SV1223500002 / Vin's Motor Pte Ltd [737869] ENTRY DATE & TIME: 24/05/2023 14:40 (SGT) SUBMITTED BY: Muhammad Iswan Bin Ishak VERSION: 1 (24/05/2023 14:40 (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 24/05/2023 14:40 (SGT) Reported by **Actual Driver** Date of Accident 23/05/2023 21:00 (SGT) Exact Location of Accident Singapore Additional Location Information ALONG ANG MO KIO AVENUE 5 Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Toyota

Vehicle Registration Number SJK2338L

### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner VIN'S CAR RENTAL PTE. LTD. Company Reg No 2XXXXX370W Email Address claims@vinsautogroup.com.sg Mobile Phone No (Phone) +65-64532121 Alternative Phone No

### VEHICLE PARTICULARS

Manufacturer

Model C-HR HYBRID 1.8G CVT Variant Exact purpose for which vehicle was being used at time of accident Private hire Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private hire Transmission Auto CC 1797

### **INSURANCE COMPANY**

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMHCSNA00016232200

### DRIVER

Name of Driver **ROSLAN ISMAIL** NRIC No SXXXX252D Date Of Birth 30/09/1966 Occupation Outdoor

Date Of Driving Pass	13/11/2006
Driving experience	16 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88172038
Alt. Phone Number	-
Email Address	claims@vinsautogroup.com.sg
Address	BLK 5 JALAN MINYAK #08-348
Address complement	-
Postcode	161005
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 Hood to Boor
Weather Conditions	Collision - Head to Rear Clear
Road Surface	
Noad Guilace	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)	3
Has the driver been approached by unknown person(s)	N.
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	GRAB PASSENGER
Gender	Male
dondor	Male
PASSENGER 2	
Name	GRAB PASSENGER
Gender	Female
delidel	remale
DETAILS OF DOLLOF ACTION	
DETAILS OF POLICE ACTION	
Mos the socident reported to the relice?	
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 Was notice of intended Prosecution given?	10 Ubi Avenue 3 Singapore 408865
<del>_</del>	No
If yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
SAME AS SKETCH	
ATTACHMENT(S)	

Yes No

Are accident photos available for attachment? Was there any video captured by Car Camera?

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

GBE663L
-
-
-
-
Goods vehicle
DANIEL LIM HONG WEI
(Phone) +65-90036789
-
-
-
-
-
-
-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person Gender	ROSLAN ISMAIL
Phone No	- (Phone) +65-88172038
Address	<del>-</del>
Address Complement	-
Post Code	_
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJK2338L
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	-

### 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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 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")

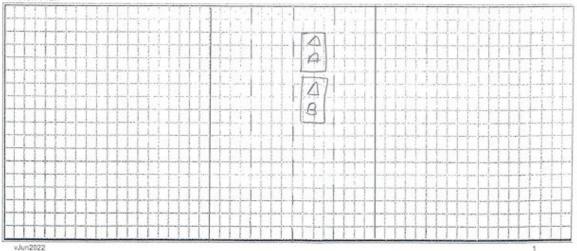
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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 & Signature / Date & Time

Actual Driver's Signature (if driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personn (Name as in NRIC/ID card)

Sketch Plan



9-55K2336L B-GBEGG3L

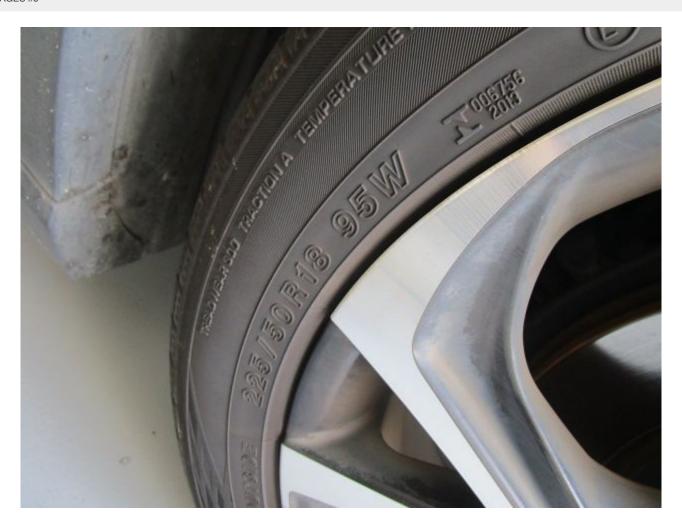
scribe Circumstance	Refer	to	police	Report	_
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claration					
declare the foregoing parti	culars are true in	every	respect.		
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		979	march &	DM21 (000)	

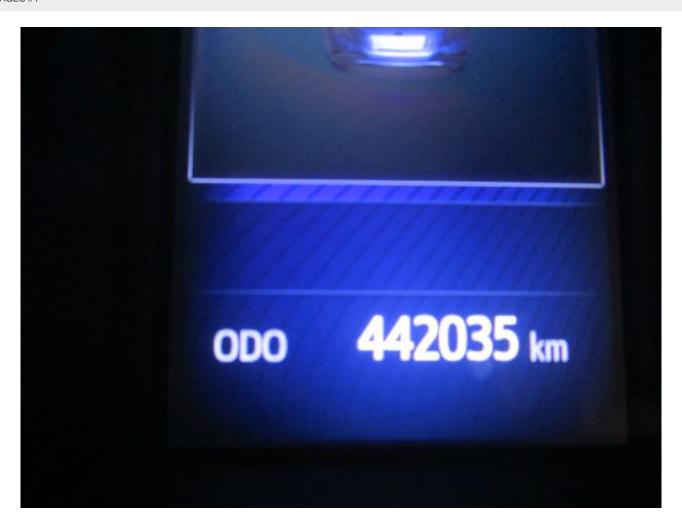
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

























Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20230524/7033

REPORT C	F A TRAFFI	CACCIDENT					
Date/Time Report Made: 24/05/2023 13:43		Vide Report No.:	Station Diary No.:				
Informa	nt's Partic	ulars					
Name of Informant: ROSLAN ISMAIL			Address: 5 JALAN MINYAK #08-348 SINGAPORE 161005				
ID Type NRIC NO	/ ID No.: D / S17542	52D	Contact No.: Home/Office:	Mobile: 88172038			
Nationality: SINGAPORE CITIZEN		Email: ROSLAN.ISMAIL1966@GMAIL.COM					
Sex: Age: Date of Birth: Male 56 30/09/1966			Type of Informant: Driver				
Race: Malay			Language: English				
Occupation: PHV DRIVER		Driving Licence Inform Class: 3	ation: Date of Expiry:				

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/05/2023 21:00	Type of Location: T-Junction	
Location: ANG MO KIC	AVENUE 5				
Weather:		Road Surface: Dry			
Clear			affic Control: Traffic Volume: affic Light - Working Moderate		
Clear Traffic Flow: One Way		Traffic Control: Traffic Light - Wor	76	Traffic Volume: Moderate	

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
GBE663L	Van		HIACE	Silver	Slightly Damaged	0
SJK2338L	Car	TOYOTA	CHR	White	Slightly Damaged	2



T/20230524/7033

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20230524/7033

### CONTINUATION OF REPORT

Details of Perso	n Involved			100000	300mt	
Any Pedestrian I	nvolved: No					
No. of Pedestrians Injured: NIL			Use of P	edestriar	Cross	sing: NA
Driver						
Name	DANIEL LIM HONG WEI			ID No.		S9619733J
Related Vehicle	GBE663L (Van)			Contact No.		90036789
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: 3 Date of Expiry: NIL
Date	NIL		NIL			
No. of Days gran	Days granted Medical Leave NIL			of	NIL	
Driver	Old State of the S		E CONTRACTOR OF THE PARTY OF TH		100	
Name	ROSLAN ISMAIL			ID No		S1754252D
Related Vehicle	SJK2338L (Car)			Conta	ct No.	88172038
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class Drivin Licend Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date	24/05/2023		Date		24/05	5/2023
No. of Days gran	o. of Days granted Medical Leave 05			Degree of Slight		

### Brief Details.

On 23/5/2023 at about 2100 Hrs, i was driving my vehicle SJK2338L along CTE Exit Ang Mo Kio Ave 5 with 2 passenger onboard. I was at the Slip Road traffic lights Junction of AMK Ave 5 stationary as the lights is on RED. While i was waiting at the said Junction, suddenly I felt a great impact from behind. I alighted my vehicle and discover that a Van GBE663L cannot stop on time and rear ended my vehicle rear portion. After the accident we exchange particular and leave the scene. My neck and back pain due to the impact of the accident and today when i wake up the pain more worse so i consult doctor and was given 5 days MC.



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



3 of 3

Report No. T/20230524/7033

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: 24/05/2023 13:43
Officer In Charge Of Case: TP / TPIB / TAY CHUN KEEN Contact No.: 65476436	Classification Of Case:
NP168	

