SN08235B0002 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 11/05/2023 16:52 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (11/05/2023 16:52 (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.

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 11/05/2023 16:52 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 09/05/2023 13:00 (SGT) Exact Location of Accident Old Airport Rd, Singapore Additional Location Information CARPARK KM4 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SI R6152T

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner YEO JIN TAI NRIC No SXXXX893D Fmail Address winson tingwei@hotmail.com Mobile Phone No (Phone) +65-94884444 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Honda Model Civic Variant Exact purpose for which vehicle was being used at time of Private use

accident

Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category

Transmission CC

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd. DMPCSNA00226172202

No - Claiming third party

Private car

Auto

1496

DRIVER

Name of Driver **CHAN HON MENG** NRIC No SXXXX126E Date Of Birth 07/08/1985 Occupation Outdoor

Date Of Driving Pass 21/12/2019 Driving experience 3 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-94884444 Alt. Phone Number Email Address winson_tingwei@hotmail.com Address BLK 39 UPPER BOON KENG ROAD #08-2414 Address complement Postcode 380039 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Friend 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? Police Station Name Bukit Panjang Neighbourhood Police Centre Police Station Address No.1 Segar Road #01-05 Singapore 677738 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20230511/2055 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number FBL6501U Vehicle Manufacturer Vehicle Model Vehicle Variant

Motorcycle

Vehicle Colour
Vehicle Category

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)				_

SKETCH PLAN

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.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to regulate policy listbility.
- 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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to 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.
- 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.
- B. Consent under the Personal Data Protection Act (PDPA)
- I understand, acknowledge, agree and consent that:
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") maylam permitted to callect, 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 Monetery 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, maybre permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information maybean be disclosed by any of the insurers end/or GIA to thair third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapora, for one or more of the above Purposes.

Policyholder's Signature / Oska Sketch Plan	& Time GW	Drivers & Ting	of driver is not the p	CALPAC	Witnested by Ru (Name as in NR)	porting Centre Pe (C/ID sard)	mannel
vehicle vehicle		SLR FBL			11 1 1 1 1 1 L	マン	

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on og 105/2023 at want 13-00 pm - I was driving cla
old Award Red at corpork. I found a corport lot
and I hazard lights on and stop stationary, while reverse and
park into the lot. Suddally which B" FBL 65014" From
my rear overtake right side and collided outs my rear right
portion vehicle. Treffic police and ambulance came to the
Scene and police B " FBL 65014" informed tentile p
that his fault and private settlement with me and not conv
to unbolone. The next day I received the rider message
Say that he wish to do insurance claim.

Declaration:
I/We deckine the foliagoing particulars are true in every respect.





























CARGO OFFICER



Date of Expiry:

Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

1 of 3 Report No. T/20230511/2055

REPORT	OF A TRAFFI	C ACCIDENT		
Date/Time Report Made: 11/05/2023 13:12		Made:	Vide Report No.;	Station Diary No.:
Informa	nt's Partic	ulars		US DATE OF WALL COME
CHAN H	f Informant: HON MENG		Address: APT BLK 39 UPPER BOO SINGAPORE 380039	ON KENG ROAD #08-2414
ID Type / ID No.; NRIC NO / S8590126E			Contact No.; Home/Office:	Mobile: 94884444
National SINGAR	lity: PORE CITIZ	EN	Email;	
Sex: Age: Date of Birth: Male 37 07/08/1985			Type of Informant: Driver	
Race: Chinese			Language:	
Occupation:			Driving Licence Information	on:

Class: 3

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/05/2023 13:00		Type of Location OLD AIRPORT ROAD FOODCOURT CARPARK	
Location: OLD AIRPOR	T ROAD				NUMBER KM 4	
Weather: Clear		Road Surface: Dry				
Traffic Flow:			Traff No T	c Volume: raffic		
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No		

Details of V	ehicle Involve	d	a listantini	Value and	artie HMZ Lub El al	REAL PROPERTY.
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBL6501U	Matorcycle					1
SLR6152T	Car				Slightly	0
_ =====	2 1000	1			Damaged	



T/20230511/2055

Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999 2 of 3 Report No. T/20230511/2055

Brief Details.

On 09/05/2023 at about 1300hrs, I was driving my car (SLR6152T) along service road of the abovementioned location. I was reversing my car to park my car into a parking lot and had already switched on my hazard lights.

CONTINUATION OF REPORT

While I was reversing my car, I heard a bang sound coming from the back. I then came down from the car to make a check an realised a motorcycle (FBL6501U) with one rider and one pillion had already hit my car on the back area.

I then assisted the rider and pillion to move one side to clear the roadway.

I then exchanged details with the rider, and he is Thomas Conceicao (HP:96777405)

Subsequently ambulance and traffic police came to the location, and ambulance attended to the rider and pillion who needed some medical assistance. Eventually the said rider and pillion was not conveyed to hospital. I wish to state that I did not suffer any injuries in the process.

We then discussed the matter together and the said rider informed that it was his fault and would like to proceed on with private settlement to which I agreed.

On 10/05/2023 I had received a text message from the said rider, and he informed that he wishes to do insurance claim instead.

I wish to state that the damages on my car were dents on the rear boot and crack on the rear bumper, and exhaust pipe on the rear right side dent.





Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

3 of 3 Report No. T/20230511/2055

CONTINUATION OF REPORT

Signature of Officer Recording The Report: J / SGT 2 MUHAMMAD SYAFIQ BIN MAZLAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 11/05/2023 13:12
Officer In Charge Of Case; TP / GIT / SR STAFF SGT Ahmad Syafiq Bin Harris Contact No.: 65476201	Classification Of Case:
NP168]