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.

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 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 04/11/2022 17:52 (SGT) Reported by Date of Accident 03/11/2022 20:25 (SGT) Exact Location of Accident Singapore Additional Location Information SLE TOWARDS BKE Country/State of Loss Singapore **DETAILS OF OWN VEHICLE** Vehicle Registration Number SFP1972H

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN JIAN WEN NRIC No S9127183D Email Address jianwen 91@hotmail.com Mobile Phone No (Phone) +65-93207248 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Hyundai Model Elantra 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

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMHCSNW00004852200

DRIVER

Name of Driver TAN JIAN WEN NRIC No S9127183D Date Of Birth 10/08/1991 Occupation Outdoor

Date Of Driving Pass 26/09/2013 Driving experience 9 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-93207248 Alt. Phone Number Email Address jianwen_91@hotmail.com Address BLK 663 JURONG WEST ST 65 Address complement #08-229 Postcode 644663 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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 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) 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 **UNKNOWN** Gender **Female DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Nanyang Neighbourhood Police Centre Police Station Phone No (Phone) +65-18007929999 Alt. Police Station Phone No (Fax) +65-67912972 Police Station Address No. 2 Jurong West Avenue 5 Singapore 649482 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT Refer to attached ATTACHMENT(S) Are accident photos available for attachment? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Nο

Was there any video captured by Car Camera?

Vehicle Registration Number	FBG5612R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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 2

Vehicle Registration Number	SLM1479K
Vehicle Manufacturer	Toyota
Vehicle Model	Voxy
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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 3

Vehicle Registration Number	SLU9192S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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)	-

SKETCH PLAN

IMPORTANT NOTICE

- Rease report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
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- 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 Police for investigation.
- 6. The 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.
- 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.
- Consent under the Personal Data Protection Act (PDPA)

l 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 haurers' law yers/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 haurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

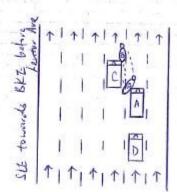
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholde a gnature / Date &

Driver's Signature of driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel

Sketch Plan



Voh B - SH 1772H Voh C - SLU91928 Voh D - SLM1479K

Perity to Perity	Papert: 7/2022 1104/2002	
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tion re the foregoing particulars are t	rue in every respect.	motor de

Driver's Signature of driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre





T/20221104/2002

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Report No. T/20221104/2002

Tel No: 1800-7929999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/11/2022 00:16		Made:	Vide Report No.: F/20221103/0144	Station Diary No.:		
Informa	nt's Partic	ulars				
Name of Informant: TAN JIAN WEN			Address: APT BLK 663D JURONG WEST STREET 65 #08-229 SINGAPORE 644663			
ID Type / ID No.: NRIC NO / S9127183D			Contact No.: Home/Office:	Mobile: 93207248		
National SINGAP	ity: ORE CITIZ	ΈΝ	Email: jianwen_91@hotmail.com			
Sex: Age: Date of Birth: Male 31 10/08/1991			Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name:		
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 3	Date of Expiry		

Type of . Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/11/2022 20:25	Type of Location Straight Road	
Location: SELETAR EXI Weather: Clear	PRESSWAY	Road Surface;		Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Heavy	
One way			T-5/5-50700 (1)		

Details of V	ehicle Involve	d			DAY SHOWING	DESCRIPTION OF STREET
Vehide No.	Туре	Make	Model	Color	Condition	No of Passenger
FBG5612R	Motorcycle	YAMAHA	JUPITER 135 MANUAL		Seriously Damaged	0
SFP1972H	Car	HYUNDAI	ELANTRA 1.6 AT ABS D/AB 2WD 4DR	White	Slightly Damaged	1
SLM1479K	Car	TOYOTA	VOXY HYBRID 1,8V CVT	Purple	Slightly Damaged	2



T/20221104/2002

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Report No. T/20221104/2002

Tel No: 1800-7929999

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLU9192S	Car	TOYOTA	C-HR HYBRID 1.8S CVT	Silver	Seriously Damaged	5,6

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SFP1972H	CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.	DMHCSNW000048 52200	21/03/2022	15/04/2023

Details of Perso	in Involved		70.00	100		
Any Pedestrian I	nvolved: No		71			
No. of Pedestrian	No. of Pedestrians Injured: NIL			destriar	n Cross	sing: NA
Driver				The state of		
Name	TAN JIAN WEN			ID No		S9127183D
Related Vehicle	SFP1972H (Car)			Conta	act No.	93207248
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date Di			scharge NIL		
No. of Days gran	o. of Days granted Medical Leave NIL			Degree of Injury NIL		
Passenger	ALL PROPERTY OF THE PARTY OF TH		SERVICE NAME OF	30 (200-1)		
Name	FEMALE PASSENGER			ID No	-	NIL
Related Vehicle	SFP1972H (Car)			Contact No.		98591275
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	211069-	Date Disci	narge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

On 03/11/2022 at about 2025hrs, I was driving my car bearing plate number: SFP1972H along SLE towards BKE on the second lane of the road when I saw a spark in front of me and saw a motorcycle bearing plate number: FBG5612R flipping after colliding into the car in front of it bearing plate number: SLU9192S. I immediately performed an emergency brake and swerved my vehicle slightly towards my right to avoid hitting the rider that had fallen off from the motorcycle. As I was unable to stop in time, I believe that I may ran over something on the left side my vehicle, but I am unsure if it was the rider that I had ran over. The car behind me bearing plate number: SLM1479K was also unable to stop in time and had hit onto the fallen rider as well. After my vehicle managed to come to a stop, I alighted from my car to





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 3 of 4 Report No. T/20221104/2002

Tel No: 1800-7929999

CONTINUATION OF REPORT

direct the traffic on the first two lanes after checking on my passenger and ensuring that she was fine. I saw that the rider was conscious and complaining of pain while being taken care of by the other driver while I was directing the traffic. Shortly after, ambulance and traffic police arrived. The ambulance conveyed the rider to the hospital. Traffic police took down my particulars while I took some photos of the accident scene and damages to the vehicles involved. I have an in car camera that had captured the incident so the traffic police took my SD card from the camera for investigations purposes. I did not suffer any injuries but my passenger mentioned to me that she was feeling a bit of discomfort on her knees but does not require medical assistance at that point of time but I did not see any visible injuries on her.

I am not sure if the other drivers were injured as well. I am not injured nor feeling discomfort. I did not take down the particulars of the other drivers nor exchange contacts with them as traffic police had already recorded the details.

The damage to my vehicle is a dent on the left side of my car and some minor scratches on the left side. I am not sure of the damage to the other vehicles as I did not manage to make a check.

Traffic police gave me a white case card and instructed me to lodge a police report regarding the accident.

I am lodging this report for record and insurance reporting purposes.





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999 4 of 4 Report No. T/20221104/2002

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: J / SGT 2 CHUA JING HAO VICTOR	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 04/11/2022 00:16
Officer In Charge Of Case: TP / GIT / SI CHONG GUAN FATT Contact No.: 65472077	Classification Of Case:
NP168	



