SS2E22AV000F / S & H Motor Pte Ltd ENTRY DATE & TIME: 31/10/2022 18:33 (SGT) SUBMITTED BY: Wong Kee Nyuk VERSION: 1 (31/10/2022 18:33 (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 31/10/2022 18:33 (SGT) Reported by Both Date of Accident 27/10/2022 01:15 (SGT) Exact Location of Accident Upper Serangoon Rd, Singapore Additional Location Information Upper Serangoon Road towards Hougang Ave 8 at Upper Serangoon View junction Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMU7989L

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Subhadra Tan Qing Huang NRIC No S9141930J Email Address keltgh.39@gmail.com Mobile Phone No (Phone) +65-81513354 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Volkswagen Model Golf Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to your vehicle? Yes Vehicle Category Private car Transmission Auto CC 2000

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMPCSNW00219322200

DRIVER

Name of Driver Subhadra Tan Qing Huang NRIC No S9141930J Date Of Birth 21/11/1991

Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address 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	Outdoor 04/11/2010 11 YEARS AND 11 MONTHS Male (Phone) +65-81513354 keltqh.39@gmail.com Blk 11 Mount Sophia #02-34 228461 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 phone number Translator's email Original language used in the statement	- -
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	
refer attached police report.	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer	

Vehicle Model

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

INJURED 1

Name of injured person Gender Phone No	Subhadra Tan Qing Huang Male (Phone) +65-81513354
Address	-
Address Complement	-
Post Code	_
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMU7989L
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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
- (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")

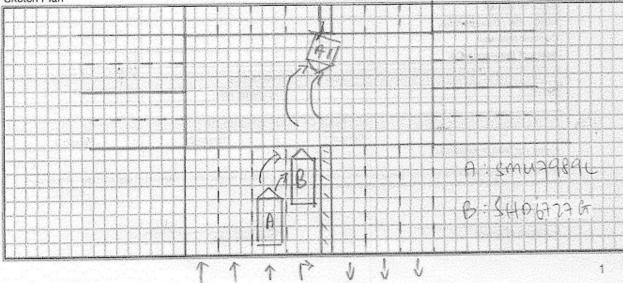
- t of the (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by 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

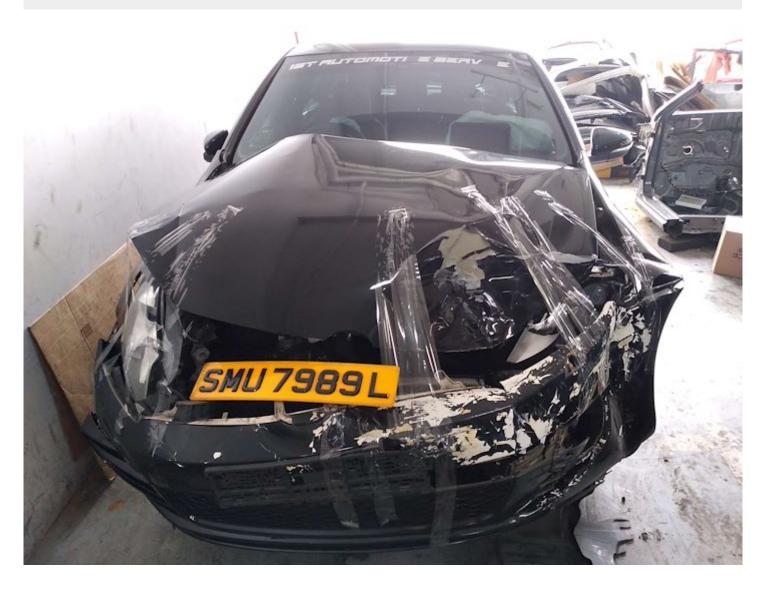
ver is not the policyholder) / Date 31/10/22

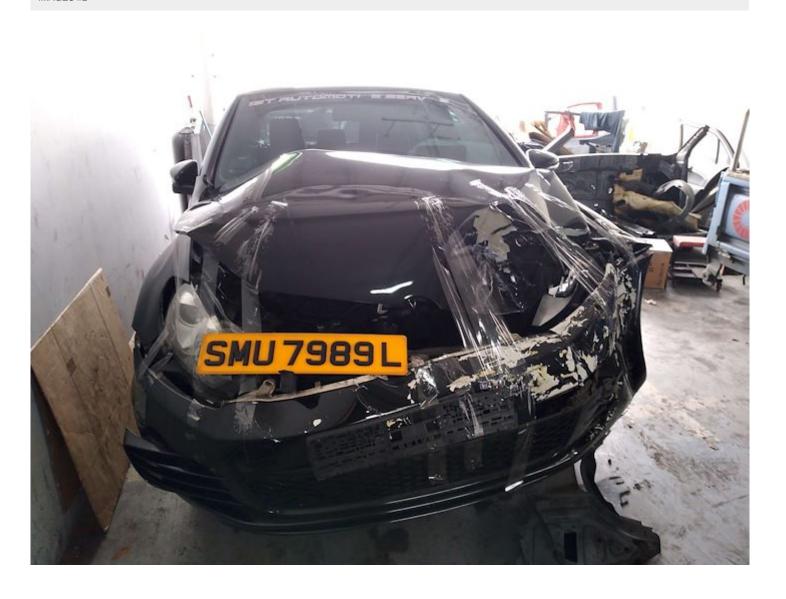
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



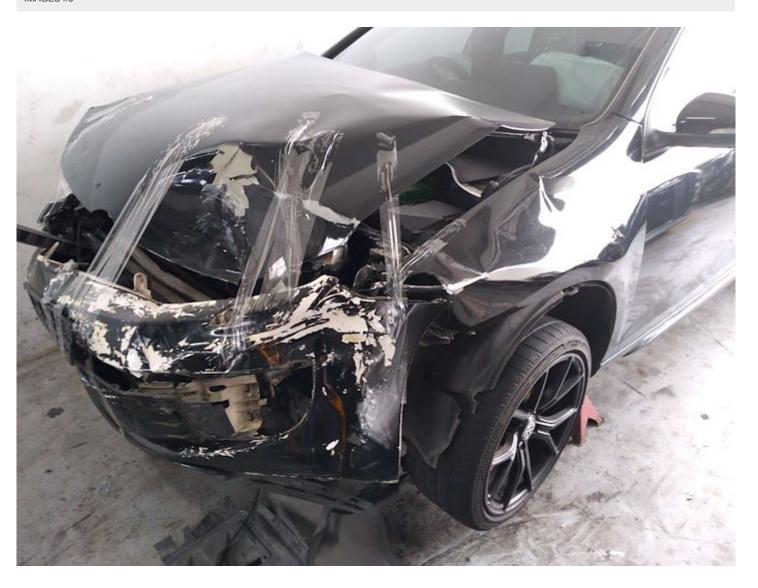
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aration	w	
declare the foregoing partic	ulars are true in every respect.	1
Louis	Jan W	
holders Signature / Date & Tin	Driver's Signature Jif driver is not the policyholder) / D	ate Witnessed by Reporting Centre Personnel
7	& Time 3 1 10 22	(Name as in NRIGAD card)

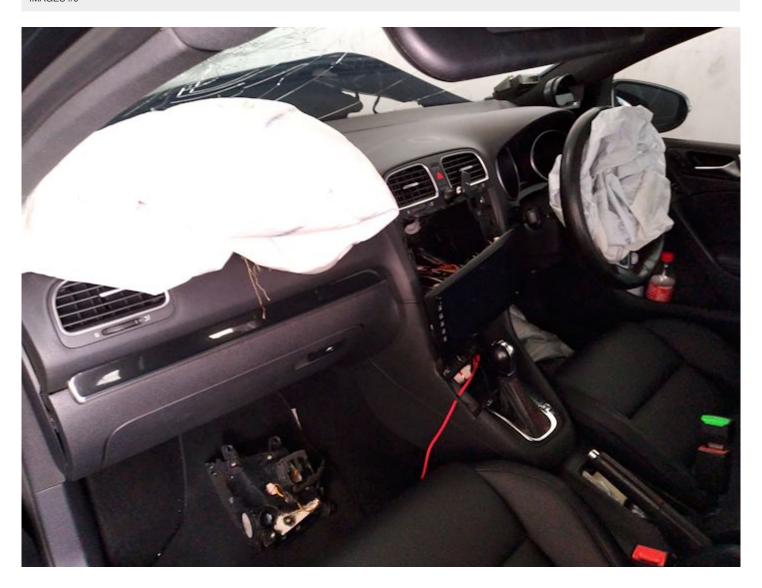


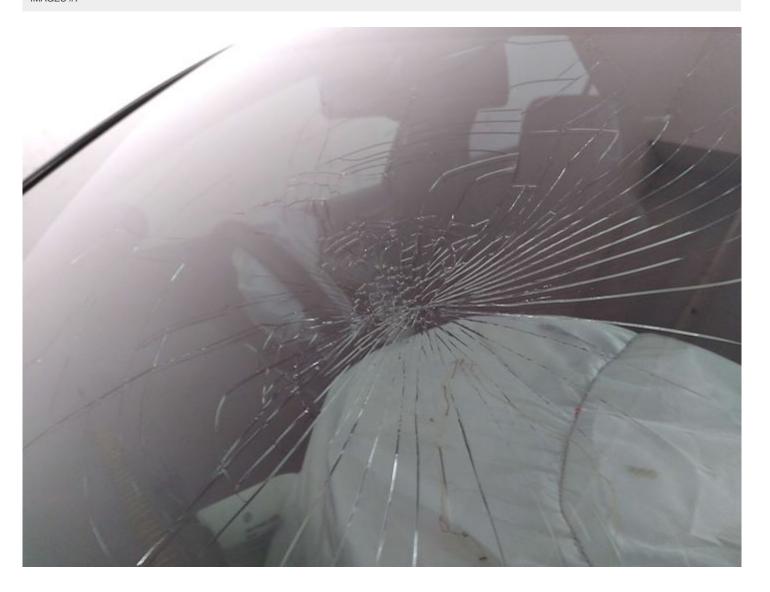


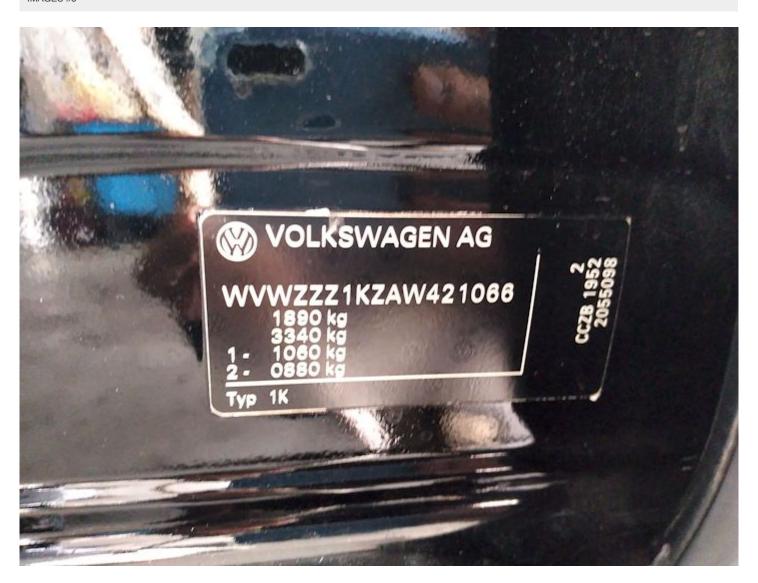




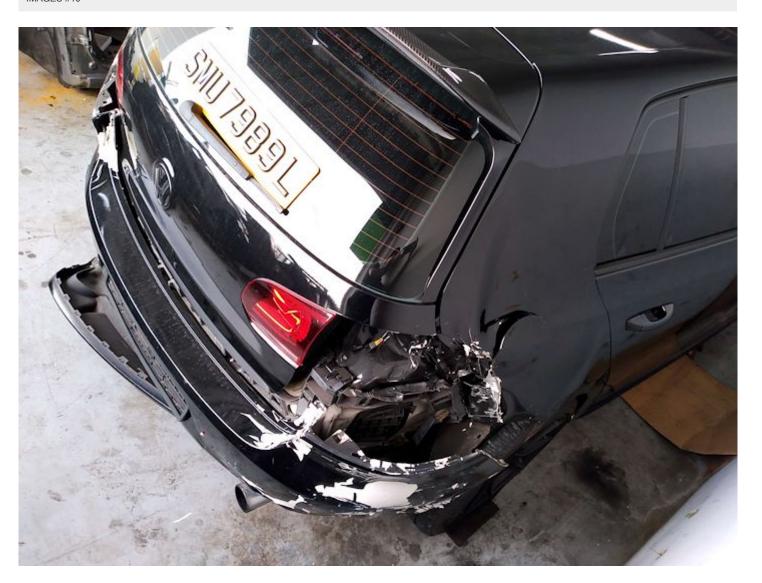


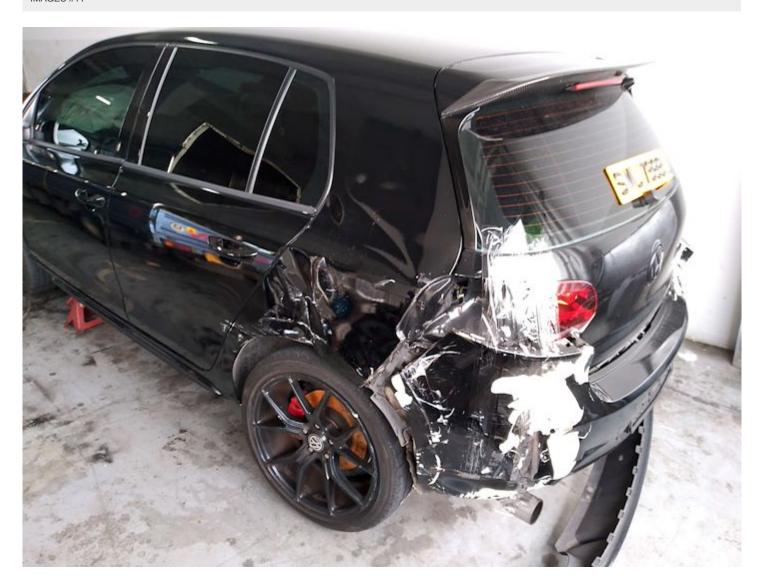
















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20221027/7066

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 27/10/2022 19:59		Vide Report No.:	Station Diary No.:
Informa	nt's Partic	ulars		
	Informant: ORA TAN C	QING HUANG	Address: 11 MOUNT SOPHIA #02-34	SINGAPORE 228461
ID Type NRIC NO	/ ID No.: D / S91419	30J	Contact No.: Home/Office:	Mobile: 81513354
Nationali SINGAP	ty: ORE CITIZ	'EN	Email: KELTQH.39@GMAIL.COM	
Sex: Male	Age: 30	Date of Birth: 21/11/1991	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupati freelance			Driving Licence Information: Class:	Date of Expiry:

			The second secon	
Type of Accident:	Attended by Police	Drink Drive: No	Date/Time of Accident: 27/10/2022 01:	Type of Location X-Junction 20
Location: UPPER SER/	ANGOON VIEW			
Weather: Cloudy		Road Surface: Dry		Road Speed Limit:
	Way		irking	Road Speed Limit: Traffic Volume: Light

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHD6727G	Carlo Carlos and American					0
SMU7989L	Car	VOLKSWAGO	GOLF+GTI+	Black		0

Details of Vehicle Insurance			
Vehicle No. Insurance Company	Insurance No	Effective	Expiry Date



T-20221027/7066

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20221027/7066

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMU7989L	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW002193 22200	17/09/2022	16/09/2023

Details of Perso	n Involved			
Any Pedestrian I	nvolved: No			
No. of Pedestrian	ns Injured: NIL	Use of Ped	destrian Cros	sing: NA
Driver				
Name	SUBHADRA TAN QING HUANG		ID No.	S9141930J
Related Vehicle	SMU7989L (Car)		Contact No	81513354
Hospital/Clinic	24 HOUR WALK-IN CLINIC		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	27/10/2022	Date	27/1	0/2022
No. of Days gran	ted Medical Leave 02	Degree of	Seri	ous

Brief Details.

On the stated date and time, i was travelling along upp serangoon rd towards hougang ave 8. When i was approaching the junction of upp serangoon rd and upp serangoon view, the traffic light was red and my instant reaction was to slow down and stop. However, upon applying the brakes my vehicle suddenly lose control and spun which resulted in a collision onto another vehicle before rolling to hit the traffic light. I got off my vehicle and approached the other party to apologise and also to check if he was alright, he then told me was not feeling well. Then i proceeded to check on myself and i realised my hand was bleeding and i had difficulty breathing. I then called the tow truck and my friend for assistance. My friend arrived shortly and he saw that i was pale so he offered to send me to a 24hrs clinic for a checkup. As i had already arranged for the tow truck to tow away my vehicle, i accepted my friend's offer to get myself check as i suddenly felt tightness around my chest area. As i was leaving the area, i saw that the ambulance had arrived. Later on my tow truck informed me that the traffic police had arrived and he was unable to complete the job. I visited the traffic police hq today 27/10/2022 at around 1430hrs to check on the status of the incident but i was told to file this report before assigning and IO to my case.





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

Report No. T/20221027/7066

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: 27/10/2022 19:59
Officer In Charge Of Case: TP / TPIB / CHONG GUAN FATT Contact No.: 65472077	Classification Of Case: