SS2E227Q0005 / S & H Motor Pte Ltd ENTRY DATE & TIME: 26/07/2022 15:24 (SGT) SUBMITTED BY: Wong Kee Nyuk VERSION: 1 (26/07/2022 15:24 (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 26/07/2022 15:24 (SGT) Reported by Date of Accident 25/07/2022 07:45 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information PIE before Eunos exit towards Changi Country/State of Loss Singapore **DETAILS OF OWN VEHICLE** Vehicle Registration Number SMG9854C INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner Koh Pei Guan Melvin NRIC No S8528024D Email Address just melvin85@hotmail.com Mobile Phone No (Phone) +65-98192957 Alternative Phone No

Manufacturer Kia Model Cerato 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 car Transmission Auto

CC 1600

INSURANCE COMPANY

VEHICLE PARTICULARS

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMPCSNW00010092201

DRIVER

Name of Driver Koh Pei Guan Melvin NRIC No S8528024D Date Of Birth 24/08/1985 Occupation Indoor

Date Of Driving Pass 29/10/2007 Driving experience 14 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-98192957 Alt. Phone Number Email Address just_melvin85@hotmail.com Address Blk 349 Ubi Ave 1 #03-1043 Address complement Postcode 400349 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? 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 DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Kebun Baru Neighbourhood Police Post Police Station Address Blk 111 Ang Mo Kio Avenue 4 Singapore 560111 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT refer attached police report. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SMH9993D Vehicle Manufacturer Mercedes

Private car

Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver	Miao Hui
NRIC No	S9333385C
Contact Number	(Phone) +65-87783455
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 Vehicle Manufacturer	SMP9682B Mini
Vehicle Model	_
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
NRIC No	S8338332A
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	SHB3323T
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SMP5118Z
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 5

SGA1808S
-
-
-
-
Private car
-
-
-
-
-
-
-
-
-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender	Koh Pei Guan Melvin Male
Phone No	(Phone) +65-98192957
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMG9854C
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

Describe Circumstance of the Accide	nt		
Refer to or	Hach Police	Report	No; T/2022 0725
	The second of th		
Declaration			1
I/We declare the foregoing particulars	are true in every respect.		
11	1 1		1
4	Driver's Signature (if driver is not t	ha nalissihakter) / Data	Witnessed by Reporting Centre Personne
Policyholder's Signature / Date & Time	& Time	no ponejnace ji bere	(Name as in NRICAD card)

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.
- 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>.
- 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.

- 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.
- 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:

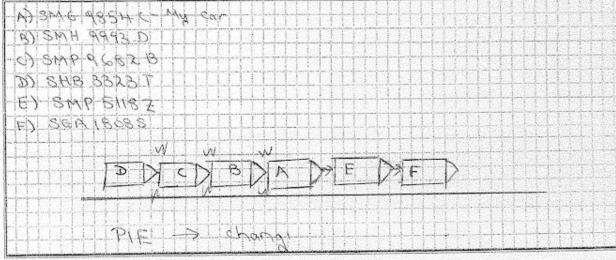
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims:
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, involces, 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/mailipackages); 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

Driver's Signeture (if driver is not the policytolder) / Date

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

Sketch Plan





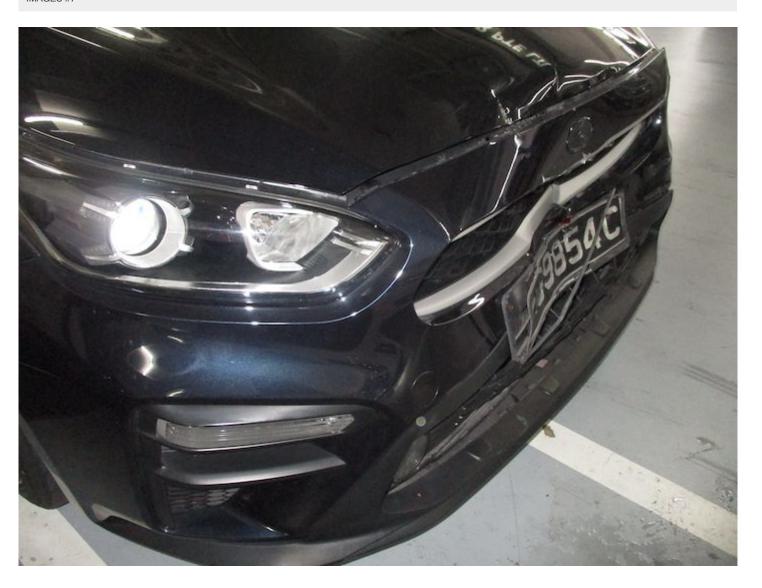


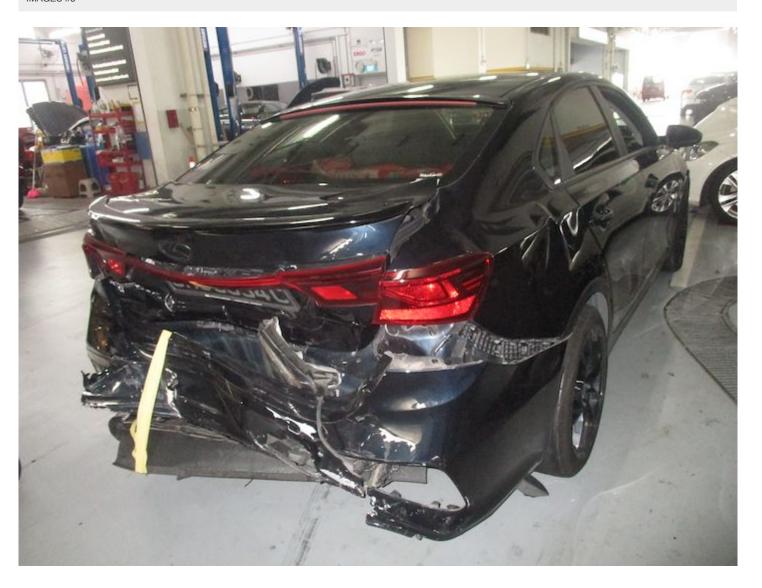


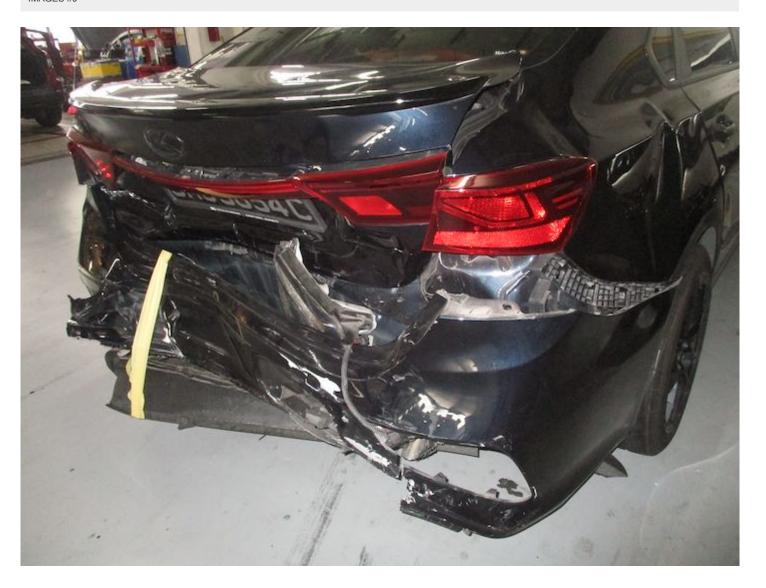


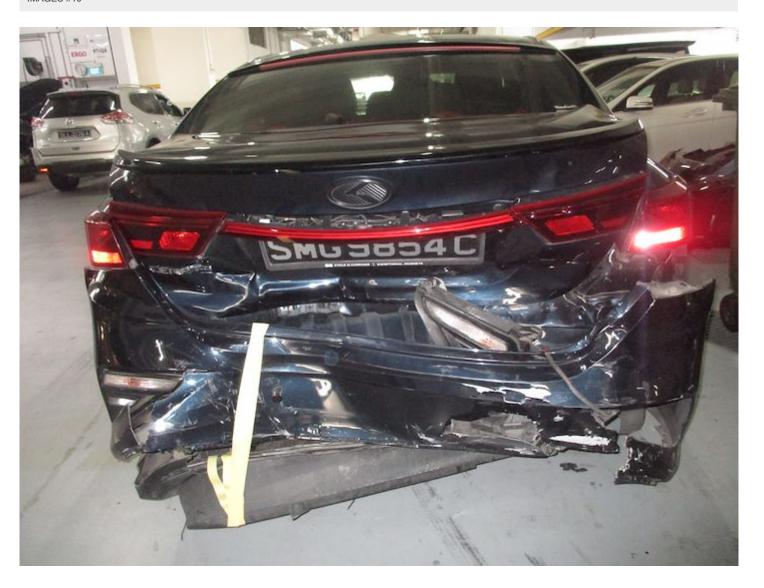


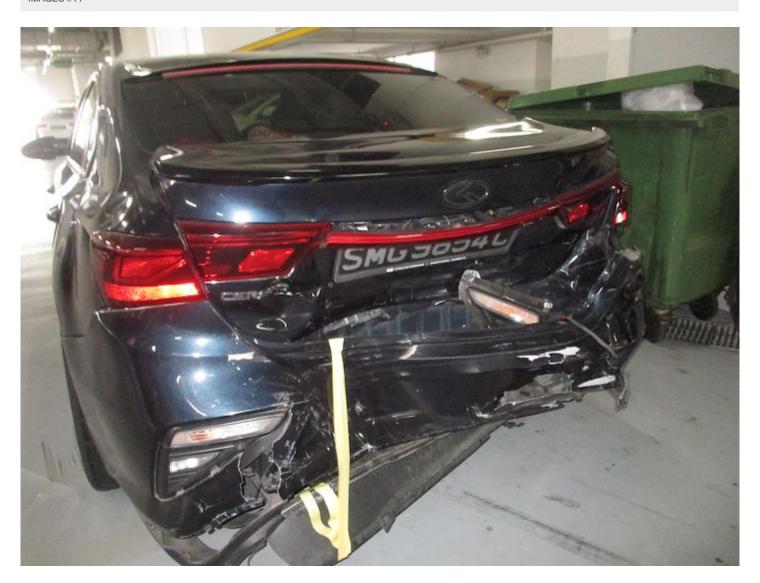


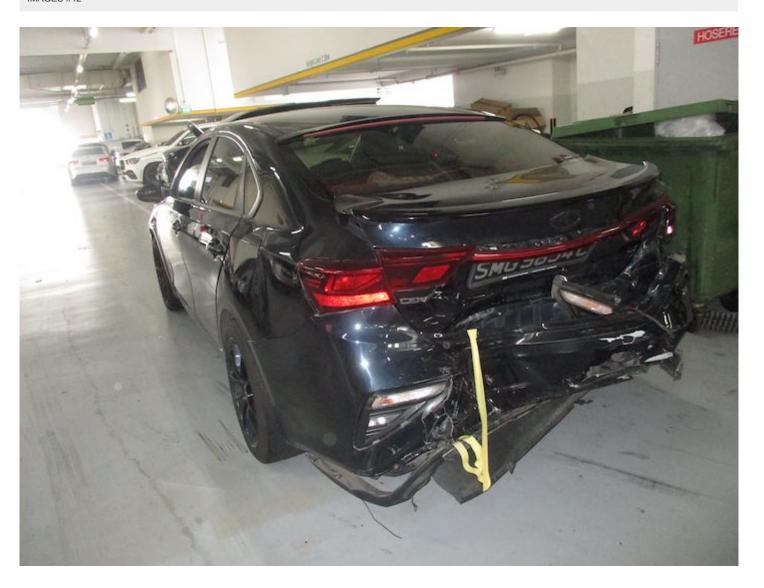


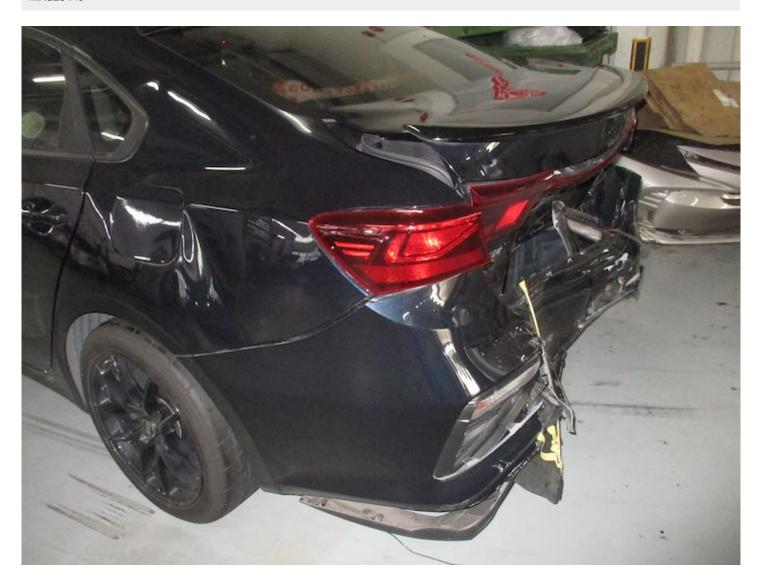
















Police Station Of Origin: Kebun Baru NPP 111 Ang Mo Kio Avenue 4 SINGAPORE 560111 Tel No: 1800-4589999 4 of 4 Report No. T/20220725/2066

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.

The Report:
L

Signature Of Informant:	M
Date/Time: 25/07/2022 15:48	
Classification Of Case:	





Police Station Of Origin: Kebun Baru NPP 111 Ang Mo Kio Avenue 4 SINGAPORE 560111

Tel No: 1800-4589999

l of 4 Report No. T/20220725/2066

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: Vide Report No.: Station Diary No.: 25/07/2022 15:48 24 Informant's Particulars Name of Informant: Address: KOH PEI GUAN, MELVIN APT BLK 349 UBI AVENUE 1 #03-1043 SINGAPORE 400349 Contact No.: ID Type / ID No.: Home/Office: NRIC NO / S8528024D Mobile: 98192957 Nationality: Email: SINGAPORE CITIZEN Sex: Date of Birth: Type of Informant: Age: 24/08/1985 Male 36 Driver Institution / School Name: Race: Language: Chinese Driving Licence Information: Occupation: Class: 3 Date of Expiry: AIRCRAFT ENGINEER

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/07/2022 07:45	Type of Location Straight Road
	EXPRESSWAY	Road Surface:	1	Road Speed Limit:
Monthan				
		Dry		
Weather: Clear Traffic Flow: One Way		는 경기가 있는 기업을 가장하다 살아 있었다면 하는 것이 없다.		Traffic Volume: Heavy Anyone conveyed by

Details of Vo	Type	Make	Model	Color	Condition	No of Passenger
SGA1808S	Car					0
SHB3323T	Car					0
SMG9854C	Car	KIA	CERATO 1.6(A) LX	Blue	Seriously Damaged	0
SMH9682B	Car					0
SMH9993D	Car					0





Police Station Of Origin: Kebun Baru NPP 111 Ang Mo Kio Avenue 4 SINGAPORE 560111 2 of 4 Report No. T/20220725/2066

Tel No: 1800-4589999

CONTINUATION OF REPORT

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMP5118Z	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMG9854C	CHINA TAIPING INSURANCE	DMPCSNW000100	08/01/2022	07/01/2023
	(SINGAPORE) PTE, LTD,	92201		

Brief Details.

On the above mentioned date, time, I was driving on the first lane in my vehicle(SMG9854C) along PIE towards Changi Airport(Before Eunos Exit). Whilst I was driving, A BMW(SMP5118Z) was in front of me. The traffic was heavy.

At a point of time, The BMW infront of me slowed down and came to a stop. When the BMW started moving I was still moving along the first lane and closing the gap between us. However, when I was near the BMW. It suddenly jam braked. Immediately, I jam braked too. However it was too late. I felt a few impact from the rear of my vehicle and I collided with the BMW.

I would like to state that I do not remember who collided with who first as the traffic was very heavy and everyone was driving very closely. Aside from that, I have a dash cam installed and I have informed my workshop to extract out the footage of the accident.

Subsequently, I alighted from my vehicle and found out that I was involved in a chain accident with 6 vehicles.

The vehicle involved in the chain collision as follows:
First Vehicle, SGA1808S Dominic, S8338332A)
Second Vehicle, SMP5118Z, Sho Miao Hui, S9333385C Third Vehicle, SMG9854C, Melvin, S8528024D Fourth Vehicle, SMH9993D, Yang Jin, S7383141E)
Fifth Vehicle, SMH9682B, Bernard, S7826249D)
Sixth Vehicle, SHB3323T, Taxi driver

The scene was handled by someone that resembles a AETOS officer. The officer was wearing a reflective vest. The officer assisted to recover the traffic. All driver involved in accident exchanged particulars. However, I forgot to took down the particular of the taxi driver

No traffic police and ambulance was at scene. I was not issued any police case card

Sebsequently, I drove my damaged vehicle to exit the highway and parked the vehicle at the road shoulder near Euros exit. My vehicle was then towed away by my workshop. I headed to Mount Alvernia Hospital and was issued a 5 days MC from 25/07/2022 to 29/07/2022 by the doctor. I suffered swelling on my right cheek from this accident.

My vehicle suffered heavy dent and crack on the front and rear.

I am lodging this police report as instructed by my workshop.



Police Station Of Origin: Kebun Baru NPP 111 Ang Mo Kio Avenue 4 SINGAPORE 560111 Tel No: 1800-4589999

3 of 4 Report No. T/20220725/2066

CONTINUATION OF REPORT