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 06/03/2023 18:41 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 06/03/2023 14:08 (SGT) Exact Location of Accident Upper Changi Rd E, Singapore Additional Location Information JUNCTION WITH XILIN AVENUE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMF3171J

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TANG GENG SHAO, JASON NRIC No SXXXX868C Email Address jason 2152@hotmail.com Mobile Phone No (Phone) +65-81822516 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Honda Model Fit Variant Exact purpose for which vehicle was being used at time of accident **Employment** Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle?

Vehicle Category Private hire Transmission Auto CC 1317

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMHCSNW00017412200

DRIVER

Name of Driver TANG GENG SHAO, JASON NRIC No SXXXX868C Date Of Birth 12/12/1991 Occupation Outdoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email 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	17/01/2012 11 YEARS AND 2 MONTHS Male (Phone) +65-81822516 - jason_2152@hotmail.com BLK 662 BUFFALO ROAD #25-16 - 210662 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface OTHER INFORMATION	Collision - Head to Rear Clear Dry
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	-
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? CIRCUMSTANCES OF ACCIDENT	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No
PLEASE REFER TO SKETCH PLAN	
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
DETAILS OF OTHER	VEHICLE PROPERTY 1

GBA6292E

Vehicle Model

Vehicle Registration Number
Vehicle Manufacturer

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	China Taiping Insurance (Singapore) Pte. Ltd.
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person TANG GENG SHAO, JASON Gender Male Phone No (Phone) +65-81822516 Address Address Complement Post Code
Approximate Age Years Old
Injuries Sustained SLIGHT INJURY Injured person in which vehicle? SMF3171J Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

IMPORTANT NOTICE

- Rease report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truttiful and accurate as possible. Any wilful 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.
- Any false reporting may be referred to the Police for investigation.
- 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 perfes.
- 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)

lunderstand, 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 retailing to the claims:
- (ii) investigating the accident and/or my claims;
- (ii) 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
- (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 yera/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

Personnel	orting Centre
B) 68A 6293	E
dx	(A) SMF 31713 (B) 68A 6292

Describe Circumsta	100 13-2023 at about 1408 ws, I was travelling along
ON (16 13.2023 at about 1408 hrs, I have travelling along
UPPLY Change	pd east Junction of XILIN Amenie - Upon reaching the fix-
7 1 "	1 DO 1 STATE OF STATE OF THE PARTY OF THE PA
Jurcason, th	e to faction red. I slow down and etop. While wanting
all of a 8	willing I felt an input from the room then I rediscol
6 11/514	The telegraph was the real that I trailing
a white e	SPA 6292E had collided and my return
Paleche	RAPORT 7/20230306/2096
	7. 5.76,00 / 70/6

Accident report SN0823360008

VVe declare the foregoing particulars are true in every respect.

Winnessed by Reporting Centre Personnel





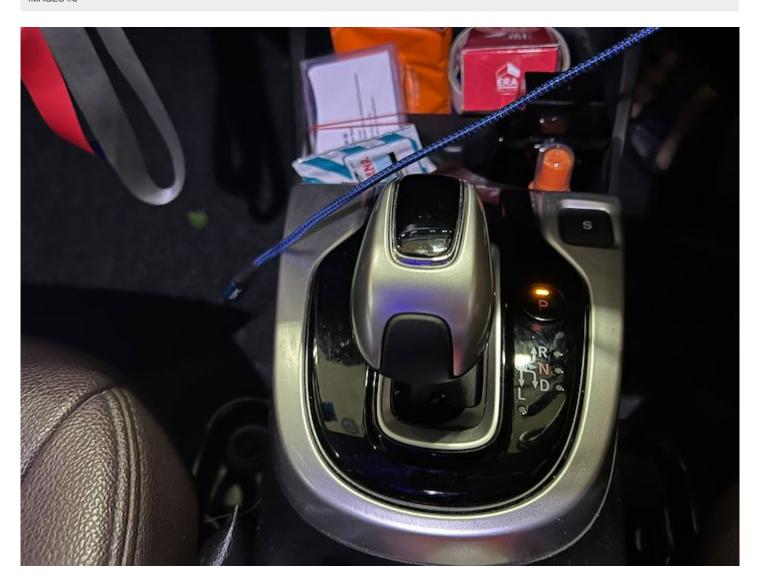




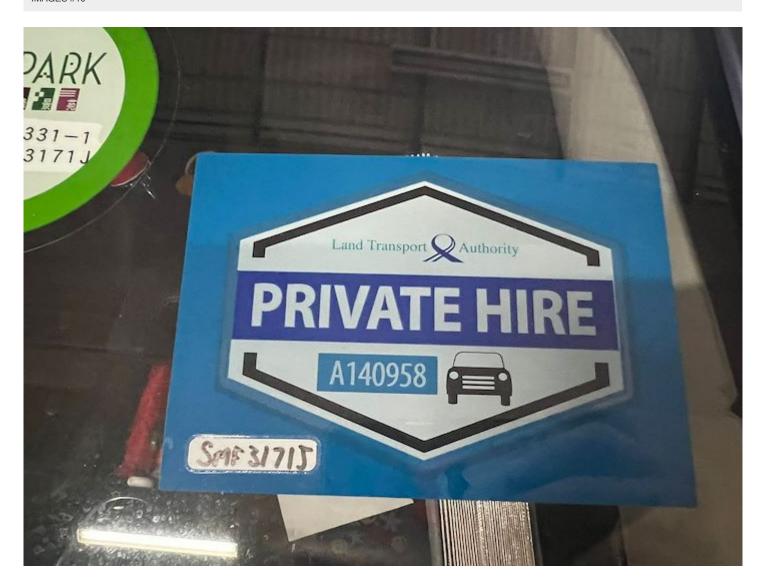


















Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20230306/7096

REPORT OF A TRAFFIC ACCIDENT

	ne Report 1 023 18:27	Made:	Vide Report No.:	Station Diary No.
Informa	nt's Partic	ulars	CONTRACTOR DE LA CONTRA	
Name o	f Informant: SENG SHA		Address: 662 BUFFALO ROAD #25-1	6 SINGAPORE 210662
ID Type NRIC N	D Type / ID No.; IRIC NO / S9145868C		Contact No.: Home/Office:	Mobile: 81822516
Nationality: SINGAPORE CITIZEN		'EN	Email: JASON_2152@HOTMAIL.COM	
Sex: Male	Age: 31	Date of Birth: 12/12/1991	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation:			Driving Licence Information: Class:	Date of Expiry:

Type of Accident:	Injury Others	Drive:	Date/Time of Accident: 06/03/2023 14:05	Type of Location X-Junction
CHANGI SOL	ITH LANE			
Weather:		Road Surface:	Ro	
Clear		Dry		ad Speed Limit:
Clear Traffic Flow: One Way Type of Collisi		Dry Traffic Control: Not Controlled	Tra	ad Speed Limit: ffic Volume: derate

Vehicle No.	Type	Make	Model	Color	Conditio	A1
GBA6292E	Van			00101	Conditio	No of
SMF3171J	Car	HONDA	FIT+HYBRID +1.5+AUTO	Blue		0

Details of Vehicle Insurance			
Vehicle No. Insurance Company	Insurance No	Effective	Expiry Date





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

2 of 3 Report No. T/2023D306/7096

CONTINUATION OF REPORT

The second second	ehicle Insurance	T a constant and a co		
	Insurance Company	Insurance No	Effective	Expiry Date
SMF3171J	CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.	DMHCSNW000174 12200	01/11/2022	31/10/2023

Details of Perso	n Involved	100000	0.000000	and the same of	1/10/07	
Any Pedestrian I				The same		
No. of Pedestria			Use of Pe	adactrica	Cinn	Jings NIA
Driver		CERCONCE	036 017 6	ouesman	CIOSS	sing: NA
Name	TANG GENG SHA	O, JASON		ID No.	7	S9145868C
Related Vehicle	SMF3171J (Car)			Contac	ct No.	81822516
Hospital/Clinic	NIL			Class of Driving Licence Expiry	1	Class: NIL Date of Expiry: NIL
Date	NIL	.,.	Date		NIL	
No. of Days gran	ted Medical Leave	03	Degree o		Serio	us

Brief Details.

I was traveling along Upper Changi Road East junction of Xillin Ave, Upon reaching the traffic junction, the traffic turned red. I slowed down and came to a stop. Suddenly, I felt and impact from the rear. I alighted and realized that I was rear ended by GBA6292E.

I am suffering from neck, back and body ache, I visited Unihealth 24 Hr Clinic (Toa Payoh) and received 3 days MC.



Sketch Plan



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

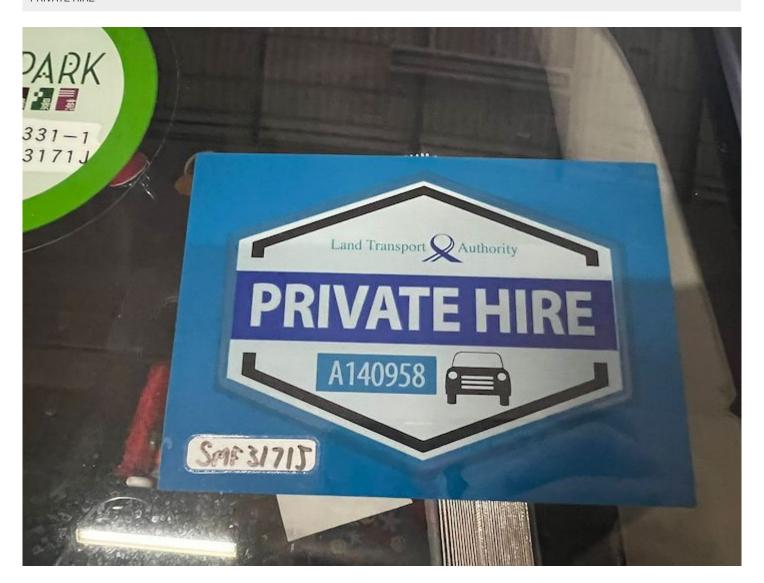
Informant is not able to provide sketch

3 of 3 Report No. T/20230306/7096

CONTINUATION OF REPORT

Sig The bee
Dat 06/0
Cla

Signature Of Infor The identity of the been authenticate required.	mant: person making this report has d by Singpass. No signature is
Date/Time: 06/03/2023 18:27	Ŷ
Classification Of C	Pase;





GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION 6 8 Raffies Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09.00 – 17:00 UEN: \$66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : SN0823360008 _Vehicle Registration No: SMF 3171J Name(as shownin NRIC): TANG GENG SHAO, JASON NRIC/FIN/Passport No : S9145868C (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate : 662 BUFFALO ROAD #25-16 Address Singapore(210662 Contact (Tel) Mobile No.: 8182 2516 : JASON_2152@HOTMAIL.COM Email Address Date of Accident : 06.03.2023 _Time of Accident: 14:08hrs Place of Accident : UPPER CHANGI ROAD EAST X XILIN AVENUE Insurance Company: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: ATTACHED POLICE REPORT NUMBER: T/20230306/7096 TANG GENG SHAO, JASON Policyholder / Driver's Signature

Reporting Centre Personnel's Signature

Name: NRIC/FIN No .: Date:

Date: 07.03.2023