SB0E233R0001 / Ban Choon Motor Works ENTRY DATE & TIME: 27/03/2023 10:09 (SGT) SUBMITTED BY: Ng Tian Chuan VERSION: 1 (27/03/2023 10:09 (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.

- 4. The issue and acceptance 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 27/03/2023 10:09 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 24/03/2023 20:20 (SGT) Exact Location of Accident 221 Henderson Rd, Singapore 159557 Additional Location Information **HENDERSON ROAD** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SCY8000E

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN CHIN HOCK NRIC No S1527263E Email Address francistanch@yahoo.com Mobile Phone No (Phone) +65-98153814 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Mazda Model 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 No - Reporting only your vehicle? Vehicle Category Private car Transmission Auto CC 1998

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd Policy Number / Cover Note Number D21MPC0001222 02

DRIVER

Name of Driver TAN CHIN HOCK NRIC No S1527263E Date Of Birth 06/07/1962 Occupation Indoor

Date Of Driving Pass 12/03/1987 Driving experience 36 YEARS Gender Male Mobile Number (Phone) +65-98153814 Alt. Phone Number Email Address francistanch@yahoo.com Address 16 STIRLING ROAD #15-19 Address complement Postcode 148957 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Nο 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 Collision - Head to Rear 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? No Was any injured conveyed to hospital by ambulance? 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? No Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SKP626E Vehicle Manufacturer Hyundai Vehicle Model

Private car

S6914393H

JOSH CHEW KHIK TAK

CACcident report SB0E233R0001

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver

NRIC No

Contact Number Address	(Phone) +65-91135782
	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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		I accelerated my vehicle
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CLARATION		37
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	er's Signature river is not the policyholder)	Name: ' `
	& Time:	NRIC/FIN No.:

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