SJ0G22BQ000W-01 / JP Knights Pte Ltd ENTRY DATE & TIME: 26/11/2022 19:23 (SGT) SUBMITTED BY: Weine Chieng VERSION: 2 (07/12/2022 10:00 (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 26/11/2022 19:23 (SGT) Reported by Date of Accident 26/11/2022 10:30 (SGT) Exact Location of Accident Mountbatten Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

No - Claiming third party

Private car

Auto

1497

Vehicle Registration Number SJQ6951H

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner HAN XIAO XIAN, JUSTIN NRIC No SXXXX984J Email Address justinhanxx@gmail.com Mobile Phone No (Phone) +65-96933759 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Vios 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

your vehicle? Vehicle Category Transmission

INSURANCE COMPANY

Name of Insurance Company ERGO Insurance Pte. Ltd. Policy Number / Cover Note Number DMPG22006395

DRIVER

CC

Name of Driver HAN XIAO XIAN, JUSTIN NRIC No SXXXX984J Date Of Birth 12/10/1985 Occupation Indoor

Date Of Driving Pass 19/01/2006 Driving experience 16 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-96933759 Alt. Phone Number Email Address justinhanxx@gmail.com Address 12 SERAYA LANE #01-03 Address complement Postcode 437279 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? Yes 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 **FOREIGN VEHICLE 1** Vehicle Registration Number JRJ5694 Vehicle Category Private car PASSENGER 1 Name **UNKNOWN** Gender Male **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name **Bedok Division Headquarters** Police Station Phone No (Phone) +65-18002440000 Alt. Police Station Phone No (Fax) +65-64443009 Police Station Address 30 Bedok North Road Singapore 469676 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT. ATTACHMENT(S)

Yes

No

Are accident photos available for attachment?

Was there any video captured by Car Camera?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC4886Z
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	TAN CHIAN THIANG
Contact Number	(Phone) +65-98304771
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer	JRJ5694 Nissan
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)	-

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 Authorised 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 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.
- 8. Consent under the Personal Data Protection Act(PDPA)

Lunderstand, acknowledge, agree and consent that :

- (a) My Insurer , my w orkshop 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' 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 w ith 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 law yers/law firms), which may be sited outside fingapore, for one or more of the above Purposes.

FLASH ACCIDENT

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A. SJQ6951H B. SHC4886Z C. JRJ5694

MOUNTBATTE N RD X TANJONG



Describe Circumstances of the Accident

REFER TO POLICE REPORT.

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time Driver's Signature (If driver is not the policyholder) / Date & Time

1830hrs 26/11/22



Witnessed by Reporting Centre Personnel





)221126/7084

Report No. G/20221126/7084

POLICE REPORT (NP299)

Police Station Of Origin Bedok Division HQ 30 Bedok North Road SINGAPORE 469676 Tel No:1800-2440000

Date/Time Report Made	Vide Report No. Sta		Station Diary No	
26/11/2022 18:52		***************************************		
Name Of Informant	Address	;		
HAN XIAOXIAN, JUSTIN	12 SERAYA LANE #01-03 SINGAPORE 437279			
ID Type / ID No. NRIC NO / S8529984J	Contact No. Home/Office: Mobile: 96933759			
Nationality SINGAPORE CITIZEN	Email Address JUSTINHANXX@GMAIL.COM			
Occupation	Sex	Age	Date of Birth	Race
Other special education teachers	Male	37	12/10/1985	Chinese
Institution/School Name	Language English			
Date/Time Of Incident 26/11/2022 10:25 - 26/11/2022 10:30	Location Of Incident 12 SERAYA LANE #01-03 SINGAPORE 437279			
D 1 C 1 - C 11 -				

Brief details.

I was involved in a chain collision with a Malaysian car. I was waiting for the pedestrian to cross the zebra crossing at the slip road of Mountbatten Road to Tanjong Katong Road South. Suddenly, there was a collision at the back of my car (SJQ 6951 H). A Stride taxi (SHC 4886 Z) had collided into the back of my car because a Malaysian car (JRJ 5694) had collided into his car this causing the chain collision. I have made an insurance report.

Victim Subjects Involved	
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: 26/11/2022 18:52
Officer In-Charge Of Case:	Classification Of Case:





21120/7084

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20221126/7084

Person Name	HAN XIAOXIAN, JUSTIN		50
ID Type	NRIC NO	ID No	S8529984J
Gender	Male	Age	37
Race	Chinese	Language	English
Occupation	Other special education teachers	Address	12 SERAYA LANE #01-03 SINGAPORE 437279
Mobile No	96933759	Is Informant A Victim?	Yes

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: 26/11/2022 18:52
Officer In-Charge Of Case:	Classification Of Case: