

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 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 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 01/12/2022 10:20 (SGT)
Reported by Both
Date of Accident 30/11/2022 10:20 (SGT)
Exact Location of Accident Singapore
Additional Location Information 30M BEFORE PIE EXIT 30
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNB9600H

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner KOMOCO CAR RENTALS P/L
Company Reg No 199500095K
Email Address YUNOS@KOMOCO.COM.SG
Mobile Phone No (Phone) +65-98793040
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Hyundai
Model KONA ELECTRIC 5DR S/R
Variant -
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? No - Claiming third party
Vehicle Category Private car
Transmission Manual
CC 0

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Policy Number / Cover Note Number P1305555

DRIVER

Name of Driver CHIANG DONGPHENG
NRIC No S2181922J
Date Of Birth 15/06/1962

Date Of Driving Pass	21/08/1979
Driving experience	43 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96737624
Alt. Phone Number	-
Email Address	YUNOS@KOMOCO.COM.SG
Address	5 JALAN BESUT
Address complement	-
Postcode	619559
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	GOUW HUAT SUAN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong Division Headquarters
Police Station Phone No	(Phone) +65-18007910000
Alt. Police Station Phone No	(Fax) +65-68965647
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT AND STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	MID59101
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
Name of Driver	DANIAL HAQIMI BIN IBRAHIM
NRIC No	T0001725B
Contact Number	(Phone) +65-87925801
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

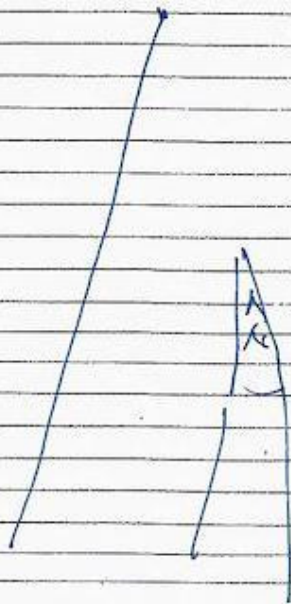
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 7. By the lodgement of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
 8. Consent under the Personal Data Protection Act (PDPA)
- I understand, 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.

<p>Policyholder's Signature / Date & Time</p> <p>Sketch Plan</p>	<p>Driver's Signature (If driver is not the policyholder) / Date & Time</p> <p>↑ TUAS ↑ ON PIE</p> <p>TOM GUAN RD BOUNDARY WAY EXIT 30 TUAS</p> <p>SNB9600H KONACU SPEED 30 km/h S9101 MID</p>	<p>Witnessed by Reporting Centre Personnel</p>
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✓ Describe Circumstances of the Accident

I WAS IN THE KONA EV SNB9600H. @ 1020^{hr} travelling @ 30 km/h after slowing at a slow moving traffic condition 30 m ~~from~~ before Exit 30. 59101 R10 came up from behind and collided, driven by Mr Daniel Hagimi Bin Ibrahim



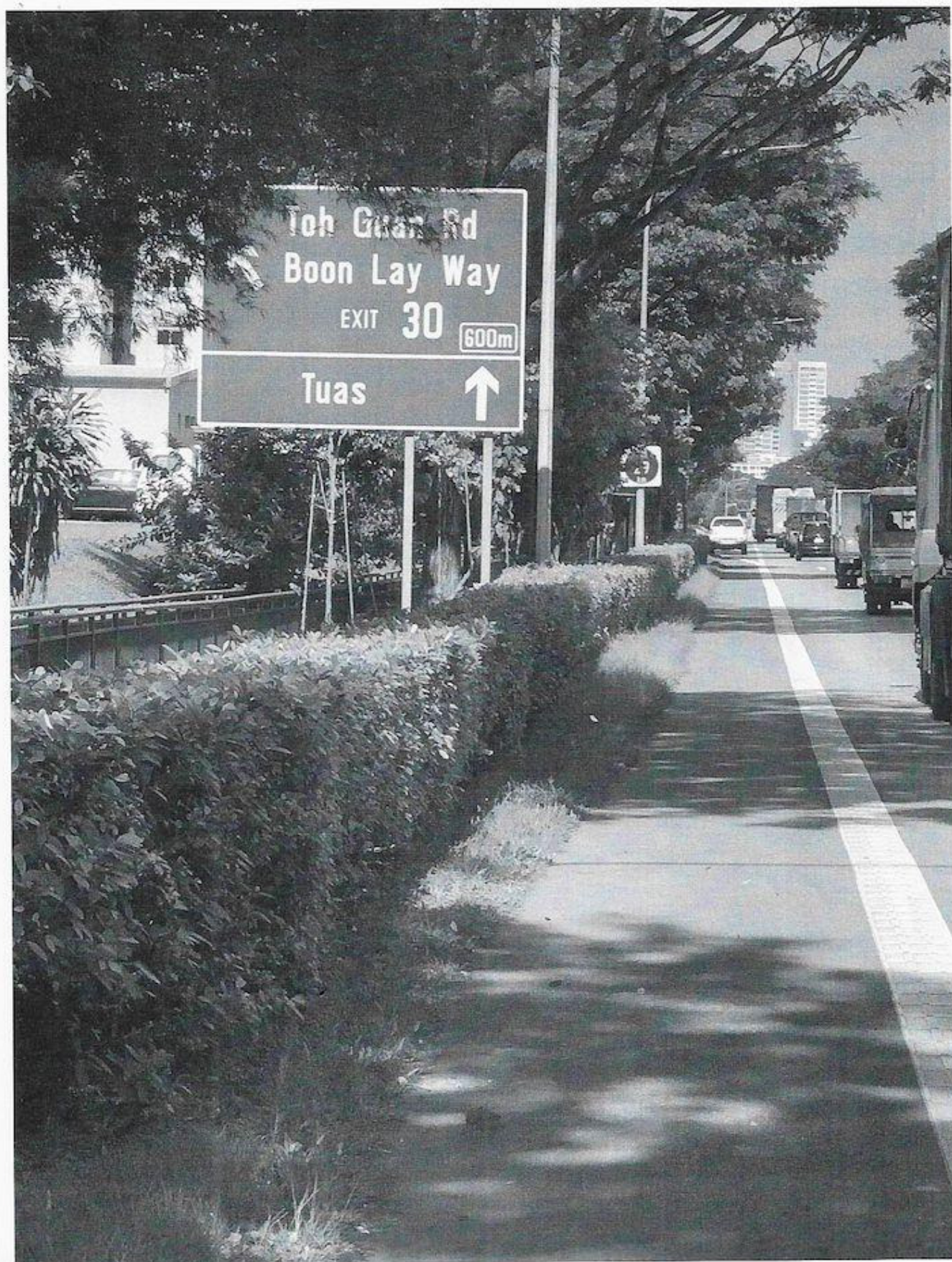
Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

✓ 2022/130 1430
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel



SINGAPORE ARMED FORCES

DRIVING PERMIT

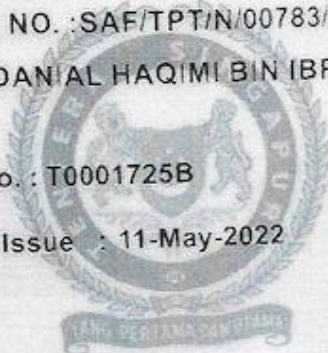


PERMIT NO. : SAF/TPT/N/00783/22

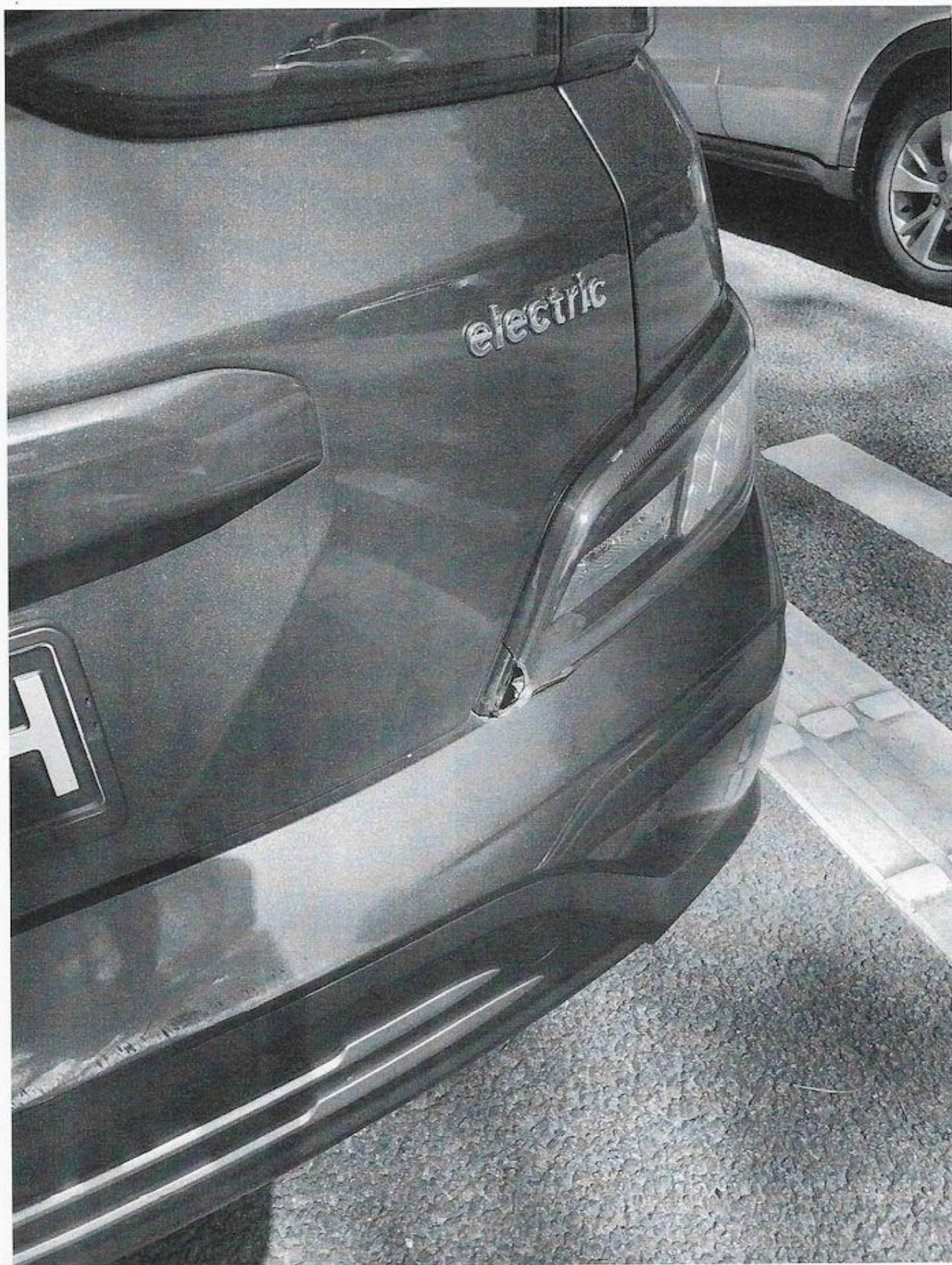
Name : DANIAL HAQIMI BIN IBRAHIM

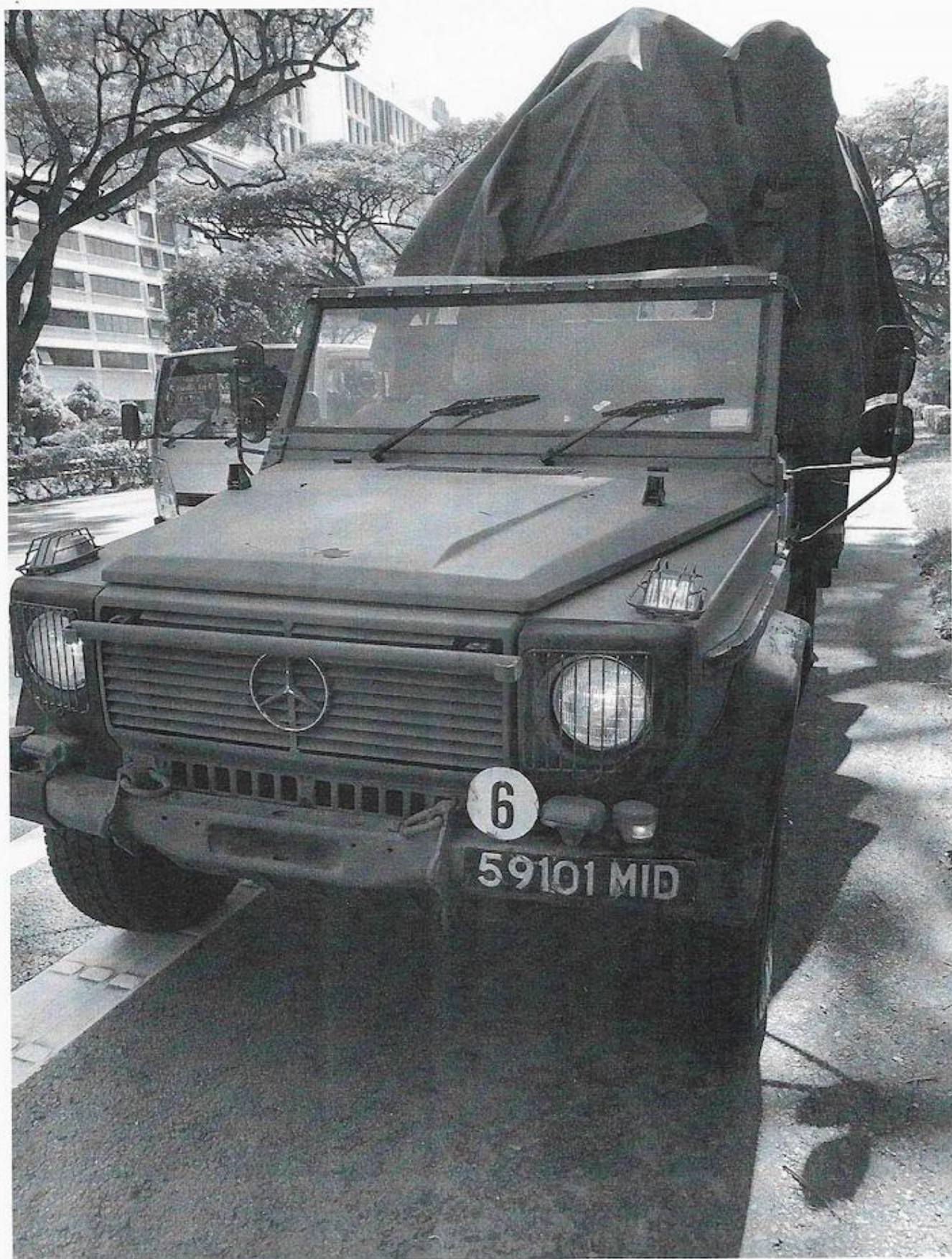
NRIC No. : T0001725B

Date of Issue : 11-May-2022











22/18

SAF DRIVING PERMIT

The bearer of this permit is authorised by the SINGAPORE ARMED FORCES COUNCIL to drive the Class(es) of Military motor vehicle(s) as follows:

TYPE(S) OF VEHICLE(S)

CL 3/4

EFFECTIVE DATE

11-May-2022

MAJ(NS) SELVA KUMAR

for Chief Transport Officer

11-May-2022

Date

The card is the property of the SINGAPORE ARMED FORCES.
If found, please return to HQ TPT (TLS), Kaki Bukit Camp @ 17, Kaki Bukit Ave 4, Singapore 415927



**SINGAPORE
POLICE FORCE**



J/20221130/7057

1 of 1

POLICE REPORT (NP299)

Report No. J/20221130/7057

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No:1800-7910000

Date/Time Report Made 30/11/2022 19:05	Vide Report No.	Station Diary No.
Name Of Informant CHIANG DONGPHENG	Address 5 HARLYN ROAD SINGAPORE 299443	
ID Type / ID No. NRIC NO / S2181922J	Contact No. Home/Office:	Mobile: 96737624
Nationality SINGAPORE CITIZEN	Email Address MD@STANDARDCHEMICAL.COM	
Occupation Administration manager	Sex Male	Age 60
Institution/School Name	Date of Birth 15/06/1962	Race Thai
Date/Time Of Incident 30/11/2022 10:20 - 30/11/2022 10:45	Location Of Incident PIE EXIT 30	

Brief details.

Car accident involving Mindef vehicle

1. I was travelling on PIE towards Tuas on lane 3 approaching exit 30 when I was hit from the rear by a Mindef vehicle 59101 MID driven by Corporal Danial Haqimi Bin Ibrahim HP# 8792 5801 , IC T0001725B at 1020 hour of 2022 Nov 30. The road condition was clear, dry and heavy traffic.
2. I was driving a KONA EV license plate SNB9600H .
3. My name : Mr. DongPheng Chiang , IC S2181922J , HP 96737624

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: 30/11/2022 19:05
Officer In-Charge Of Case:	Classification Of Case:



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SKOR22C10001 Vehicle Registration No: SNB9600H

Name (as shown in NRIC): CHANG DONGPHENG NRIC/FIN/Passport No: SXXXX922J

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: _____

Email Address: _____

Date of Accident: 30/11/21 Time of Accident: 10.20 AM

Place of Accident: _____

Insurance Company: _____

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Amend the date of accident to 30/11/2022

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: