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.

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 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 28/03/2023 16:56 (SGT) Reported by **Actual Driver** Date of Accident 28/03/2023 12:20 (SGT) Exact Location of Accident Singapore Additional Location Information WOODLANDS AVE 12 (SLE TOWARDS BKE) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Citroen

Vehicle Registration Number GBD9897A

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner CHENG XING HARDWARE & ENGINEERING Company Reg No 53082485W Email Address COLLINTAN86@GMAIL.COM Mobile Phone No (Phone) +65-98881950 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Berlingo Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Auto CC 1600

INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd Policy Number / Cover Note Number 22-MS009375-R03

DRIVER

Name of Driver TAN KHING KIAT NRIC No S8613709G Date Of Birth 27/05/1986 Occupation Indoor

Date Of Driving Pass 11/05/2005 Driving experience 17 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-98881950 Alt. Phone Number Email Address COLLINTAN86@GMAIL.COM Address BLK 610C TAMPINES NORTH DR 1 #13-464 Address complement Postcode 523610 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? No 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 Chain Collision 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? 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? Yes Police Station Name Bedok South Neighbourhood Police Centre Police Station Phone No (Phone) +65-18002448999 Alt. Police Station Phone No (Fax) +65-62446558 Police Station Address 20 Chai Chee Drive Singapore 469045 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT. 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 SDV3268L

Vehicle Manufacturer
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant	SMR7066R - -
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender	TAN KHING KIAT Male
Phone No Address	(Phone) +65-98881950 -
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBD9897A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Describe Circumstances of the Accident /

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Ref	er to	Police.	Report	N-							
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Declaratio	n										
	the foregoin	g particulars	s are true in e	very respe	ct.						

Driver's Signature (If driver is not the policyholder) / Date

Policyholder's Signature / Date &

Witnessed by Reporting Centre

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful 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
- 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.
- 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 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.

Policyholder's Signature / Date &

28 03 23 Driver's Signature (If driver is not the policyholder) / Date

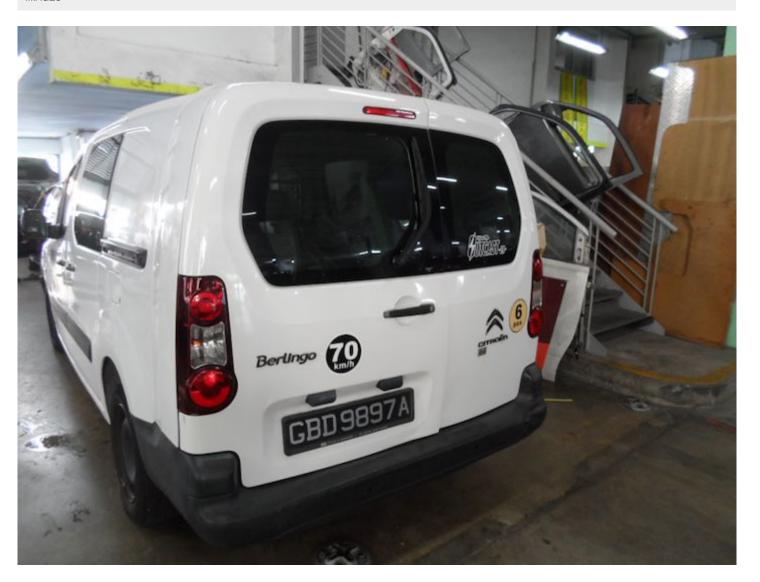
Witnessed by Reporting Centre Personnel

Sketch Plan

unicmwn

& Time

B: SDV 3268 L A: GBD 9897 A C: SMR7066R



































Police Station Of Origin: Bedok South NPP 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999 1 of 4 Report No. T/20230328/2062

REPORT	DF A TRAFFI	C ACCIDENT					
	ne Report I 023 15:30	/lade:	Vide Report No.:	Station Diary No. 19			
Informa	nt's Partic	ulars					
	f Informant: ING KIAT		Address: APT BLK 610C TAMPINI SINGAPORE 523610	ES NORTH DRIVE 1 #13-464			
	/ ID No.: O / S86137	09G	Contact No.: Home/Office;	Mobile: 98881950			
National SINGAP	lity: PORE CITIZ	EN	Email:				
Sex: Male	Age: 36	Date of Birth: 27/05/1986	Type of Informant: Driver				
Race: Chinese			Language:				
Occupat SALES	ion:		Driving Licence Information Class: 2B,2A,2,3	on: Date of Expiry:			

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/03/2023 12:50	Type of Location: Straight Road	
Location: WOODLAND Weather: Clear	S AVENUE 12	Road Surface:			
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy	
Type of Collis	ian.			Anyone conveyed by	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
GBD9897A	Van					0
SDV3268L	Car					0
SMR7066R	Car					0



T/20230328/2062

Police Station Of Origin: Bedok South NPP 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999 2 of 4 Report No. T/20230328/2062

CONTINUATION OF REPORT

Details of Perso	n Involved	Les les controls			GN=SSINE NO	
Any Pedestrian II	nvolved: No					
No. of Pedestrian	ns Injured: NIL	Use of Pede	estrian	Cross	ing: NA	
Driver			Talkin's			
Name	TAN KHING KIAT				S8613709G	
Related Vehicle	GBD9897A (Van)			ct No.	98881950	
Hospital/Clinic	LIM CLINIC & SURGERY	Class of Driving Licence & Expiry Date		Class: 2B,2A,2,3 Date of Expiry: NIL		
Date Treatment	28/03/2023	Date Disch	charge 28/03/2023			
	ted Medical Leave 03	Degree of I	njury	NIL		
Driver			18.55			
Name	NG CHIN FEI		ID No.		S6835445E	
Related Vehicle	SDV3268L (Car)		Contact No.		NIL	
Hospital/Clinic	NIL		Class Driving Licenc Expiry	e &.	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Disch				
	ted Medical Leave NIL		e of Injury NIL			
Driver			ELEGIS	METSON		
Name	CHENG AH LEE		ID No.		S7237792C	
Related Vehicle	SMR7066R (Car)		Contact No.		NIL	
Hospital/Clinic	NIL		Class Driving Licenc Expiry	e &	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Disch		NIL		
	ted Medical Leave NIL	Degree of I	Market Transmitter			

Brief Details.

On 28/03/2023 at about 1250hrs, I was driving my vehicle bearing the plate number (GBD9897A) along Woodlands Avenue 12 towards SLE on the merging lane. At the road ahead after the merging point, there is broken down truck stopped along the road.

Subsequently, the vehicle in front of me bearing the plate number (SMR7066R) jammed break. Fortunately, I managed to break in time.

After that, I felt an impact coming from my rear. I discovered that another vehicle bearing the plate



Police Station Of Origin: Bedok South NPP 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999



3 of 4 Report No. T/20230328/2082

CONTINUATION OF REPORT

number (SDV3268L) had hit onto my rear. This caused my vehicle to inched forward and hit onto vehicle (SMR7066R). All the drivers then stepped out of their respective vehicles and exchanged particulars.

No Traffic Police or Ambulance came to the incident. I tried to retrieve the footages from my in-car dash camera however, to no avail. Subsequently, I went over to Lim Clinic & Surgery to make a check on myself and received 3 days of MC.



Police Station Of Origin: Bedok South NPP 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999



4 of 4

-> Report No. T/20230328/2062

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
G /
SGT 1 MUHAMMAD FAZLI
IDHAM BIN MOHD YAZID

Signature Of Interpreter:
Not applicable

Date/Time:
28/03/2023 15:30

Classification Of Case:
TP / AEIT /
SSI TAY CHUN KEEN
Contact No.: 65476436



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: SCIL 2338 0002 Vehicle Registration No: GBD 9897 A Name (as shown in NRIC): Tan khing Kiat NRIC/FIN/Passport No: S86/37096 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate Address: BIK 610 C Tampines North Dr 1 4 13-464 Singapore () Contact (Tel): 98681950 Mobile No.: 98681950 Email Address: Collintan 86 @ gmail. com Date of Accident: 28/63/2+23 Time of Accident: 12-20 pm Place of Accident: Woodlands Aw 12 (SLE towards BKE) Insurance Company: To Kio Marine Insurance Singepie Utd (B) ADDITIONAL INFORMATION / AMENDMENTS: I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments: Amendments in sketch plan car A should be GBD9897A Car B should be SDV3268L Cor C should be SMR 7066 R Reporting Centre Personnel's Signature Policyholder / Driver's Signature Name: Acron Out Date:

NRIC/FIN No.: 79410

Date: