SC1G22BT0004 / Cheng Hoe Motor Pte Ltd[568047] ENTRY DATE & TIME: 29/11/2022 22:43 (SGT) SUBMITTED BY: LI YAZHU DORLYN VERSION: 1 (29/11/2022 22:43 (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.

 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 29/11/2022 22:43 (SGT) Reported by Date of Accident 27/11/2022 23:00 (SGT) Exact Location of Accident Singapore Additional Location Information T/JUNCTION OF WOODLANDS AVE 9 & WOODLANDS AVE 4 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **SLF4684B**

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LOW CHIT SHIN NRIC No. S2550496H Email Address chitshinlow@gmail.com Mobile Phone No (Phone) +65-97108361 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Wish 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 your vehicle? No - Reporting only Vehicle Category Private hire Transmission Auto 1798

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMHCSNW00015702201

DRIVER

Name of Driver LOW CHIT SHIN NRIC No S2550496H Date Of Birth 17/04/1961 Occupation Outdoor



Date Of Driving Pass 14/06/2012 Driving experience 10 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-97108361 Alt. Phone Number Email Address chitshinlow@gmail.com Address BLK 749 WOODLANDS CIRCLE #08-600 Address complement Postcode 730749 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 - Cross Junction Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? Yes 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 FOREIGN VEHICLE 1 Vehicle Registration Number JUJ2517 Vehicle Category Motorcycle DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Teck Ghee Neighbourhood Police Post Police Station Address Blk 321 Ang Mo Kio Street 31 Singapore 560321 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO STATEMENT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident SD CARD WITH TRAFFIC POLICE **DETAILS OF OTHER VEHICLE PROPERTY 1**

JUJ2517

Vehicle Registration Number

| 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) | 1 |

INJURED PERSONS DETAILS

INJURED 1

| Name of injured person Gender Phone No Address | LIM WENG KEONG Male (Phone) +65-87628522 |
|--|--|
| Address Complement Post Code | - |
| Approximate Age Years Old Injuries Sustained | - |
| Injured person in which vehicle? Were seat belts worn? | JUJ2517 |
| Was this injured conveyed to hospital by ambulance? | - Yes |

SKETCH PLAN

VEHNO: SLF 4684B INSURER: CHINA DATE OF ACC 27 11

IMPORTANT NOTICE

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- 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 witful 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 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 ladgement 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' lewyers/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

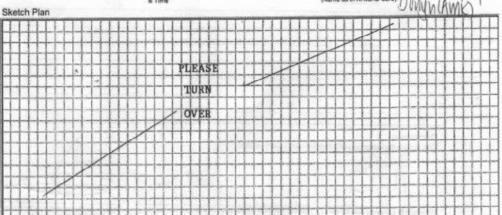
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes

Policyholder's Signature / Date & Time

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

24/11/22

ed by R (Name as in NRIC/ID card)



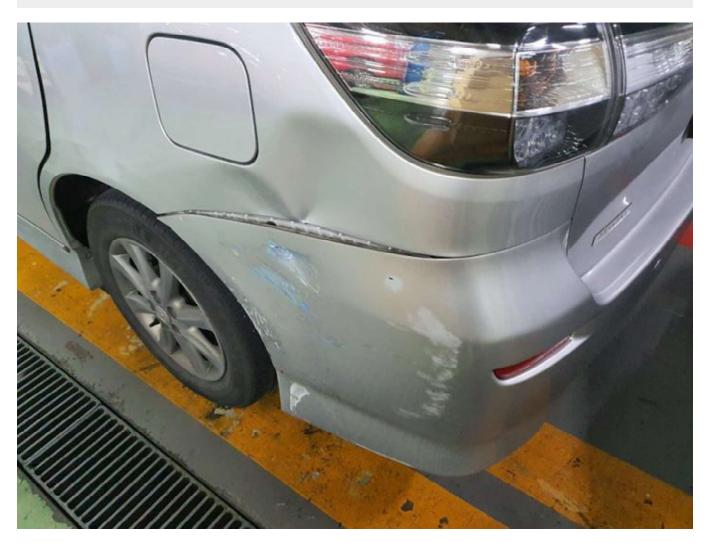
| Claim under your Own Comprehensive policy. Pls check your policy for | nore information. |
|---|--|
|) Claim Own Policy () Claim Third party (V | Reporting Onlly |
|) Claim OD/ TP at other workshop (| A CONTRACTOR OF THE PARTY OF TH |
| Modding Ave 4 | A: SLF 4684B (Alme) B: JUJ 2517 (Alone) |
| Sate & Time: 27/11/2 @ 2300 (Cleandy) eter to posice report | |
| Declaration If We declare the foregoing particulars are true in every respect. | |
| WHA | |

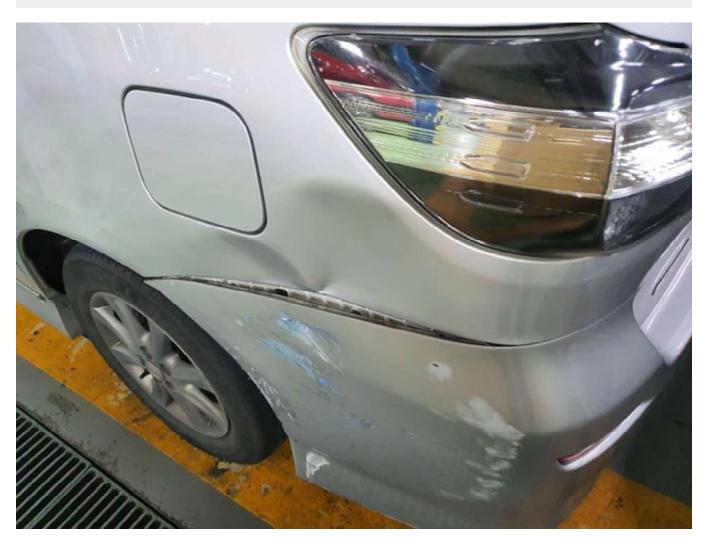


















Police Station Of Origin: Teck Ghee NPP 321 Ang Mo Kio Street 31 SINGAPORE 560321

Tot 3 Report No. T/20221129/2045

Tel No: 1800-4599999

REPORT OF A TRAFFIC ACCIDENT

| | Pate/Time Report Made: 9/11/2022 12:41 | | Vide Report No.: L/20221128/0157 | Station Diary No. | |
|--------------------------------|---|------------------------------|---|----------------------------|--|
| Informa | nt's Partic | ulars | | 42 | |
| | f Informant: HIT SHIN | | Address: APT BLK 749 WOODLANDS 730749 | CIRCLE #08-600 SINGAPORE | |
| | / ID No.: D / S25504 | 96H | Contact No.: Home/Office: Mobile: 97108361 | | |
| | Nationality: MALAYSIAN | | Email: | | |
| Sex: Male | Age: 61 | Date of Birth: 17/04/1961 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: Chinese | Institution / School Name: | |
| Occupation: Sole proprietor | | | Driving Licence Information: Class: | Date of Expiry: | |

| 2: | | | | |
|---------------------------------|--------------------------------|--|---|---|
| General Inform | nation of the Accident | | | |
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 27/11/2022 23:00 | Type of Location X-Junction |
| Location: WOODLAND: | S AVENUE 9 | Schman Valden Schlieger PAS of p | | |
| Weather: Clear | Marriago W.A. | Road Surface: Dry | TOTAL SAT SATISFIE | Road Speed Limit: |
| Traffic Flow: Dual Carriage | Way | Traffic Control: Traffic Light - Wo | rking | Traffic Volume: Light |
| Type of Collisi Between Movi | on: ng Vehicles - Head To S | ide | | Anyone conveyed by ambulance: Yes |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------------|--------|----------|-----------|---------------------|-----------------|
| Vehicle No. | Туре | Make | Model | Color | Condition | No of Passenger |
| JUJ2517 | Motorcycle | | | 450344450 | Slightly Damaged | 0 |
| SLF4684B | Car | TOYOTA | WISH 1.8 | Silver | Slightly | 0 |

| Details of V | ehicle Insurance | BEREITE CONTEST | | The state of the s |
|--------------|--|------------------------|------------|--|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expry Date |
| SLF4684B | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. | DMHCSNW000157 02201 | 15/09/2022 | 14/09/2023 |



Police Station Of Origin: Teck Ghee NPP 321 Ang Mo Kio Street 31 SINGAPORE 560321

Report No. T/20221129/2045

Tel No: 1800-4599999

CONTINUATION OF REPORT

| Details of Perso | n Involved | | | | | |
|--|--|--------------|---|-------------|-----------------------------------|--|
| Any Pedestrian Ir No. of Pedestrian | | Use of Pedes | strian | Cross | ing: NA | |
| | Lim Weng Keong | Tir | O No. | | G8303351M | |
| Name | Lim Welly Reong | | | | | |
| Related Vehicle | JUJ2517 (Motorcycle) | · C | Contact No. | | 87628522 | |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date | | Class: NIL Date of Expiry: NIL | |
| Date Treatment | NIL | Date Discha | rge | NIL | | |
| No. of Days gran | ted Medical Leave NIL | Degree of In | jury | NIL | | |
| Driver | A CONTRACTOR OF THE PARTY OF TH | | | The same of | | |
| Name | LOW CHIT SHIN | 10 | D No. | | S2550496H | |
| Related Vehicle | SLF4684B (Car) | | Contact No. | | 97108361 | |
| Hospital/Clinic | IIL | | Class of Driving Licence & Expiry Date | | Class: NIL Date of Expiry: NIL | |
| Date Treatment | NIL | Date Discha | | NIL | | |
| No. of Days gran | ted Medical Leave NIL | Degree of In | jury | NIL | | |

Brief Details.

On 28/11/2022 at about 2300hrs. was driving my car SLF4684B along Woodlands Avenue 9 towards Avenue 10 before junction of Avenue 4 on the first of the 4 lanes. I was making a discretionary right turn into Avenue 4 and it was green light in my favour. As there is another lorry turning right into North Coast Avenue from Avenue 9, affecting my view while making the right turn, a motorcycle JUJ2517 then collided into the rear left of my car when I made the turn. However, I did make a check for oncoming traffic to ensure it was clear before making the right turn.

Traffic police attended to the accident reference L/20221128/0157 and I was instructed to lodge this traffic accident report. My dashboard camera SD card was handed over to the police. The motorcyclist was conveyed to the hospital by ambulance.





Repc t No. T/20221129/2045

Police Station Of Origin: Teck Ghee NPP 321 Ang Mo Kio Street 31 SINGAPORE 560321 Tel No: 1800-4599999

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: F /

SR STAFF SGT YEO WEE KIAT

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP/GIT/ STAFF SGT ROIZMAN BIN MOHAMED POSARI Contact No.: 65476131

NP168

Signature Of Informant:



Date/Time:

29/11/2022 12:41

Classification Of Case:

