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 24/03/2023 13:51 (SGT) Reported by **Actual Driver** Date of Accident 24/03/2023 08:33 (SGT) Exact Location of Accident Singapore Additional Location Information PIONEER ROAD TOWARDS JALAN BUROH Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLR6705Z

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner 1AXIS PRESTIGE LEASING PTE LTD Company Reg No 2XXXXX962N **Email Address** charlottevehicles@gmail.com Mobile Phone No (Phone) +65-97828480 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model C-hr Variant Exact purpose for which vehicle was being used at time of accident Private hire Are you claiming under your own insurance policy for repair to Yes your vehicle? Vehicle Category Private hire Transmission Auto CC 1797

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMHCSNA00017352200

DRIVER

Name of Driver **CHENG YEW KHAW** NRIC No SXXXX567D Date Of Birth 05/01/1971 Occupation Outdoor

Date Of Driving Pass 07/11/1994 Driving experience 28 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-97828480 Alt. Phone Number Email Address charlottevehicles@gmail.com Address APT BLK 185 JELEBU ROAD Address complement # 27-24 Postcode 670185 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured RENTAL LEASING 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 Side Swipe Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Yes 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 PASSENGER 1 Name **UNKNOWN** Gender **Female 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?

Traffic Police

(Phone) +65-65470000

(Fax) +65-65474900

10 Ubi Avenue 3 Singapore 408865

No

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230324/7025

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Yes

Personne for not unleading a video of the accident.

Reasons for not uploading a video of the accident SD CARD WITH POLICE OFFICER

DETAILS OF OTHER VEHICLE PROPERTY 1



CB6941Z
-
-
-
-
Commercial vehicle
-
(Phone) +65-91311271
<u>.</u>
-
-
-
-
-
-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant	YL9198U - -
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-82328595
Address	<u>-</u>
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 Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	
INJURED 2	
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn?	- - - - - HEAD INJURY
Was this injured conveyed to hospital by ambulance?	Yes

7. By the

SKETCHPLAN MPORTA and sometry the details of the accident to speed up the claims process. This : Thust be completed by the Policyholder and/or the Actual Driver. 2. on provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insur tompanies to repudiate policy liability. The is standard acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies. le reporting may be referred to the Traffic Police Department for investigation. 5. This remarked by the insurers to the GIA Records Management Centre established by the General Insurance Association of Sing Interested parties.

Spenent of this report to the insurers, you hereby consent to the erchiving of this report at the centre and to copies of the report hymade available aforesaid. 8. Consert Infer the Personal Data Protection Act (PDPA)

I undersia : > (2) nowledge, agree and consent that:

(a) My Instar Fitty workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or proce as my personal data/personal information set out in this [form] and any other personal information provided by me or possessed Anyinsurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have it and vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively Tiered to as the "insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government (ency/authority (such as the police), for the purpose(s) of:

processing sharding and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to

ii) investiga 全時 he accident and/or my claims;

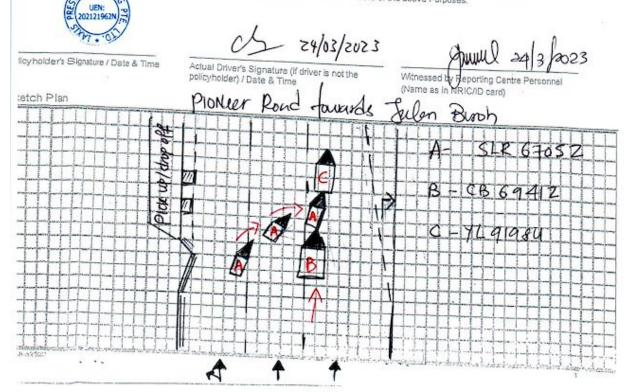
iii) carrying of and/or dealing with my instructions or responding to any enquiries by me;

iv) administ stig my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve fisclosure of than 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' lawyers/law firms, may/are permitted to collect, ise, disclose and/or process my Personal Information for one or more of the above Purposes; and

c) my Person as information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents notuding the interest swiftrns), which may be sited outside of Singapore, for one or more of the above Purposes.



eclare the the themselve particulars are true in every respect. UEN: 202121962N PR Actual Driver's Signature (if driver is not the purific of close) Actual Driver's Signature (if driver is not the purific of close) Witnessed by Reporting Centre Personali (Name as it of ICAD part)		- All Months
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	Value as Time (Value of the Personal Value o	
N. Y. V.		



T/20230324/7025

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

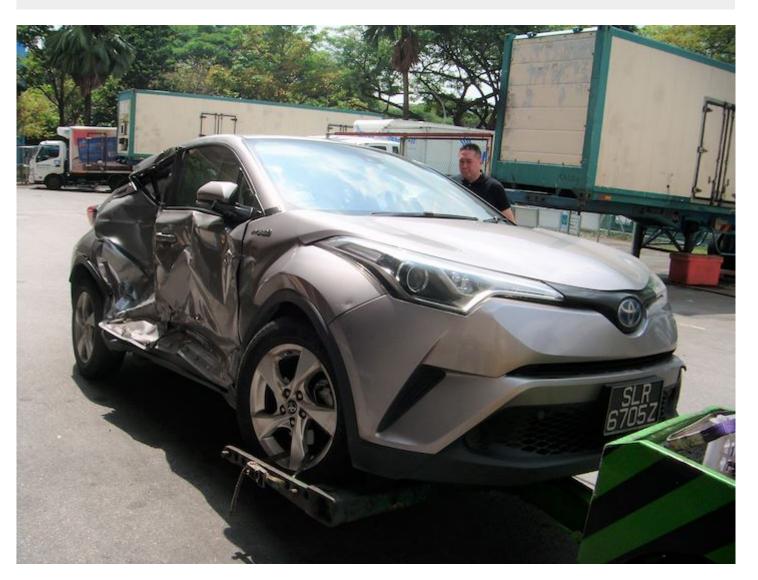
2 of 3 Report No. T/20230324/7025

CONTINUATION OF REPORT

Details of Perso		Language Co.	V090-31 015	4	ASSESSED BY	
Any Pedestrian	nvolved: No					
No. of Pedestria	ns Injured: NIL		Use of Pe	edestria	n Cross	sing: NA
Passenger	Control of the same	dig the ass	CONTRACTOR OF THE PARTY	edebuild	11 0103	sing. IVA
Name	Unknown Passenge	er		ID No).	NIL
Related Vehicle	SLR6705Z (Car)			Conta	act No.	98364854
Hospital/Clinic	NIL			Class Drivin Licen Expin	g ce &	Class: NIL Date of Expiry: NIL
Date	24/03/2023		Date	- Angelog	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	f	Slight	
Driver	THE PERSON NAMED IN COLUMN 2 IS NOT THE PERSON NAMED IN COLUMN 2 I	(SEE SEE SE		SACONO SA	Ongri	The state of the s
Name	CHENG YEW KHAN	N		ID No		S7100567D
Related Vehicle	SLR6705Z (Car)			Conta	ct No.	97828480
Hospital/Clinic	NIL			Class Driving Licence Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date	NIL		Date	77	NIL	
No. of Days grant	ed Medical Leave	NIL	Degree of		NIL	

Brief Details.

On the above stated date and time, I was driving along Pioneer Road towards Jalan Buroh and I was there to pick up a passenger. After pick up, I was at lane 3 and I wanted to filter to lane 1, while filtering into lane 1, suddenly a mini bus(CB6941Z) hit the rear right portion of my vehicle and due tot the impact, my vehicle moved forward and hit the rear portion of another vehicle(YL9198C).

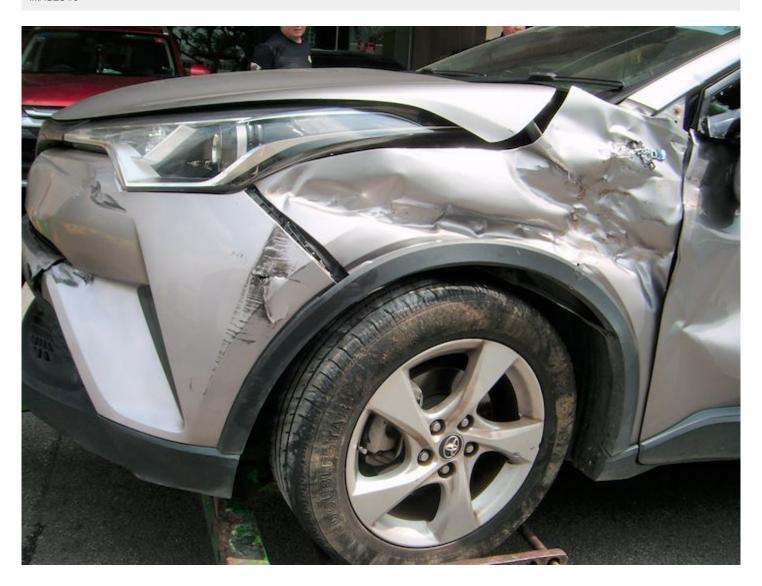


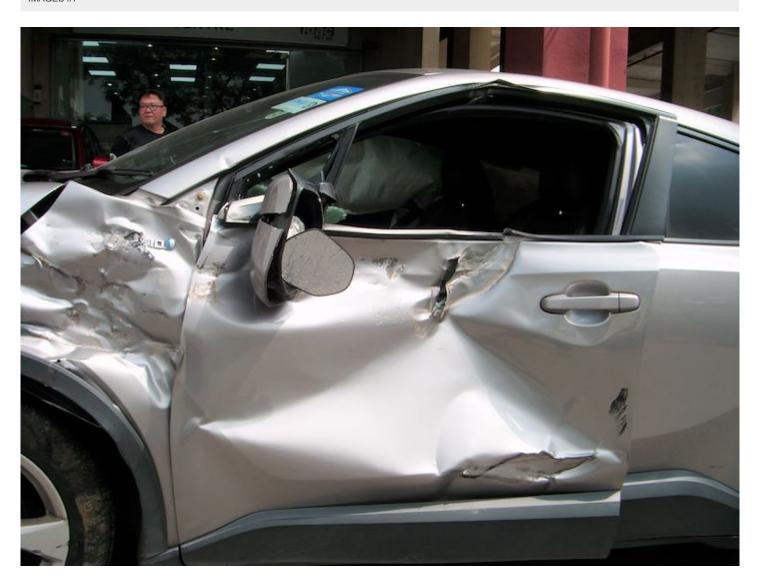




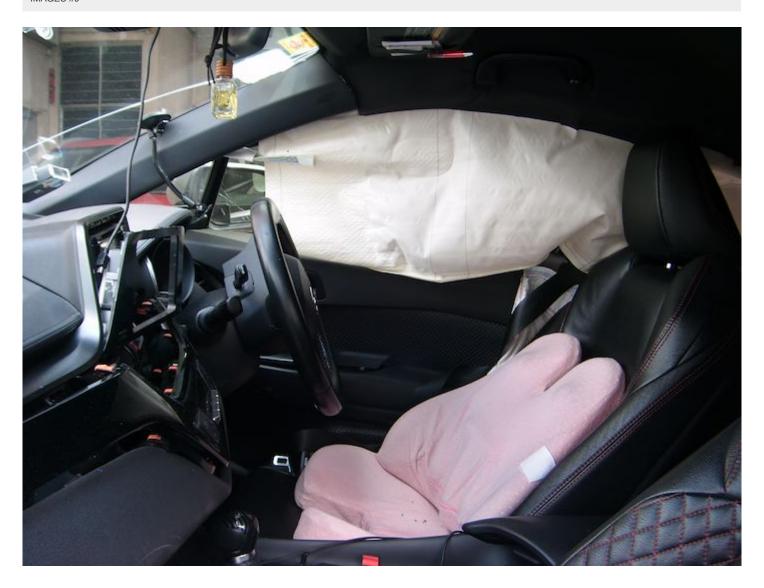




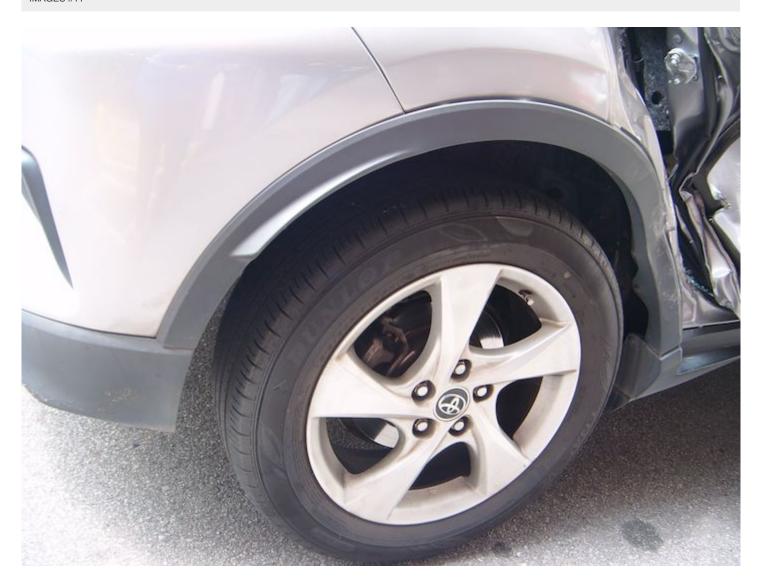


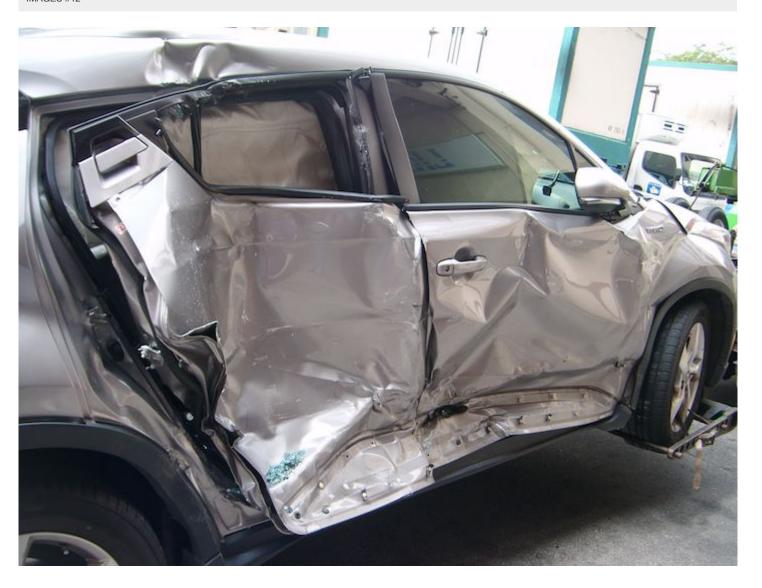




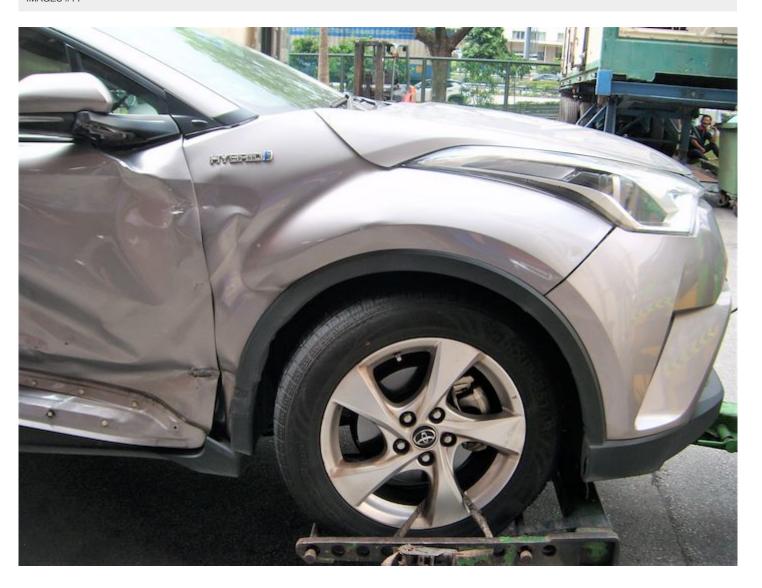






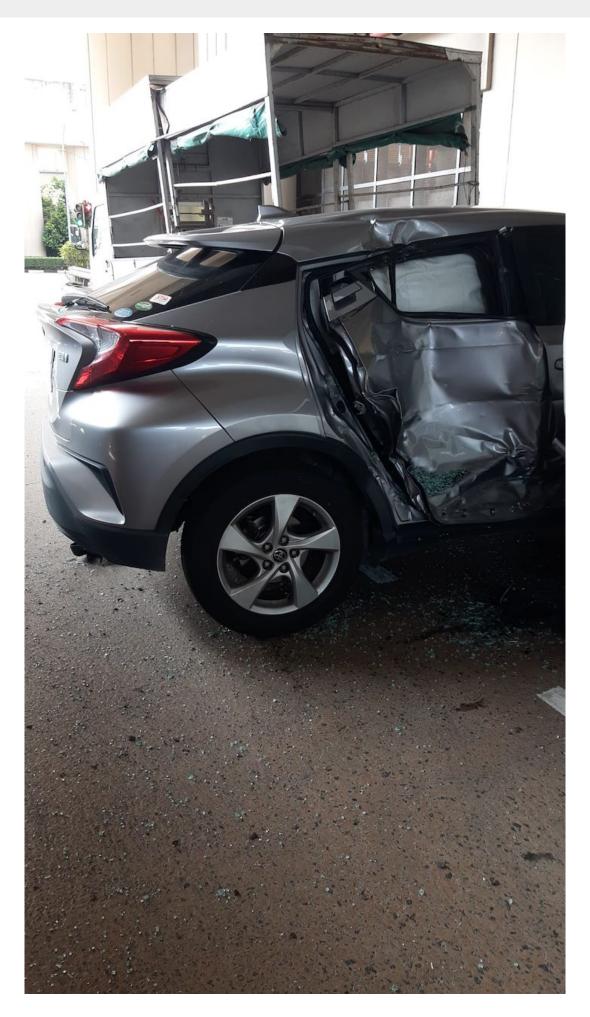


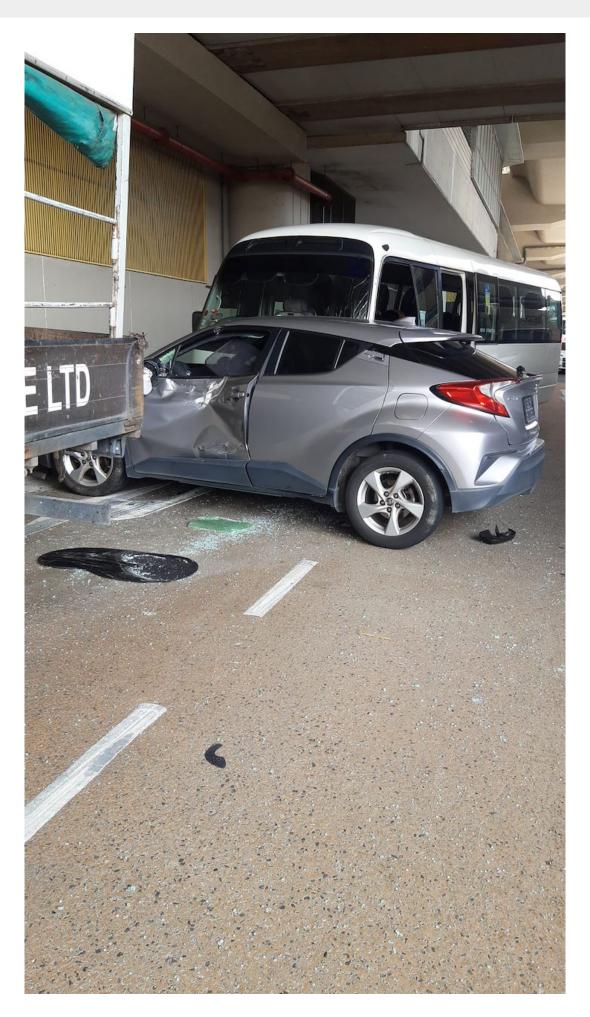


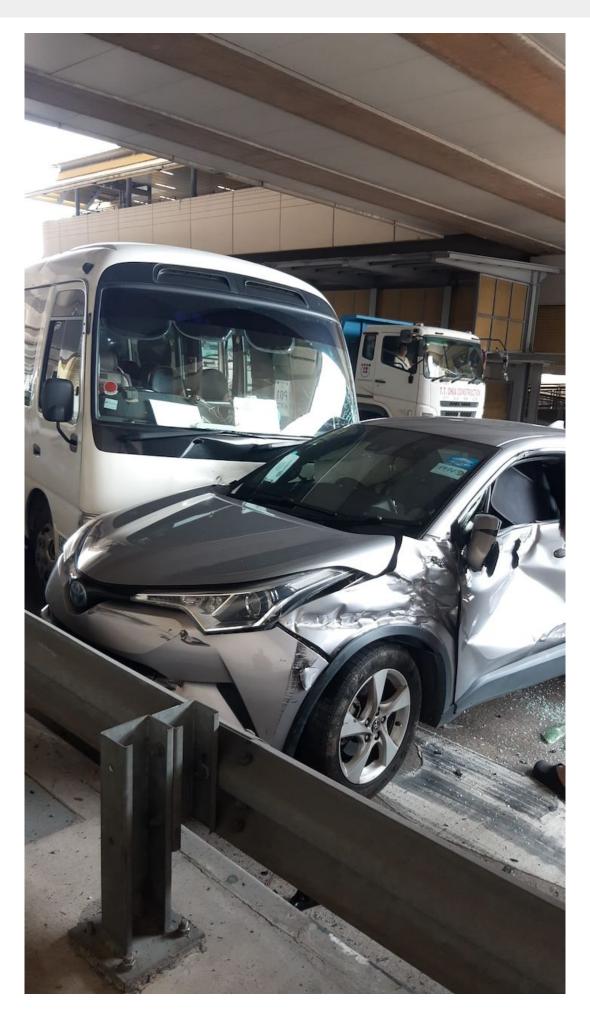


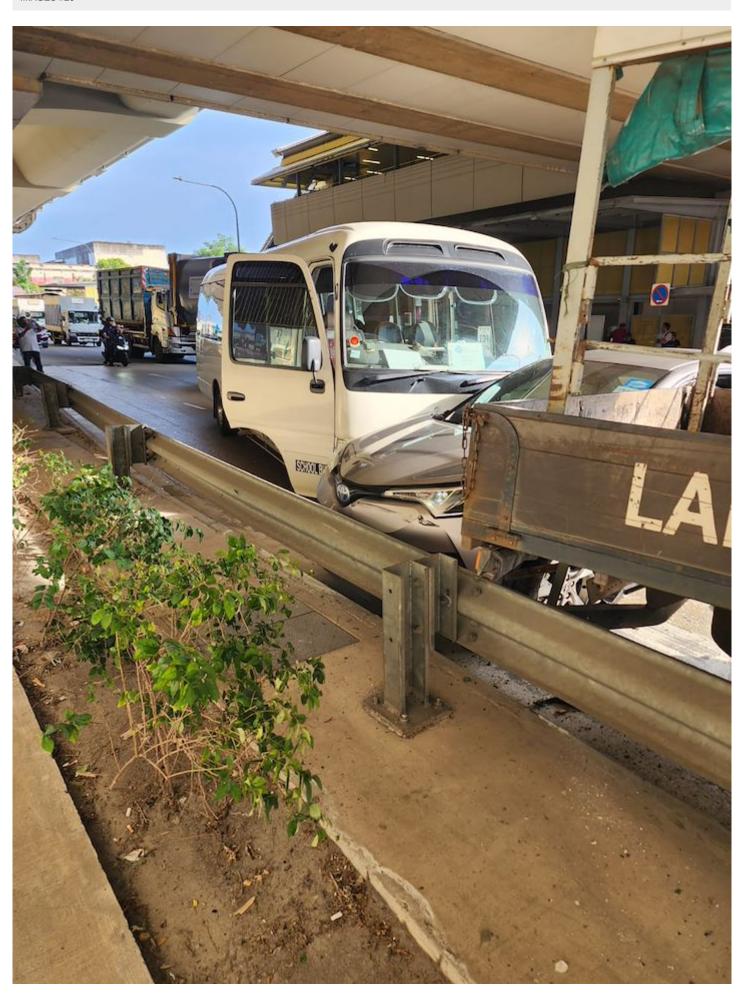
















Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20230324/7025

REPORT OF A TRAFFIC ACCIDENT

	ne Report I 023 12:32	Made:	Vide Report No.:	Station Diary No.
Informa	nt's Partic	ulars		The state of the s
	Informant: YEW KHA		Address: 185 JELEBU ROAD #27	7-24 SINGAPORE 670185
	/ ID No.: D / S71005	67D	Contact No.: Home/Office:	Mobile: 97828480
National SINGAP	ity: ORE CITIZ	EN .	Email: CHENG937@GMAIL.CO	1
Sex: Male	Age: 52	Date of Birth: 05/01/1971	Type of Informant: Driver	The second secon
Race: Chinese			Language: English	Institution / School Name:
Occupati	on:		Driving Licence Informat Class:	Date of Expiry:

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/03/2023 08:3	Type of Location Straight Road
PIONEER RO	AD			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
		Road Surface: Dry Traffic Control: Traffic Light - Worl	king	Road Speed Limit: Traffic Volume: Heavy

Vehicle No.	Type	Make	Model	Color	Conditio	No of
CB6941Z	Bus/Coach/Mi nibus			GOICH	Conditio	0
SLR6705Z	Car					0
YL9198U	Lorry					0



T/20230324/7025

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

2 of 3 Report No. T/20230324/7025

CONTINUATION OF REPORT

Details of Perso	on Involved	2000000	100000000000000000000000000000000000000	Palesca	100000	
Any Pedestrian	nvolved: No			A CONTRACTOR	of the State of	
No. of Pedestria			Use of F	Pedestria	n Cross	sing: NA
Passenger	Carlo De Die Day	at the latest the latest	STATE OF THE PARTY	edebuile	11 0103	sing. IVA
Name	Unknown Passenge	er		ID No	D.	NIL
Related Vehicle	SLR6705Z (Car)			Cont	act No.	98364854
Hospital/Clinic	NIL			Class Drivir Licen Expir	ng ce &	Class: NIL Date of Expiry: NIL
Date	24/03/2023		Date	- подраг	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree	of	Slight	
Driver	THE RESERVE OF THE PARTY OF THE	(SEE STEEL)	NATION FOR STATE OF	ON THE PARTY OF	Ongri	The second second
Name	CHENG YEW KHAN	N		ID No		S7100567D
Related Vehicle	SLR6705Z (Car)			Conta	ct No.	97828480
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days grant	ed Medical Leave	NIL	Degree o	of	NIL	

Brief Details.

On the above stated date and time, I was driving along Pioneer Road towards Jalan Buroh and I was there to pick up a passenger. After pick up, I was at lane 3 and I wanted to filter to lane 1, while filtering into lane 1, suddenly a mini bus(CB6941Z) hit the rear right portion of my vehicle and due tot the impact, my vehicle moved forward and hit the rear portion of another vehicle(YL9198C).



T/20230324/7025

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

3 of 3 Report No. T/20230324/7025

CONTINUATION OF REPORT

Sketch Plan

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: 24/03/2023 12:32
Officer In Charge Of Case: TP / TPIB / KOH WEI JIE Contact No.: 97303412	Classification Of Case:
NP168	





PARTICULARS OF PERSON MAKING THE AMENDMENT O riginal Report No: SNO92330006 Name (as shown in NRIC): Cheng Yew Khaw (*Vehicle Driver/Polleyholder) (*) Please delete as as Address: Apt Blk 185 Jelebu Roan Contact (Tel): Emall Address: Charlottevehicles @gme Date of Accident: 24103 2023 Place of Accident: Proneer Road Tow Insurance Company: China ADDITIONAL INFORMATION / AMENDMENTS: I have made a report on the above-mentioned accident make the following amendments: - Amend to own damage (Are your cleiming under y	TS:
o riginal Report No: SNO92330006 Name (as shown in NRIC): Cheng Yew Khaw (**Vehicle Driver/Bolleyholder) (*) Please delete as as Acidress: Apt Blk 185 Jelebu Rom Contact (Tel): Email Address: Charlottevehicles @gme Date of Accident: 24103 2023 Place of Accident: Proneer Road Tow Insurance Company: China ADDITIONAL INFORMATION /AMENDMENTS: I have made a report on the above-mentioned accident make the following amendments:	Vehicle Registration No: SLR 67052 NRIC/FIN/Passport No: S3160567 D propriate # 27-24 Singapore (67018 Mobile No.: 9782 8480 il. com Time of Accident: 08:33 ards Julen Burch alping and would like to include additional information of
Name (as shown in NRIC): Cheng Yew Khau (**Vehicle Driver/Bolleyholder) (*) Please delete as as Acidress: Apr Blk 185 Jelebu Rom Contact (Tel): Ernall Address: Charlottevehicles @gme Date of Accident: 24/03/2023 Place of Accident: Proneer Road Tou Insurance Company: Chine ADDITIONAL INFORMATION /AMENDMENTS: I have made a report on the above-mentioned accident make the following amendments:	NRIC/FIN/Passport No: S7160S67 D propriate # 27-24 Singapore (67018 Mobile No.: 9782 8480 il. com Time of Accident: 08:33 ards Julen Burch suping
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Date of Accident: 24/03/2023 Place of Accident: Proneer Road Tour Insurance Company: Chine The ACCIDITIONAL INFORMATION / AMENDMENTS: I have made a report on the above-mentioned accident make the following amendments:	Time of Accident: 08:33 ards Julen Burch alping and would like to include additional information of
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Insurance Company: Chine Town ADDITIONAL INFORMATION / AMENDMENTS: I have made a report on the above-mentioned accident make the following amendments:	and would like to include additional information of
ADDITIONAL INFORMATION / AMENDMENTS: I have made a report on the above-mentioned accident make the following amendments:	and would like to include additional information of
ACCIDITIONAL INFORMATION /AMENDMENTS: I have made a report on the above-mentioned accident make the following amendments:	and would like to include additional information or
I have made a report on the above-mentioned accident	and would like to include additional information of
	our own Insurance policy - Yes
	Anumul 24/3/2023
olicyholder / Actual Driver's Signature	