

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 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.
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	09/05/2023 09:13 (SGT)
Reported by	Actual Driver
Date of Accident	08/05/2023 07:20 (SGT)
Exact Location of Accident	Segar Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW7277H
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SK GARAGE TRADING LLP
Company Reg No	T20LL0634B
Email Address	SK.GARAGE@HOTMAIL.COM
Mobile Phone No	(Phone) +65-93839132
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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 your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1797

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00005832300

DRIVER

Name of Driver	WONG MINHAO
NRIC No	S8333297B
Date Of Birth	13/10/1983
Occupation	Indoor

Date Of Driving Pass	06/10/2007
Driving experience	15 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97643755
Alt. Phone Number	-
Email Address	jackoz10@hotmail.com
Address	548B SEGAR ROAD #16-680
Address complement	-
Postcode	672548
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	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	2
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)	4
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	-

PASSENGER 1

Name	BOO LIMIN
Gender	Female

PASSENGER 2

Name	CLARA WONG
Gender	Female

PASSENGER 3

Name	BRYAN WONG
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Orchard Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007359999
Alt. Police Station Phone No	(Fax) +65-67331934
Police Station Address	51 Killiney Road Singapore 239572
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

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 SHD8544D
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Taxi
 Name of Driver LIM KOK LEONG
 NRIC No S1484456B
 Contact Number (Phone) +65-96780923
 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 WONG MINHAO
 Gender -
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SJW7277H
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? -

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(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' 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 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' lawyers/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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

Hand-drawn sketch map of the area around the Bulet Ring Road. The map shows a road layout with several labeled points. On the left, a road is labeled "BULET". In the center, a road is labeled "Bulet Ring Road". To the right of the Bulet Ring Road, there are two points labeled "A" and "B". Further to the right, there are two points labeled "C" and "D". The map is drawn on a grid background.

Describe Circumstance of the Accident

On 08/05/2023 @ around 07:21 hrs, my car was stationary as the traffic light was Red & all vehicles was stopped. While waiting suddenly I felt an impact on my rear then realised that Vehicle 3 collided onto my rear portion.

Refer to police notice of compliance.

☐ Claim own policy
☐ Claim third party
☒ Claim OD/TP at other workshop *SK Garage*
☐ For record purpose
 Policy No. *DAKAW000000000000000000*
 Insurer *China Taiping* Veh.No. *SJWFBPH*


I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT MY OWN DAMAGE CLAIM UNDER MY POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

Declaration


I/We declare the foregoing particulars are true in every respect.

X

Policyholder's Signature / Date & Time



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



SNG AH TEE MOTOR & PANEL SVC PTE LTD

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









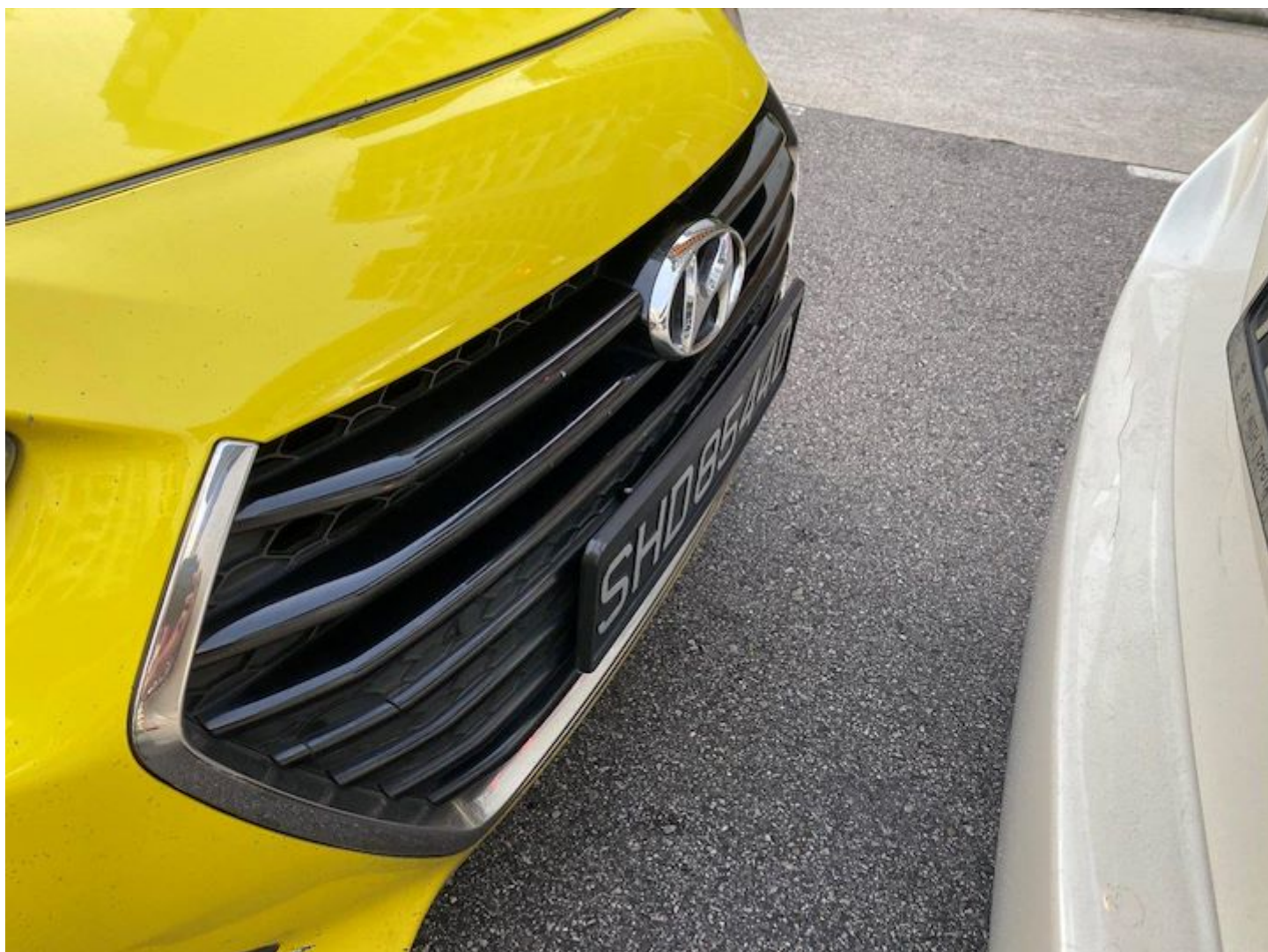




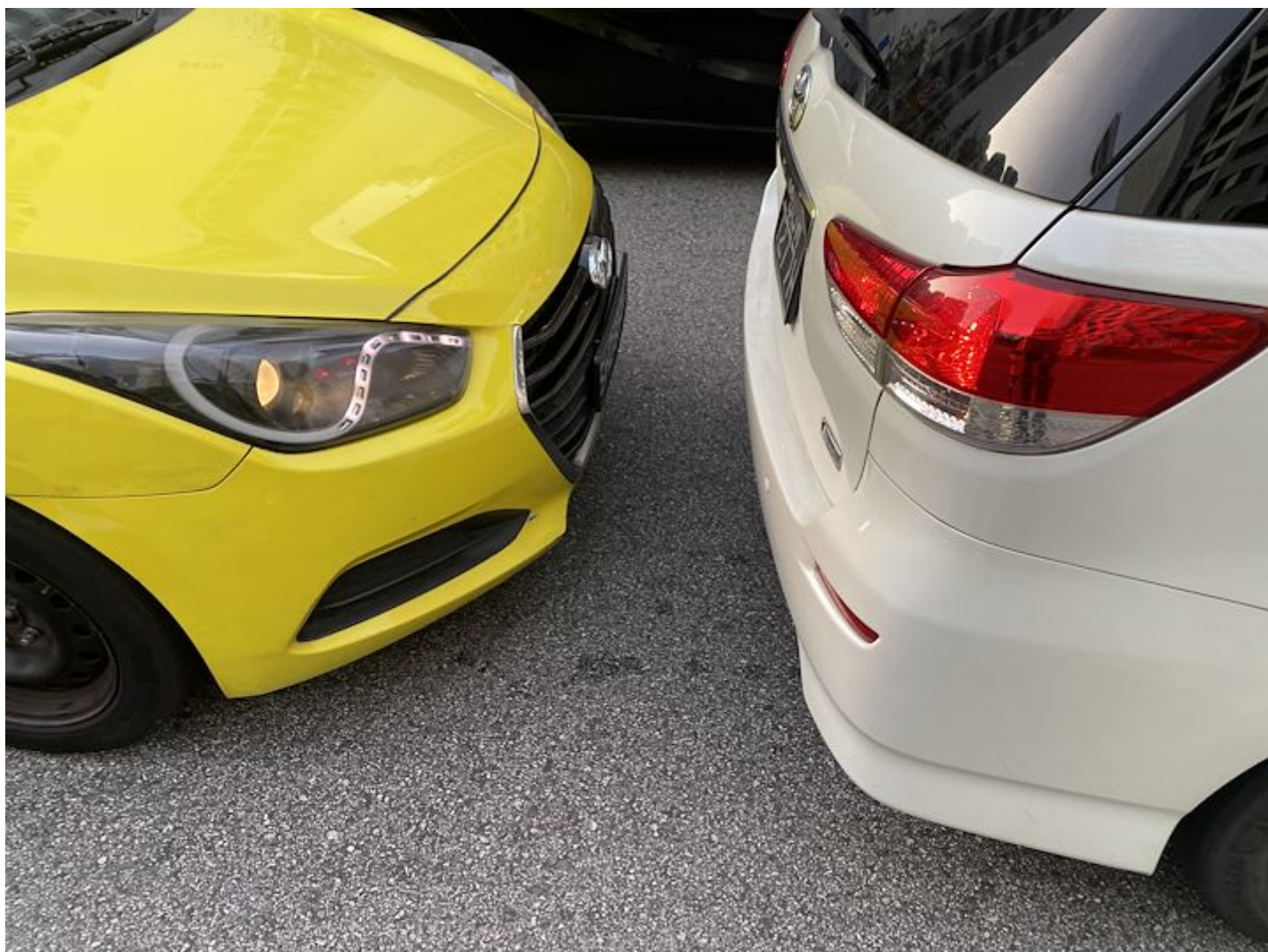














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Annex E

NOTICE OF COMPLIANCE

This is to confirm that Wang Minhao NRIC S8333297B has reported to the Police a non-injury traffic accident which occurred at Seleg Road on 08/05/2023 at 07:20AM involving the following vehicles:

- 1) SJW7297H
- 2) SHD8644D

If this accident was reported to the Police within 24 hours of its occurrence,
Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Sgt Md Sade

Date: 08/05/2023 Time: 9:00AM

S/D Ref: 30

Police Post/Unit: Orchard Neighborhood Police Centre

Original – to be issued to informant
Duplicate – to be submitted to Traffic Police

ORCHARD NEIGHBOURHOOD POLICE CENTRE
51 KILLINEY ROAD
SINGAPORE 239572

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Version as of 15 Jan 2002