ST1A235N0001 / TLM Automobile Pte Ltd ENTRY DATE & TIME: 23/05/2023 10:54 (SGT) SUBMITTED BY: frontdesk 1 VERSION: 1 (23/05/2023 10:54 (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 this is form by instrained 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 23/05/2023 10:54 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 20/05/2023 13:10 (SGT) Exact Location of Accident Near Woodlands Crossing, Singapore Additional Location Information BKE towards JB Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mitsubishi

Auto

1500

Vehicle Registration Number SFF1313M

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner Alee Soo NRIC No S6874754F Email Address qianhuig@yahoo.com.sg Mobile Phone No (Phone) +65-96260035 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Eclipse cross 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 - Claiming third party your vehicle? Vehicle Category Private car

Transmission

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5118603718-02

DRIVER

CC

Name of Driver Alee Soo NRIC No S6874754F Date Of Birth 06/08/1968 Occupation Indoor

Date Of Driving Pass 12/08/1992 Driving experience 30 YEARS AND 9 MONTHS Gender Female Mobile Number (Phone) +65-96260035 Alt. Phone Number Email Address qianhuig@yahoo.com.sg Address Block 112 Hougang Avenue 1 Address complement #10-1102 Postcode 530112 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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? Yes Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Yes 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? Yes Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement **FOREIGN VEHICLE 1** Vehicle Registration Number WTF103 Vehicle Category Private car PASSENGER 1 Name Ong Shew Wah 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? If yes, against whom? CIRCUMSTANCES OF ACCIDENT Refer to police report ATTACHMENT(S)

Yes

Yes

Are accident photos available for attachment?

Was there any video captured by Car Camera?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKD5588L
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
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)	5

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMN5261C
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
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)	6

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	WTG103
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
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)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	about 6 people from SMN5261C
Gender	-
Phone No	-
Address	-



Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? SMN5261C
Were seat belts worn? Was this injured conveyed to hospital by ambulance? Yes

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- Any false reporting may be referred to the Traffic Police Department for investigation.
- 6. 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.
- 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)

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.

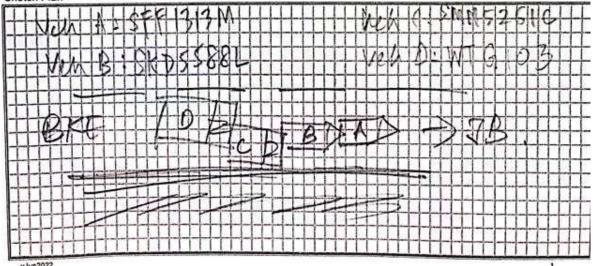
Policyholder's Signature / Date & Time 23/05@ 1017

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

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

TAN AL LAN

Sketch Plan



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claration		
e declare the foregoing particulars are true in every respect.		
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Alles	4 h	TAN AT LA
Scyholder's Signature / Date & Time Actual Driver's Signature (if driver	r is not the policyholder) Witnessed by	Reporting Centre Personnel
23/SP 10/7 ~ 1Date & Time	(Name as in the	RICID card)
13/36		





1 of 4 Report No. T/20230520/7039

Date/Time Report Made: 20/05/2023 16:44			Vide Report No.: L/20230520/0077	Station Diary No.:	
Informan	t's Partic	ulars			
	Informant:		Address: 112 HOUGANG AVENUE	E 1 #10-1102 SINGAPORE 530112	
ID Type / NRIC NO	ID No.: / S68747	54F	Contact No.: Home/Office: Mobile: 96260035		
Nationalit			Email: QIANHUIG@YAHOO.COM.SG		
Sex: Female	Age:	Date of Birth: 06/08/1968	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation Administra	on: ation man	ager	Driving Licence Information Class: 3	on: Date of Expiry:	

Type of Accident:	Injury Attended by Police	Drink Date/Time of		Type of Location Straight Road	
Location: WOODLAND: Weather:		Road Surface:	i i		
Difference .					
Clear		Dry	T	raffic Volume:	
Clear Traffic Flow: One Way	11	Traffic Control: Not Controlled	N	raffic Volume: loderate nyone conveyed by	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SFF1313M	CONTRACTOR OF THE PARTY OF THE	MITSUBISHI	ECLIPSE CROSS 1.5 CVT	Brown	Slightly Damaged	1
SKD5588L	Car	HONDA	MOBILO	White	Seriously Damaged	5





2 of 4 Report No. T/20230520/7039

CONTINUATION OF REPORT

Details of V	I-	Make	Model	Color	Condition	No of Passenger
Vehicle No.	Type	Children Co. Co.	FREED	Grey	Seriously	6
SMN5261C	Car	HONDA	HYBRID		Damaged	
			ALPHARD	White	Seriously	0
WTG103	Car		ALFIAND	1,111.0	Damaged	

	ehicle insurance	Insurance No	Effective	Expiry Date
Vehicle No.	Insurance Company	5118603718-02	14/08/2022	
SFF1313M	NTUC Income Insurance Co-Operative Limited	5110003710-02	14/00/2022	13/08/2023

Details of Perso	on Involved	\$2.170.00 miles		341005X		
Any Pedestrian I	nvolved: No		Use of P	odostris	an Cross	sing NA
No. of Pedestria	ns Injured: NIL	CONTRACTOR STEEL	Use of F	Buestric	ari Oros.	only, IVA
Driver	AND THE REAL PROPERTY.	The second second	Harrist And Steel Steel	TID N	0	S6874754F
Name	ALEE SOO				U.	000/4/04/
Related Vehicle	SFF1313M (Car)				tact No.	96260035
Hospital/Clinic	NIL			Clas Drivi Licer Expir	ng nce &	Class: 3 Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	of	NIL	
Driver			210 (210) X	Sec. 1	21/213/01	
Name	Unknown Driver			ID N	0.	NIL .
Related Vehicle	SMN5261C (Car)			Contact No.		87886398
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: 3 Date of Expiry: NIL
Date	NIL		Date	-	NIL	
lo. of Days grant	ed Medical Leave	NIL	Degree of	f	Slight	ni Vinal per tang kanadagan





3 of 4 Report No. T/20230520/7039

CONTINUATION OF REPORT

Driver		UENG		ID No		021208010105
Name	VINCENT BOO YU HENG					921200010105
Related Vehicle	WTG103 (Car)			Conta	ct No.	84075073
Kelated Termon	11500 USS 11			Class	of	Class: 3
Hospital/Clinic	NIL			Driving Licence Expiry	g ce &	Date of Expiry: NIL
5.1	NIL		Date	-1	NIL	
Date	ted Medical Leave	NIL	Degree o	of	NIL	

Brief Details.

At the stated date and time, I was travelling along BKE(Woodlands) at around 10.3km queueing to woodlands checkpoint. Suddenly, vehicle B collided onto the rear portion of my vehicle. This is a chain collision which involved 4 vehicles including mine. Vehicle A (SFF1313M), vehicle B (SKD5588L), vehicle C (SMN5261C), vehicle D (WTG103). Vehicle D collided into vehicle C and started the chain collision. Driver and passenger in vehicle C was injured and brought out by ambulance.





4 of 4 Report No. T/20230520/7039

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: 20/05/2023 16:44
Officer In Charge Of Case: TP / TPIB / MOHAMMAD ABDILLAH BIN PALIL Contact No.: 65476246	Classification Of Case: