SH0H23340006 / Hock Wah Motor Workshop Pte Ltd ENTRY DATE & TIME: 04/03/2023 12:23 (SGT) SUBMITTED BY: Hue Lee Yan VERSION: 1 (04/03/2023 12:23 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>.

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

Reported by

Date of Accident

Exact Location of Accident

Additional Location Information

Country/State of Loss

04/03/2023 12:23 (SGT)

Driver

03/03/2023 16:30 (SGT)

Near Bedok North Ave 3, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SJK1169P

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No.

Email Address

Mobile Phone No

Alternative Phone No

TAN WAN CHING JULIE

S7173902C

NISIKI03@SINGNET.COM.SG

(Phone) +65-97329524

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category Transmission

CC

Nissan

Sylphy

Private use

No - Claiming third party

Private car

Auto

1498

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Income Insurance Limited

SHIA CHONG GUAN ALAN

5074444595-07

DRIVER

Name of Driver

NRIC No

Date Of Birth

Occupation

S1774479H

25/10/1966

Indoor



Date Of Driving Pass
Driving experience

Gender Mobile Number

Alt. Phone Number Email Address

Address comple

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

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface Chain Collision Raining Wet

03/08/1984

524497

Spouse

No

No

38 YEARS AND 7 MONTHS

NISIKI03@SINGNET.COM.SG

497F TAMPINES ST5REETN 45 #09-144

(Phone) +65-96644744

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 3 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No 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

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 Phone No

Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

Yes

(Phone) +65-65470000

(Fax) +65-65474900

10 Ubi Avenue 3 Singapore 408865

CIRCUMSTANCES OF ACCIDENT

ON THE ABOUT DATE AND TIME, I WAS DRIVING MY CAR (SJK1169P) MOVING FORWADRS WHEN THE TRAFFIC LIGHT TURN GREEN, INFROINT OF MY CAR (SLB9579K) WE WERE MOVING 50 METER WHEN THE CAR (SDB5495P) SUDDEN TRAVEL FAST FROM LEFT AND HIT THE CAR INFRONT OF ME. CAR (SLB9579K)LOST CONTRO AND HIT MAY CAR FRONT . IN THE COLLISION MY CHEST HIT AGAINST THE STERRING WHEEL AND I SUFFERED CHEST PAIN.

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

Yes

TP TOOK SD CARD

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLB9579K



Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver JOHN HOO Contact Number (Phone) +65-98438413 Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident VEHICLE B No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SDB5495D Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver LEE YUNG MING Contact Number (Phone) +65-97353538 Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident VEHICLE C No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person SHIA CHONG GUAN ALAN Gender Male Phone No (Phone) +65-96644744 Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? SJK1169P Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? No

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 Actual Driver
- 3 Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance dompanies to <u>repudente 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 Traffic Police Department for investigation.
- 6 This report will be forwarded by the insurers to the GtA Records Management Centre established by the General insurance Association of Singapore (GtA) 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.
- 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 shall be collectively referred to as the "Insurers"), the Insurers lawyers/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 daims;
- (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 Tawyers/faw firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

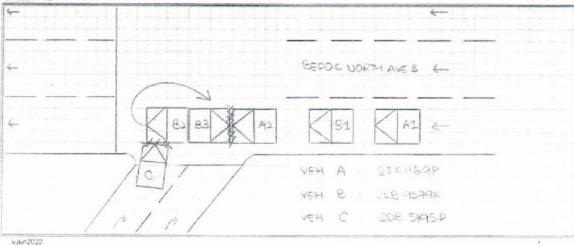
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)





REFER TO GIA REPORT	
	-
u had been advised by workshop that in the event that you	Reporting Only
sh to claim against your own policy (OD claim), there is a	Reporting Only Claim OD
sh to claim against your own policy (OD claim), there is a urteen (14) days clause whereby the claim must be made	Claim OD
sh to claim against your own policy (OD claim), there is a urteen (14) days clause whereby the claim must be made	Claim OD Claim TP
sh to claim against your own policy (OD claim), there is a urteen (14) days clause whereby the claim must be made	Claim OD Claim TP
sh to claim against your own policy (OD claim), there is a urteen (14) days clause whereby the claim must be made thin the stipulated time-frame from the day of occurrence.	Claim OD Claim TP
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sh to claim against your own policy (OD claim), there is a curteen (14) days clause whereby the claim must be made thin the stipulated time-frame from the day of occurrence. Seclaration We declare the foregoing particulars are true in every respect.	Claim OD Claim TP Claim OD/TP at other workshop
sh to claim against your own policy (OD claim), there is a urteen (14) days clause whereby the claim must be made thin the stipulated time-frame from the day of occurrence.	Claim OD Claim TP Claim OD/TP at other workshop STOR WORKS

WVW.5055





1 of 3

Report No. T/20230303/7112

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/03/2023 21:25		lade:	Vide Report No.:	Station Diary No		
Informa	nt's Partice	ulars				
Name of Informant: SHIA CHONG GUAN ALAN			Address: 497F TAMPINES STREET 45 #09-144 SINGAPORE 524497			
ID Type / ID No.: NRIC NO / S1774479H		79H	Contact No.: Home/Office:	Mobile: 96644744		
Nationali SINGAP	ity: ORE CITIZ	EN	Email: NISIKI03@SINGNET.COM.S	G		
Sex: Male	Age: 56	Date of Birth: 25/10/1966	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: DELIVERY			Driving Licence Information: Class:	Date of Expiry:		

General Infor	mation of the Accident				
Type of Accident:	Non-Injury Drink Date/Time of Accident: No 03/03/2023 16		Section 20 de la constante de	Type of Location: Bend	
Location:					
BEDOK SOU	TH AVENUE 3				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume: Heavy	
Type of Collis CHAIN COLL				Anyone conveyed by ambulance:	

Details of V	Cilicie ilivo	IVCU				To the latest
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SJK1169P	Car					0

Details of Person Involved	ACTOR DESIGNATION OF CHARACTERS AND AND ADDRESS.
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 Tel No: 65470000 2 of 3 Report No. T/20230303/7112

CONTINUATION OF REPORT

Driver			SERVICE SERVICES		
Name	SHIA CHONG GUAN ALAN			ID No.	S1774479H
Related Vehicle	SJK1169P (Car)			Contact No	o. 96644744
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL	
No. of Days granted Medical Leave NIL			Degree of		

Brief Details.

On the above, date and time, I was driving my car, SJK1169P and move forward when the traffic lights turn green. In front was car, SLB9579K. We were moving about 50 meters when car, SDB5495P suddenly travel fast from the left and hit the car in front of me. Car, SLB9579K lost control and hit my car front. In the collision, my chest hit against the steering wheel and I suffered chest pains.





3 of 3

Report No. T/20230303/7112

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Contact No.: 65476187

NP168

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: 03/03/2023 21:25
Officer In Charge Of Case: TP / TPIB / SYED MUHAMMAD ISA BIN OMAR ALHABSHEE	Classification Of Case: