SN08232G0001 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 16/02/2023 10:50 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (16/02/2023 10:50 (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.

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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 16/02/2023 10:50 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 13/02/2023 18:45 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information TOWARDS CHANGI AIRPORT NEAR UPPER SERANGOON **EXIT** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mercedes

Vehicle Registration Number SLV9098B

Manufacturer

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner TAI KIEN KONG NRIC No SXXXX744D Email Address tailinyuan1996@gmail.com Mobile Phone No (Phone) +65-98355611 Alternative Phone No

VEHICLE PARTICULARS

Model E250 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? No - Claiming third party Vehicle Category Private car Transmission Auto CC 1991

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMPCSNA00085412204

DRIVER

Name of Driver TAI KIEN KONG NRIC No SXXXX744D Date Of Birth 02/10/1957

Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	Indoor 16/10/2003 19 YEARS AND 4 MONTHS Male (Phone) +65-98355611 - tailinyuan1996@gmail.com BLK 823 WOODLANDS STREET 82#11-429 - 730823 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement	No 2 Yes No Yes 1 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Woodlands East Neighbourhood Police Centre (Phone) +65-18007679999 3 Woodlands Drive 63 Singapore 737890 No
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH AND POLICE REPORT T/2023021	5/2068
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident	Yes Yes WITH OWNER (ONLY FRONT)
DETAILS OF OTHER	VEHICLE PROPERTY 1

GBL4764R

Vehicle Model

Vehicle Registration Number
Vehicle Manufacturer

Vehicle Variant Vehicle Colour	- -
Vehicle Category	Commercial vehicle
Name of Driver	HO CHOON ZHI
NRIC No	SXXXX521G
Contact Number	(Phone) +65-82827276
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAI KIEN KONG
Gender	Male
Phone No	(Phone) +65-98355611
Address	<u>-</u>
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY PAIN
Injured person in which vehicle?	SLV9098B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
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- 3. Information provided must be as truthful and accurate as possible. Any wiful misrepresentation or withholding of material facts may allow insurance companies to regudate 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 (GEA) for enthiving 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 canite and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Dets Protection Act (PDPA)
- 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 vahicle(s) involved in this socident (all insurer(s) who have insured vahicle(s) involved in this socident shall be collectively referred to as the "insurers", the insurers' lawyers/law lims, the Monetary Authority of Singapore and any relevant government agency/authority (auth as the police), for the purpose(s) of

(i) processing, handling and/or dealing with my claims including the sottlement 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) admiratering 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/mail peckagea); 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'sw firms, maybe permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

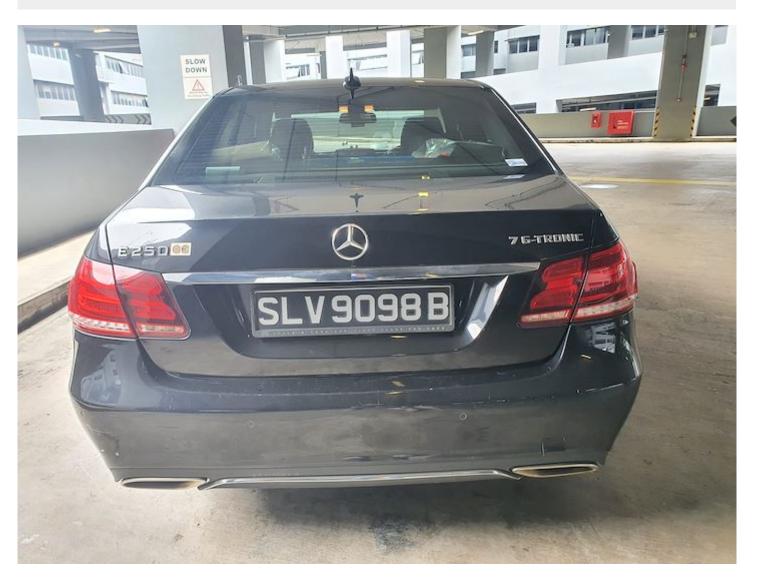
(c) my Personal Information may/can be disclosed by any of the insurers anxi/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Through.

ature (if driver is not the policyholder) / Date

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Accident report SN08232G0001





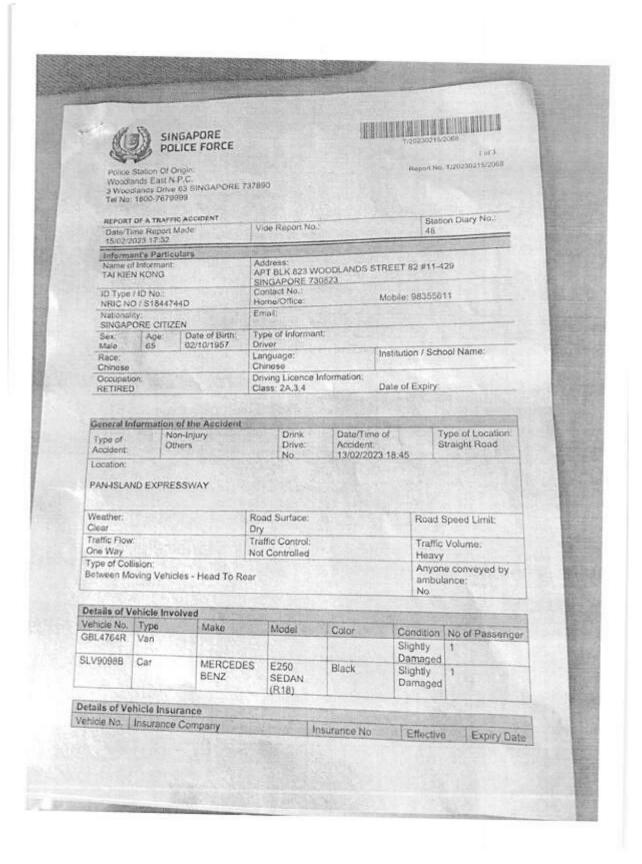














T/20230215/2000

2 of 3 Report No. 1/20230215/2068

Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7678999

CONTINUATION OF REPORT

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SLV9098B	CHINA TAIPING INSURANCE (SINGAPORE) PTE_LTD.	DMPCSNA0008541 2204	18/04/2022	17/04/2023

Details of Perso			STATE OF THE PARTY.	2525	53.11	
Any Pedestrian	Involved: No			m. me		
No. of Pedestrians Injured: Nit.		Use of Pedestrian Crossing: NA				
Driver		Bearing Street		Store Police		
Name	TAI KIEN KONG		ID No	000	S1844744D	
Related Vehicle	SLV9098B (Car)		10000	Contact No.		98355611
Hospital/Clinic	DR. PANDA MEDICAL CENTRE		E	Class Drivin Licen Expin	g	Class: 2A,3,4 Date of Expiry: NIL
Date Treatment	15/02/2023		Date Disc	charge	15/02	/2023
No. of Days grant	ed Medical Leave	05	Degree o	Commission of the commission of	Sligh	The second secon

Brief Details.

On 13/02/2023 at about 1845hrs, I was travelling along PIE towards Upper Serangoon Road on the fourth lane. At the point of time, there is a lot of vehicles, and the highway was jammed. When it is time to move, a vehicle from my rear collided onto me.

Me and the other party driver then alighted and exchanged particulars. My vehicle sustains damages at the rear bumper and the sensor inside the rear bumper. At the point of time, I feel unwell but did not seek for medical help immediately as I though it will recover in a while.

I wish to state that no police and ambulance came down to the scene. I have an in car-camera at the front and rear, However, the rear camera is damaged but the front camera still able to see the impact of the collision.

Other party driver particulars

Ho Choon Zhi S1578521G 82827276

