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 28/02/2023 12:05 (SGT) Reported by Date of Accident 28/02/2023 07:45 (SGT) Exact Location of Accident Singapore Additional Location Information AT ALONG WOODLANDS AVENUE 3 AND STREET 32 TOWARDS WOODLANDS ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number SJG6361M

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner **CHEW BOON SENG** NRIC No SXXXX062H Email Address chewweijie@hotmail.com Mobile Phone No (Phone) +65-94872031 Alternative Phone No

VEHICLE PARTICULARS

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

Manufacturer

your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto CC 1497

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMPCSNW00147342200

DRIVER

Name of Driver **CHEW WEI JIE** NRIC No SXXXX078F Date Of Birth 22/10/1995

Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address In 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	Outdoor 30/04/2015 7 YEARS AND 10 MONTHS Male (Phone) +65-97512212 - chewweijie@hotmail.com 61 CHAI CHEE ROAD # 11-848 460061 No Child No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Side Swipe Raining Wet
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 No - Yes 1 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO THE ATTACHED STATEMENT- T/20230228	3/7023
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer	SMY426U -

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>.
- 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)

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 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 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' 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.

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Policyholder's Signature / Date & Time Sketch Plan A+ A\one	& Time		not the policyholder)/	Per	tnessed by Reporting Corsonnel rds WOOdlands	
→ <u>`</u>						-)
<u>→</u> -			D			-
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Reper to the police report
T 2222222222
 T 20230228 / 7023
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hat your insurer may have 14 days time frame for you to submit an Own Damage Claim under y

Declaration

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

Witnessed by Reporting Centre Personnel





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20230228/7023

CONTINUATION OF REPORT

Driver		A SECTION	March 1 Cres		THE STATE OF THE S
Name	CHEW WEI JIE			ID No.	S9538078F
Related Vehicle	SJG6361M (Car)			Contact No.	97512212
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	NIL	

Brief Details.

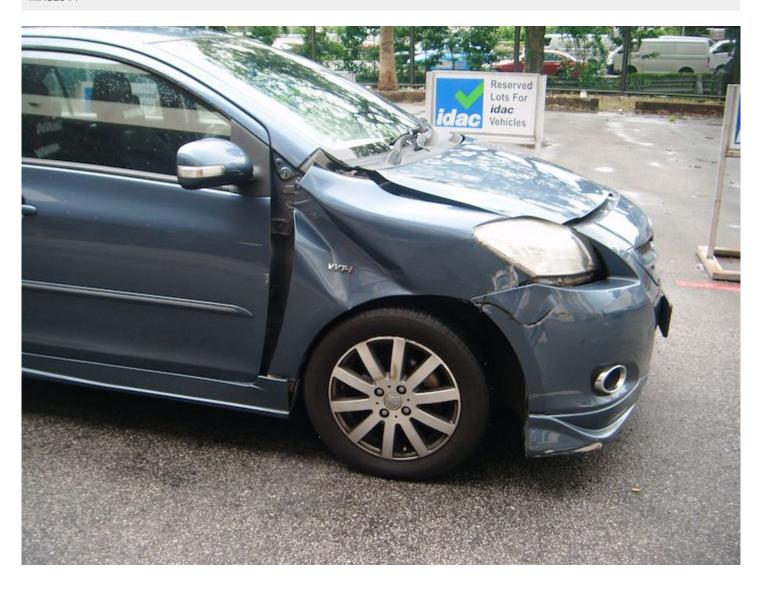
On 28/02/2023 AT ABOUT 0745HRS AT BEFORE JUNCTION OF WOODLANDS AVENUE 3 AND WOODLANDS STREET 32 TOWARDS WOODLANDS ROAD. I WAS TRAVELLING ON LANE 2 AT ALONG WOODLANDS AVENUE 3 AND SUDDENLY A VEHICLE (B) ON MY RIGHT VEERED INTO MY LANE WITHOUT CAUTION AND WITHOUT CHECKING HIS BLINDSPOT AND COLLIDED ONTO MY RIGHT PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE.

VEHICLE A: SJG6361M VEHICLE B: SMY426U

























Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20230228/7023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/02/2023 11:30		Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars		
Name of Informant: CHEW WEI JIE		Address: 61 CHAI CHEE ROAD #11-848 SINGAPORE 460061		
ID Type NRIC NO	/ ID No.: D / S95380	78F	Contact No.: Home/Office:	Mobile: 97512212
Nationality: SINGAPORE CITIZEN		Email: CHEWWEIJIE@HOTMAIL.COM		
Sex: Male	Age: 27	Date of Birth: 22/10/1995	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: CONSTRUCTION		Driving Licence Inform Class:	ation: Date of Expiry:	

	mation of the Accide	nt		
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 28/02/2023 07:45	Type of Location: Straight Road
Location:	- 12	75-18020	1,000,000,000,000,000,000,000,000,000	•
WOODLAND Weather:	S AVENUE 3	Road Surface:	l s	
		11000 0011000.		load Speed Limit:
Raining		Wet		Road Speed Limit:
				raffic Volume:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SJG6361M	Car					0
SMY426U	Car		-			0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 2 of 3 Report No. T/20230228/7023

10 Ubi Avenue 3 SINGAPORE 4 Tel No: 65470000

CONTINUATION OF REPORT

Driver					The same and the same
Name	CHEW WEI JIE			ID No.	S9538078F
Related Vehicle	SJG6361M (Car)			Contact No.	97512212
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	NIL	

Brief Details.

On 28/02/2023 AT ABOUT 0745HRS AT BEFORE JUNCTION OF WOODLANDS AVENUE 3 AND WOODLANDS STREET 32 TOWARDS WOODLANDS ROAD. I WAS TRAVELLING ON LANE 2 AT ALONG WOODLANDS AVENUE 3 AND SUDDENLY A VEHICLE (B) ON MY RIGHT VEERED INTO MY LANE WITHOUT CAUTION AND WITHOUT CHECKING HIS BLINDSPOT AND COLLIDED ONTO MY RIGHT PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE.

VEHICLE A: SJG6361M VEHICLE B: SMY426U





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20230228/7023

CONTINUATION OF REPORT

Sketch	Plan
Ontoton	- Italia

Informant is not able to provide sketch

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: 28/02/2023 11:30
Officer In Charge Of Case: TP / TPIB / SUFIYAN BIN KHAIRI Contact No.: 65476148	Classification Of Case:

NP168