

Hp: 97540152, Car plate: SKM4936A

The accident happened because of vehicle:SFN1870D. The driver of the vehicle made a U-turn without checking for incoming vehicle. This resulted in the collision between vehicle:SFN1870D and incoming vehicle:SKF5A (Porsche). After the porsche was hit, the porsche went towards the direction of the 3 cars (including mine) which resulted in continuous collision between each vehicle.

I noticed that all the drivers were not seriously injured. Ambulance and Police came down to scene at the point in time. The paramedics attended to the drivers who were injured. The injuries were just superficial.







Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457 Tel No: 1800-5852999 3 of 4 Report No. T/20220924/2037

CONTINUATION OF REPORT

No government properties were damaged.

I took some photos of the accident and I also have the video recording from my on board camera.

The front and back of my vehicle were damaged due to this accident.

I am lodging this police report for record purposes and for my insurance claim.





4 of 4

Report No. T/20220924/2037

Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457

Tel No: 1800-5852999

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.

CONTINUATION OF REPORT

Signature of Officer Recording The Report: G / SGT 2 JERALD TAN JIN KAI	Signature Of Informant:			
Signature Of Interpreter: Not applicable	Date/Time: 24/09/2022 12:34			
Officer In Charge Of Case: TP / GIT / SI MOHAMMED FEROZ BIN HUSSIEN Contact No.: 65476206	Classification Of Case:			
NP168				