SS3722AC0003 / Success United Pte Ltd ENTRY DATE & TIME: 12/10/2022 18:27 (SGT) SUBMITTED BY: Elise Law Yi Ting VERSION: 1 (12/10/2022 18:27 (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.

- 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 12/10/2022 18:27 (SGT) Reported by Date of Accident 12/10/2022 09:02 (SGT) Exact Location of Accident Near 83 Defu Ln 1, Singapore 539508 Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private use

Private car

Auto

1595

No - Claiming third party

Vehicle Registration Number SM7133.1

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner Chia Ming Zhou, Keith NRIC No S9031900J Email Address keithchia90@gmail.com Mobile Phone No (Phone) +65-87868080 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Mercedes Model Gla180 Variant URBAN (R18 LED)

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission CC

INSURANCE COMPANY

Name of Insurance Company Singapore Life Ltd Policy Number / Cover Note Number 11134325

DRIVER

Name of Driver Chia Ming Zhou, Keith NRIC No S9031900J Date Of Birth 01/09/1990 Occupation Indoor

Date Of Driving Pass 15/05/2019 Driving experience 3 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-87868080 Alt. Phone Number Email Address keithchia90@gmail.com Address Blk 641 Pasir Ris Drive 1 Address complement #07-512 Singapore Postcode 510641 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? No 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 Raining Road Surface Wet 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? 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 Natasha Gender Female **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT Refer to police report. Report No: T/20221012/7054 ATTACHMENT(S) Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

No

Was there any video captured by Car Camera?

Vehicle Registration Number	SHC5795X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	Soh Kok Kiang
NRIC No	S7121835Z
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	SLN5887J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Muhamad Remie Bin Rais
NRIC No	S7232699G
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	SMC8780J
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	SJR442U
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

SMZ133J

INJURED 1

INJUNED I	
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	
INJURED 2	
Name of injured person Gender Phone No Address Address Complement	Natasha Female - -

Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

Post Code

SKETCH PLAN

IMPORTANT NOTICE

4

- 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 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.
- 5. 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")

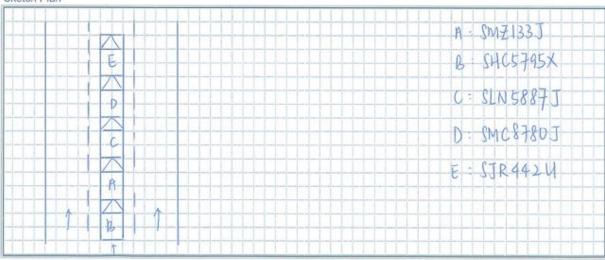
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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.

12/10/2022 5.15pm

Driver's Signature (if driver is not the policyholder) / Date

Law Yi Tina Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



1

efer to police report. Report no : T/202	221012/7054
eclaration	
le declare the foregoing particulars are true in every respect.	
V/a	
Nr.	
10 (1010) + 15	LOUVE TO
14/0/22 5-15pm	Law Yi Ting































Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 4 Report No. T/20221012/7054

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 22 17:15	/lade:	Vide Report No.:	Station Diary No.:
Informa	nt's Partic	ulars		
	Informant: NG ZHOU,		Address: 641 PASIR RIS DRIVE 1 #0	07-512 SINGAPORE 510641
	/ ID No.: D / S90319	00J	Contact No.: Home/Office:	Mobile: 87868080
Nationali SINGAP	ty: ORE CITIZ	'EN	Email: KEITHCHIA90@GMAIL.CO	M
Sex: Male	Age: 32	Date of Birth: 01/09/1990	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupati	ion:		Driving Licence Information: Class:	Date of Expiry:

General Infor	mation of the Acci	dent			
Type of Accident:			Date/Time of Accident: 12/10/2022 09:00	Type of Location: Flyover	
Location: KPE					
Weather: Drizzling		Road Surface: Wet		Road Speed Limit: 80 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collision				Anyone conveyed by ambulance: No	

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SHC5795X	Taxi					0
SJR442U	Car					0
SLN5887J	Car					0
SMC8780J	Car					0





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 4 Report No. T/20221012/7054

CONTINUATION OF REPORT

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SMZ133J	Car	MERCEDES BENZ	GLA180 URBAN (R18 LED)	White		0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SMZ133J	AVIVA LTD	11134325	23/05/2022	22/05/2023	

Details of Perso	n Involved				
Any Pedestrian I	nvolved: No				
No. of Pedestriar	Use of	Use of Pedestrian Crossing: NA			
Passenger					
Name	NATASHA		ID No		NIL
Related Vehicle	SMZ133J (Car)		Conta	ict No.	NIL
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date	NIL	Date		NIL	
No. of Days granted Medical Leave NIL		Degre	e of	Slight	t .
Driver					
Name	CHIA MING ZHOU, KEITH		ID No		S9031900J
Related Vehicle	SMZ133J (Car)		Conta	ct No.	87868080
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date	NIL Date			NIL	
No. of Days gran	ted Medical Leave NIL	Degre	e of	NIL	

Brief Details.

I was driving along KPE towards PIE when i noticed the car in front of me (SLN5887J) hitting the rear of the car in front of him (SMC8780J). I slammed my brakes and came to a stop. Suddenly i felt an impact onto my car (SMZ133J) from the rear causing my car to surge forward to hit into the car infront of me (SLN5887J). The impact into my car from the rear was caused by a taxi (SHC5795X). Shortly after impact while i was still in my car, an LTA officer asked me if i was okay to which i told him that my back was in pain. He offered an ambulance and i declined as i thought it was momentary. However, after standing up and walking around 20 minutes after parking my vehicle at the carpark, i noticed that there was



T/20221012/7054

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 4 Report No. T/20221012/7054

CONTINUATION OF REPORT

a sharp pain at my lower back, stiff neck and upper back/shoulder pain as well. When i got out of the car i realize that it was a 5 car chain collision. The vehicle number of the first car is SJR442U.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 4 of 4 Report No. T/20221012/7054

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: 12/10/2022 17:15			
Officer In Charge Of Case: TP / TPIB / MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219	Classification Of Case:			

NP168



CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT 1960
(REPUBLIC OF SINGAPORE) OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

CERTIFICATE NUMBER, 11134325

1) VEHICLE REGISTRATION NO.

SMZ133J

2) NAME OF INSURED

FAMILY NAME

CHIA

GIVEN NAME

MING ZHOU KEITH

3) EFFECTIVE DATE OF COMMENCEMENT OF INSURANCE FOR THE PURPOSE OF THE ACT

23-May-2022 10:10hours

4) DATE OF EXPIRY OF INSURANCE

22-May-2023 23:59hours

5) PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE

You and any driver aged 30 or over

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by any reason of any enactment or regulation in that behalf from driving

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been canceled at the time of accident or lo

Please refer to the policy document for full terms and conditions.

6) LIMITATIONS AS TO USE*

Use only for social, domestic and pleasure purposes and for the Insured's business. The Policy does not cover use for hire or reward, tuition or driving tests, racing, pace-making, reliability trials, speed-testing or the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act 1960 and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

NAMED DRIVER

7) FINANCE COMPANY

HL BANK

1 / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act 1960 and Part IV of the Road Transport Act, 1987 (Malaysia), or any amendment, act or acts passed in substitution thereof.

Issued in Singapore: 23-May-2022 at 10:10hours

Singapore Life Ltd.

IMPORTANT NOTE:

- · If you want to cancel your policy at any time, you will need to return the certificate to us.
- You must report all accidents to Us within 24 hours of the occurrence or by the next working day at our accident reporting centre regardless of whether you intend to claim on your own policy or not, or whether your car is damaged or not. Should you fail to do so, Your NCD could be affected and your claim may be prejudiced.

For the list of our accident reporting centres, please visit https://singlife.com/CarRepairers. Alternatively, you may call us at 6333 2222 for assistance (including assistance on windscreen damage).

Pearlyn Phau

In case of vehicle breakdown, accident or windscreen damage, please call 6333 2222 (24 hours) immediately,

Singapore Life Ltd. 4 Shenton Way #01-01 SGX Centre 2 Singapore 068807 singlife.com Company Reg. No. 196900499K GST Reg. No. MR-8500166-8