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 17/10/2022 15:14 (SGT) Reported by Driver Date of Accident 16/10/2022 17:40 (SGT) Exact Location of Accident Blk, 672 Edgefield Plains, 672 Edgefield Plains, Singapore Additional Location Information **MSCP** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number SLC1905A

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner YAU KIN SENG JERRY NRIC No SXXXX432A Email Address tanchoonchye@yahoo.com.sg Mobile Phone No (Phone) +65-97370611 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model **ALTIS** 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 1600

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMHCSNW00017242200

DRIVER

Name of Driver TAN CHOON CHYE NRIC No SXXXX218F Date Of Birth 01/04/1966 Occupation Outdoor

Date Of Driving Pass 17/08/1984 Driving experience 38 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-90219778 Alt. Phone Number Email Address tanchoonchye@yahoo.com.sg Address **BLK 671A EDGEFIELD PLAINS** Address complement #09-505 Postcode 821671 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Friend 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 Side Swipe Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? Yes 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 **FOREIGN VEHICLE 1** Vehicle Registration Number JSD9629 Vehicle Category Private car **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Punggol Neighbourhood Police Centre Police Station Phone No (Phone) +65-18006049999 Alt. Police Station Phone No (Fax) +65-64468015 Police Station Address Blk 21A Tebing Lane Singapore 828837 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE ATTACHED STATEMENT ATTACHMENT(S)

Yes

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Vehicle Registration Number	JSD9629
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MR KHOR WEE CHIANG
Passport No/FIN	8XXXXXXXXX5769
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 Gender	TAN CHOON CHYE Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SLC1905A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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- 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

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

DU 11/0/22

ym 17/10/2

EDGEFIELD PLAINS MISCP Sketch Plan HILIAM

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Declaration

I/We declare the foregoing particulars are true in every respect.

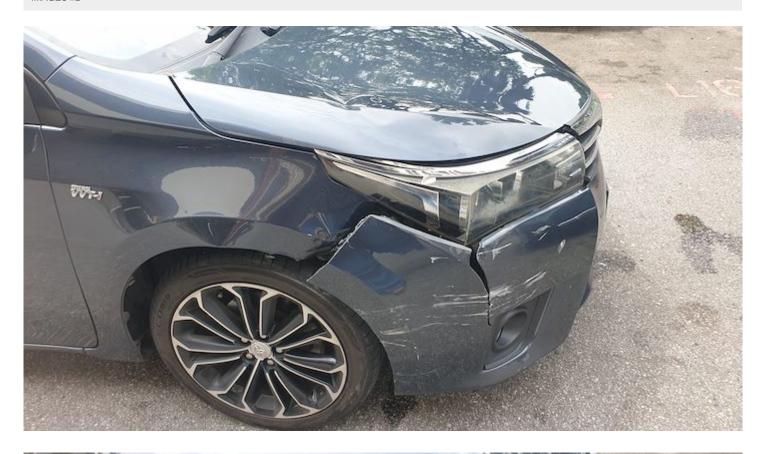
Policyholder's Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) Witness by Reporting Centre Personnel (Name as in NRIC/ID card)

vJun2022

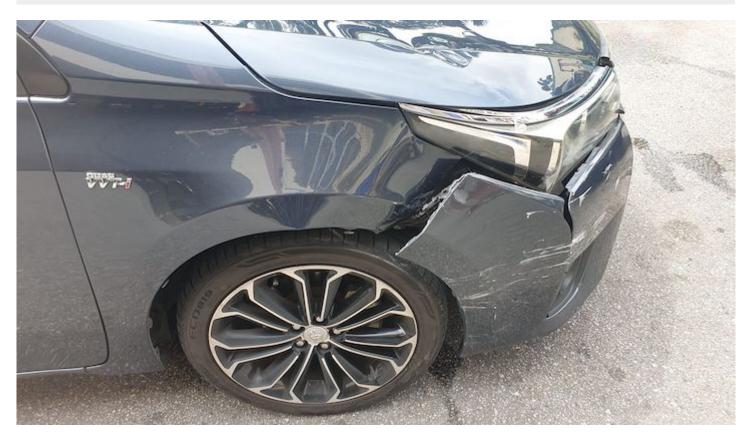
2



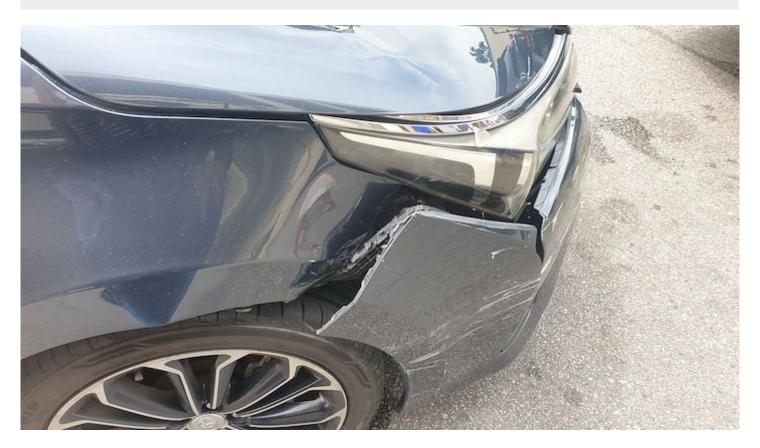




























Police Station Of Origin: Punggol N.P.C 151 Punggol Central SINGAPORE 828727 Tel No: 1800-6049999

1 of 3 Report No. T/20221016/2078

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/10/2022 21:19		Made:	Vide Report No.: F/20221016/0146	Station Diary No.:		
Informa	nt's Partic	ulars		04		
Name o	f Informant: IOON CHY		Address: APT BLK 671A EDGEFIELD 821671	PLAINS #09-505 SINGAPORE		
ID Type NRIC N	/ ID No.: 0 / S17692	18F	Contact No.: Home/Office: Mobile: 90219778			
Nationality: SINGAPORE CITIZEN		EN	Email:			
Sex: Male	Age: 56	Date of Birth: 01/04/1966	Type of Informant: Driver			
Race: Chinese Occupation: CIVIL SERVANT			Language: Institution / School Na English			
			Driving Licence Information: Class: 3,4	Date of Expiry:		

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/10/2022 17:40	Type of Location Car Park
EDGEFIELD	PLAINS			
Close		Road Surface: Dry		oad Speed Limit:
		DIV		odd Opeed Limit.
Traffic Flow: One Way Type of Collisi		Traffic Control: Not Controlled		affic Volume:

Vehicle No.	Type	Make	Model	Color	0	
JSD9629	Car		Model	COIOI	Condition	No of Passenger
0000025	Gai				Slightly	0.
SLC1905A Car	Car	TOWNER			Damaged	
3EC 1903A	Car	TOYOTA	COROLLA ALTIS CLASSIC 1.6 CVT	Grey	Slightly Damaged	0



T/20221016/2078

Police Station Of Origin: Punggol N.P.C 151 Punggol Central SINGAPORE 828727 Tel No: 1800-6049999

2 of 3 Report No. T/20221016/2078

CONTINUATION OF REPORT

Brief Details.

On 16/10/2022 at around 5.40pm, I was travelling along deck 2B of the multi storey car park located at Blk 672 Edgedale Plains. I was looking for a parking spot to park my vehicle bearing plate no. SLC1905A and I felt an impact on the right side of my car. I exited and talked to the other party and informed him to park both our cars to one side so as to not block oncoming traffic.

The other party asked for the assistance of his relative who came and checked on the damages sustained on both vehicles. My vehicle had dents and scratches on the front bumper on the driver side. Mr Khor's vehicle had dents and scratches on the front bumper on the passenger side.

The other party is one Mr Khor Wee Chiang, Malaysian IC 880707-23-5769. Mr Khor was driving his vehicle bearing plate no. JSD9629. Mr Khor informed me that he did not suffer any injuries.

The relative of Mr Khor assisted to contact the police. Afterwhich, traffic police resource attended to my scene. The police officers interviewed both me and Mr Khor regarding the accident. Afterwhich, they advised me to lodge a police report.





Police Station Of Origin: Punggol N.P.C 151 Punggol Central SINGAPORE 828727 Tel No: 1800-6049999

3 of 3 Report No. T/20221016/2078

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: F / SGT 2 MUHAMMAD YUSRI BIN JOHARI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 16/10/2022 21:19
Officer In Charge Of Case: TP / GIT / SI MOHAMMAD ABDILLAH BIN PALIL Contact No.: 65476246	Classification Of Case:
NP168	

