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 26/10/2022 16:47 (SGT) Reported by Date of Accident 25/10/2022 19:50 (SGT) Exact Location of Accident Beach Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

1490

Vehicle Registration Number SNC958E

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner NAW HLA HLA CHIT NRIC No SXXXX497G Email Address gaygayeh@gmail.com Mobile Phone No (Phone) +65-90309555 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Yaris 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 hire Transmission Auto

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMHCSNW00015612201

DRIVER

CC

Name of Driver WIN ZAW NRIC No SXXXX756C Date Of Birth 06/12/1972 Occupation Outdoor

Date Of Driving Pass 05/01/2006 Driving experience 16 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-94512930 Alt. Phone Number Email Address gaygayeh@gmail.com Address BLK 649A JURONG WEST ST 61 Address complement #12-284 Postcode 641649 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse 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 Collision - Head to Rear Weather Conditions **DRIZZLING** 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? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name NAW HLA HLA CHIT Gender **Female**

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 Phone No

(Fax) +65-62672438

Police Station Address

700 Corporation Road Singapore 649818

Was notice of intended Prosecution given?

If yes, against whom?

Yes

Jurong West Neighbourhood Police Centre

(Phone) +65-18002689999

(Fax) +65-62672438

700 Corporation Road Singapore 649818

No

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20221025/2004

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

WITH WORKSHOP

DETAILS OF OTHER VEHICLE PROPERTY 1



Vehicle Registration Number	SLK2998H
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	WIN ZAW
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK
Injured person in which vehicle?	SNC958E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2	
Name of injured person Gender	NAW HLA HLA CHIT
Phone No	Female
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK
Injured person in which vehicle? Were seat belts worn?	SNC958E
Was this injured conveyed to hospital by ambulance?	Yes No

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 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.
- 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
- (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.

M 26/10/22 Policyholder's Signature / Date & Time

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

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

26/0/n

Sketch Plan

ALONG BEACH ROAD A- SNC9566 A Δ A

26.10.22

Accident report SN0922AQ000M

v.lun2022

S	refer	60	He	poli	ice 1	eport	.7/	2022/0	036/20	204	

Boris 26.10-22

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

CACcident report SN0922AQ000M

vJun2022

M 26/10/22

2



Police Station Of Origin: Jurong West N.P.C

700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

2 of 3 Report No. T/20221026/2004

CONTINUATION OF REPORT

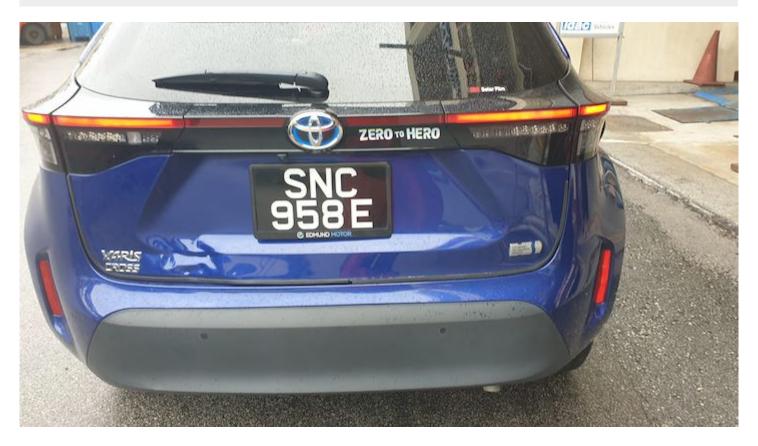
Passenger	THE RESERVE THE PARTY OF THE PA					
Name	NAW HLA HLA CH	NAW HLA HLA CHIT				S8473497G
Related Vehicle	SNC958E (Car)	Contact No.		90309555		
Hospital/Clinic	JURONG WEST CENTRAL CLINIC					Class: NIL Date of Expiry: NIL
Date Treatment	25/10/2022 Date Di			scharge	NIL	
No. of Days granted Medical Leave 03			Degree	of Injury		
Driver	Mark Control			o. injury	Silgiti	
Name	WIN ZAW			ID No		S7262756C
Related Vehicle	SNC958E (Car)			Contact No.		
	orrobboz (car)					94512930
Hospital/Clinic	NIL			Class Driving Licence Expiry	g e &	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	charge	NIL	
vo. or Days grant	ed Medical Leave	NIL	Degree o	f Injury	NIL	

Brief Details.

On the above mentioned date and time, my husband, namely, Win Zaw was driving our car (VRN: SNC958E) along beach road on the right most lane as we were about to make a right turn when we stopped at the traffic light as it was red. I suddenly felt an impact from the rear of my vehicle and my husband alighted the vehicle to check on the damage. However, as he alighted, the other vehicle (VRN: SLK2998H) reversed and drove off.

I have dash cam footage of the incident. I would like to state that I saw the other vehicle had GetGo

I also suffered back pain as a result of the accident and have seen a doctor and was issued a 3-day MC. No traffic police and no ambulance was at scene.





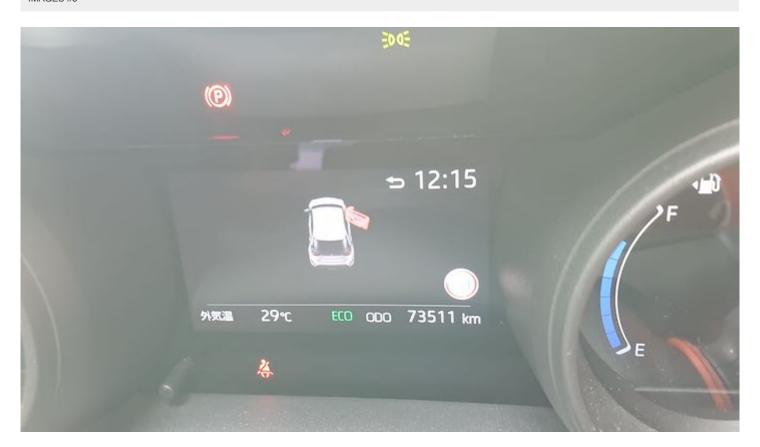


















T/20221026/2004

Lof3

Report No. T/20221026/2004

Police Station Of Origin: Jurong West N.P.C

700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

REPORT OF	A TRAFFIC ACCIDENT
Date/Time	Penart Made:

Date/Time Report Made: 26/10/2022 00:47			Vide Report No.:	Station Diary No.: 12		
Informan	t's Partic	ulars				
Name of Informant: NAW HLA HLA CHIT			Address: APT BLK 649A JURONG WEST STREET 61 #12-284 SINGAPORE 641649			
ID Type / ID No.: NRIC NO / S8473497G			Contact No.: Home/Office: Mobile: 90309555			
Nationality: SINGAPORE CITIZEN			Email:			
Sex: Age: Date of Birth: Female 38 21/03/1984			Type of Informant: Passenger			
Race: Karen			Language: Institution / School Nan			
Occupation: NURSE			Driving Licence Information: Class: Date of Expiry:			

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 25/10/2022 19:50		ype of Location: Straight Road
Location: BEACH ROA Weather:	D	Road Surface:		Road S	Speed Limit:
Drizzling		Wet			17
the state of the s		Traffic Control:		Traffic Volume: Heavy	
Traffic Flow: One Way		Traffic Light - Wor	king	Heavy	

Details of V	ehicle Invo	lved	Control of the Control			
Vehide No.	Туре	Make	Model	Color	Condition	No of Passenger
SLK2998H	Car					0
SNC958E	Car				Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin: Jurong West N.P.C

700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

2 of 3 Report No. T/20221026/2004

CONTINUATION OF REPORT

Passenger	THE RESERVE THE PARTY OF THE PA					
Name	NAW HLA HLA CH	NAW HLA HLA CHIT				S8473497G
Related Vehicle	SNC958E (Car)	Contact No.		90309555		
Hospital/Clinic	JURONG WEST CENTRAL CLINIC					Class: NIL Date of Expiry: NIL
Date Treatment	25/10/2022 Date Di			scharge	NIL	
No. of Days granted Medical Leave 03			Degree	of Injury		
Driver	Mark Control			o. injury	Silgiti	
Name	WIN ZAW			ID No		S7262756C
Related Vehicle	SNC958E (Car)			Contact No.		
	orrobboz (car)					94512930
Hospital/Clinic	NIL			Class Driving Licence Expiry	g e &	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	charge	NIL	
vo. or Days grant	ed Medical Leave	NIL	Degree o	f Injury	NIL	

Brief Details.

On the above mentioned date and time, my husband, namely, Win Zaw was driving our car (VRN: SNC958E) along beach road on the right most lane as we were about to make a right turn when we stopped at the traffic light as it was red. I suddenly felt an impact from the rear of my vehicle and my husband alighted the vehicle to check on the damage. However, as he alighted, the other vehicle (VRN: SLK2998H) reversed and drove off.

I have dash cam footage of the incident. I would like to state that I saw the other vehicle had GetGo

I also suffered back pain as a result of the accident and have seen a doctor and was issued a 3-day MC. No traffic police and no ambulance was at scene.





Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

3 of 3 Report No. T/20221026/2004

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:	Signature Of Informant:
SGT 2 TEONG KE YING	v.
Signature Of Interpreter: Not applicable	Date/Time: 26/10/2022 00:47
Officer In Charge Of Case: TP / HRT / STAFF SGT SUFIYAN BIN KHAIRI Contact No.: 65476148	Classification Of Case:
NP168	

