

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 17:34 (SGT) Reported by **Actual Driver** Date of Accident 10/05/2023 17:20 (SGT) Exact Location of Accident Singapore Additional Location Information SLIP ROAD OF YIO CHU KANG TOWARDS CTE/SLE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SME8480P

INSURED/POLICYHOLDER

Is company? Yes

Name Of Registered Owner YISHUN TOWING PTE LTD

Company Reg No 200106908W

Email Address jasontai121@gmail.com Mobile Phone No (Phone) +65-96968480

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Lexus Model Es250

LEXUS ES250 4DR SEDAN (AUTO) EXECUTIVE

Employment

Private car

No - Claiming third party

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Transmission

Auto 2487

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.

Policy Number / Cover Note Number DMPCSNW00210792201

DRIVER

Name of Driver JASON TAI JUN XUAN

NRIC No S9621450B Date Of Birth 17/06/1996 Occupation Outdoor

Date Of Driving Pass 06/06/2017 Driving experience **5 YEARS AND 11 MONTHS** Gender Mobile Number (Phone) +65-96968480 Alt. Phone Number Email Address jasontai121@gmail.com Address 579 HOUGANG AVENUE 4 #15-630 Address complement Postcode 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 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? 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 PASSENGER 1 Name **CELINE KOH AH GEOK** Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? No 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 Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour	FBP6668B - - -
Vehicle Category	Goods vehicle
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 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?	KOH AI GEOK CELINE Female SME8480P Yes Yes
INJURED 2	
Name of injured person Gender	JASON TAI JUN XUAN Male

Name of injured person

Gender

Phone No

Address

Address Complement

Post Code

Approximate Age Years Old

Injuries Sustained

Injured person in which vehicle?

JASON

Male

For Address

Address

SMF84

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Yes

SKETCH PLAN

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5. Any false reporting may be referred to the Traffic Police Department for investigation.

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

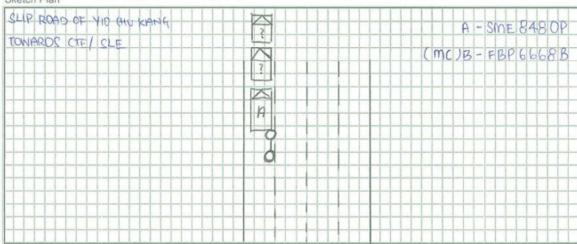
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

Policyholder's Signature / Date & Time

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

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

Sketch Plan



1

ribe Circumstance of the Accident	
- REFER TO POCICE REPORT (T	120230511 (7057)-
claration	

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

CACcident report SV12235B0001

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

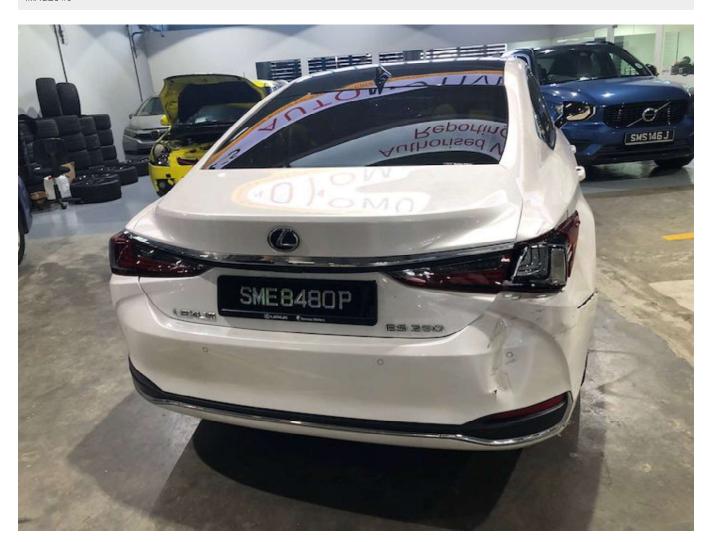






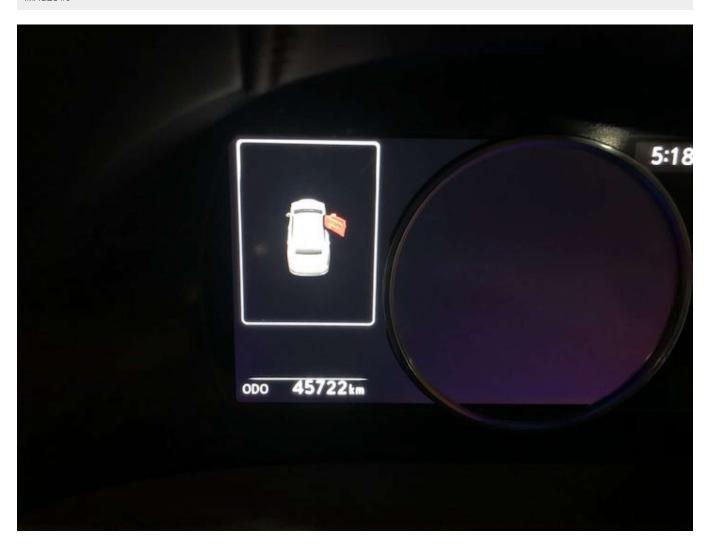


















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20230511/7057

REPORT OF A TRAFFIC ACCIDENT

	ate/Time Report Made: 1/05/2023 16:30		Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars			
Name of Informant: JASON TAI JUN XUAN		Address: 579 HOUGANG AVENUE 4 #15-630 SINGAPORE 530579			
	/ ID No.: D / S96214	50B	Contact No.: Home/Office:	Mobile: 81817188	
National SINGAP	ity: ORE CITIZ	EN	Email: JASONTAI121@GMA	IL.COM	
Sex: Male	Age: 26	Date of Birth: 17/06/1996	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: SU		Driving Licence Inform Class:	ation: Date of Expiry:		

	The Company	10:1	In the state of	72 (1 -1)		
Type of Accident:	Attended by Police	Drink Drive: No	Date/Time of Accident: 10/05/2023 17:20	Type of Location: Straight Road		
Location: SLIP ROAD	OF YIO CHU KANG TOWA	ARDS CTE/SLE				
Clear		Dry				
Oleai						
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy		

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
FBP6668B	Motorcycle					1
SME8480P	Car	100				2

Details of Person Involved		
Any Pedestrian Involved: No		
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA	





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20230511/7057

CONTINUATION OF REPORT

Passenger						duta tee ee
Name	KOH AI GEOK CELINE			ID No.		S9943170I
Related Vehicle	SME8480P (Car)			Contac	ct No.	NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL
Date	11/05/2023 Date		Date	11/05/2023		5/2023
No. of Days granted Medical Leave 05			Degree o	of Serious		
Driver						
Name	JASON TAI JUN XUAN			ID No.	8	S9621450B
Related Vehicle	SME8480P (Car)			Conta	ct No.	81817188
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class Driving Licend Expiry	e &	Class: NIL Date of Expiry: NIL
Date	11/05/2023		Date		11/05	5/2023
No. of Days gran	s granted Medical Leave 05 Degree of				Serio	us

Brief Details.

On the stated time and date, my Vehicle A (SME8480P) was stationary while waiting for the vehicles in front to move off. Suddenly i felt an impact from my rear. After awhile i got off my vehicle and realized Motorcycle B (FBP6668B) had collided on to the rear of my vehicle. My passenger and i felt aches and pains after the accident and went to visit the doctor and received 5days MC.



T/20230511/7057

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20230511/7057

CONTINUATION OF REPORT

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: 11/05/2023 16:30
Officer In Charge Of Case: TP / TPIB / ROIZMAN BIN MOHAMED POSARI Contact No.: 65476131	Classification Of Case: