SN08237R0001 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 27/07/2023 09:44 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (27/07/2023 09:44 (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 First Submission 27/07/2023 09:44 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 20/07/2023 00:00 (SGT) Exact Location of Accident Bukit Panjang Rd, Singapore Additional Location Information TOWARDS TECK WHYE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLD2260P

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner AHMAD BIN MOHD TAHA NRIC No SXXXX498B Fmail Address ahfai4328@gmail.com Mobile Phone No (Phone) +65-96184328 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Honda Model Vezel Variant Exact purpose for which vehicle was being used at time of accident **Employment**

Are you claiming under your own insurance policy for repair to No - Claiming third party

your vehicle? Vehicle Category Private hire Transmission Auto CC 1496

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMHCSNW00022972200

DRIVER

Name of Driver AHMAD BIN MOHD TAHA NRIC No SXXXX498B Date Of Birth 03/08/1973 Occupation Outdoor

Date Of Driving Pass 09/11/1992 Driving experience 30 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-96184328 Alt. Phone Number Email Address ahfai4328@gmail.com Address BLK 10 TECK WHYE AVENUE # 03-73 Address complement Postcode 680010 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 Collision - Cross Junction 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? 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? 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/20230721/2074 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 SMN3561A Vehicle Manufacturer Honda

Jazz

Private car

Vehicle Model

Vehicle Variant
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)	_

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	AHMAD BIN MOHD TAHA
Gender	Male
Phone No	(Phone) +65-96184328
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLD2260P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 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 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 perties.
- 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	Driver's Sign	AS source (If driver is not the policyholder) /	
Sketch Plan BUKI	PANJANG	ROAD TOWARDS	(Name as in NRICUD cerd)
			Vehicle B BMN 3561A
		# # # # # # # # # # # # # # # # # # #	

Accident report SN08237R0001

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AS Per	police	report.	7/2023	0721/2074
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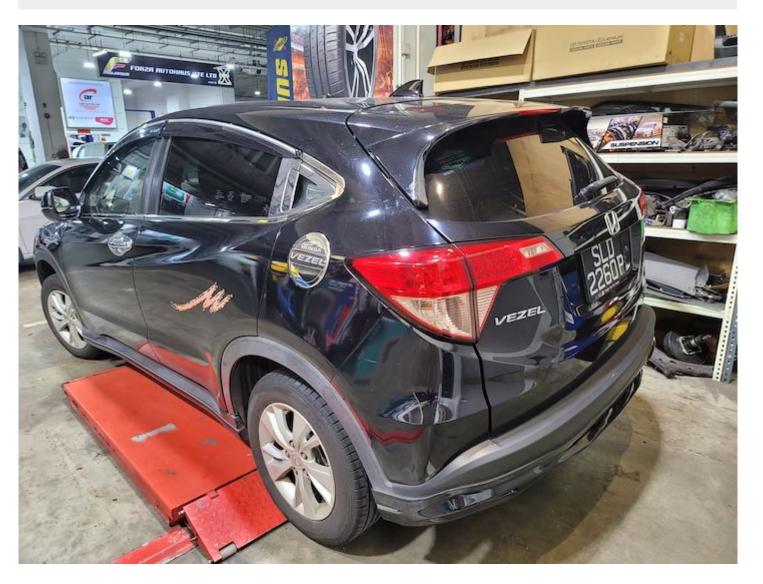
I/We declare the foregoing particulars are true in every respect

Policyholder's Signature / Date & Time

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

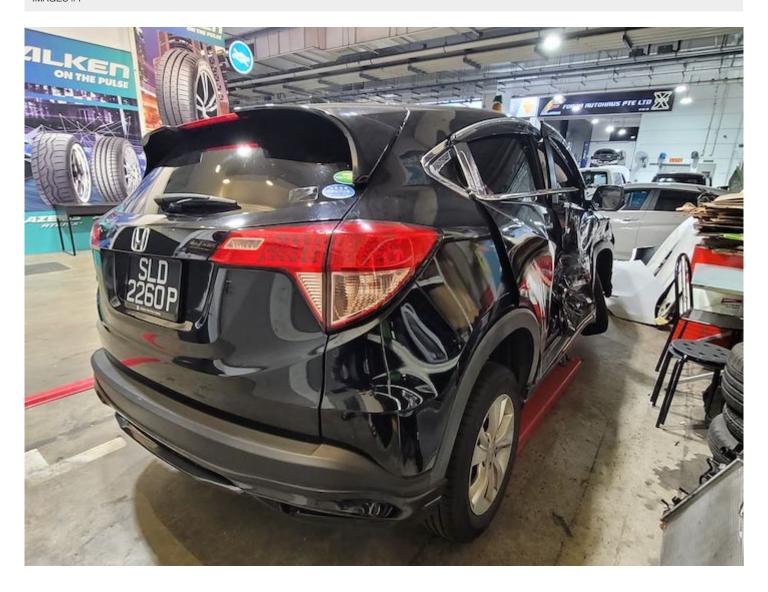
Witnessed by Reporting Centre Personnel (Name as in NRICAD card)

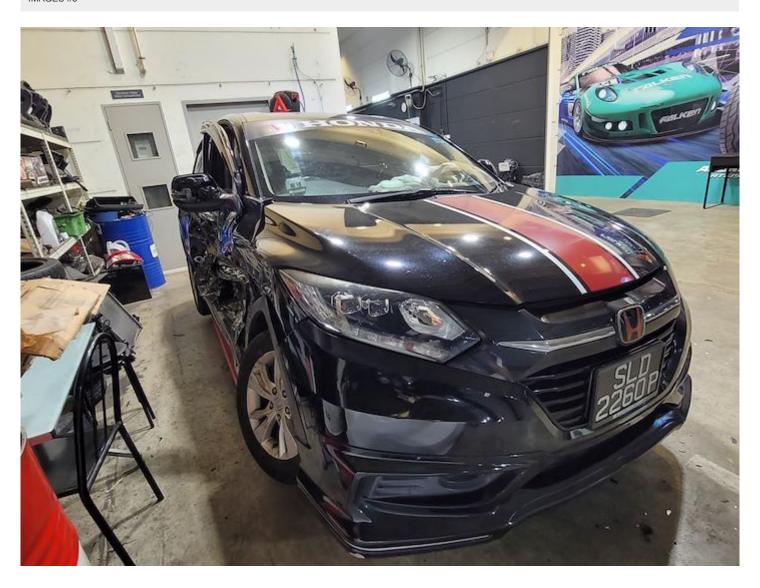
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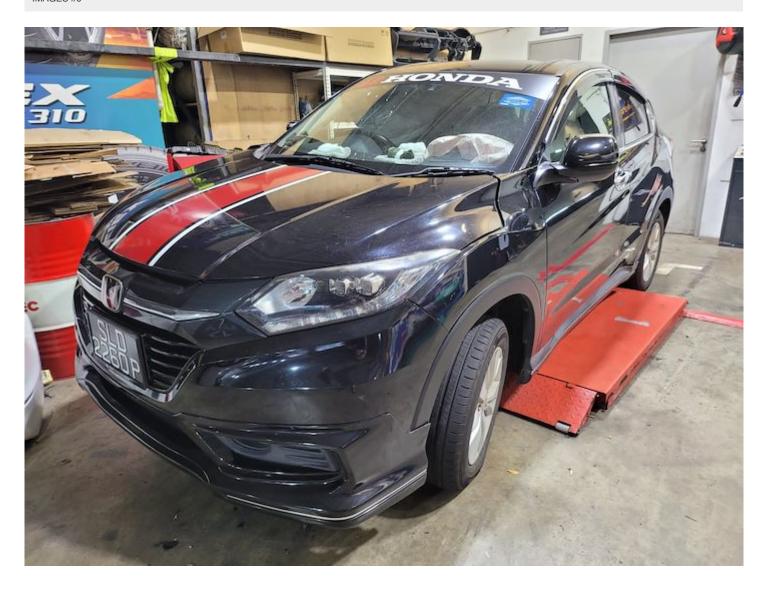


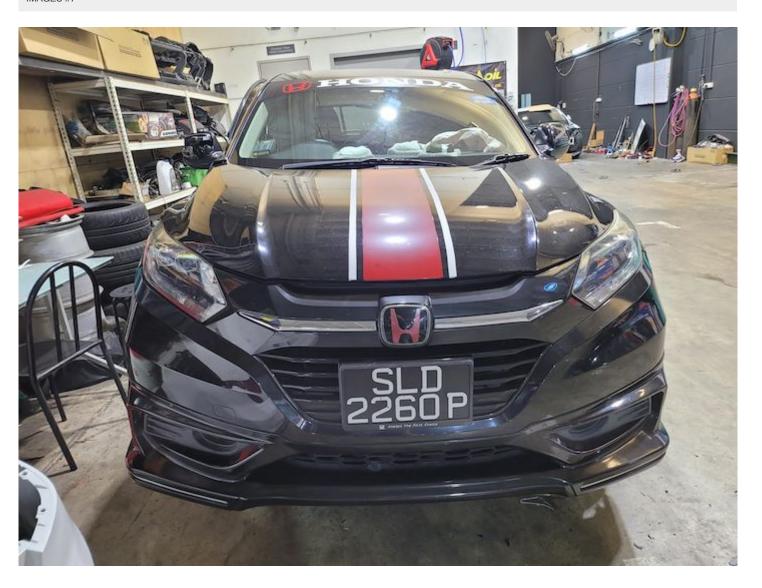




















Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

1 of 3 Report No. T/20230721/2074

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
21/07/2023 16:30	J/20230720/0012	62

			0/20200/20/00/2	02
Informa	int's Partic	ulars		3 300 1000
AHMAD	f Informant BIN MOHE		Address: APT BLK 10 TECK WHYE A 680010	VENUE #03-73 SINGAPORE
	/ ID No.: 0 / S73274	98B	Contact No.: Home/Office;	Mobile: 96184328
National SINGAF	ity: PORE CITIZ	EN	Email:	
Sex: Male	Age: 49	Date of Birth: 03/08/1973	Type of Informant: Driver	
Race: Malay			Language:	
Occupat PRIVATI	ion: E HIRER		Driving Licence Information: Class: 3,4	Date of Expiry:

Type of Accident: Injury Conveyed By Ambulanc		Drink Drive: No	Date/Time of Accident: 20/07/2023 00:00	Type of Location X-Junction	
Location: BUKIT PANJ Weather: Clear	F	Road Surface:			
Traffic Flow:		raffic Control:		Traffic Volume: Light	
Type of Collis				The state of the s	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLD2260P	Car	HONDA	VEZEL 1.5X	Black	Seriously Damaged	0
SMN3561A	Car	HONDA	JAZZ 1.3 CVT			0

Details of V	ehicle Insurance	CONTRACTOR OF THE PARTY OF THE	DESCRIPTION OF THE PARTY OF THE	The Later
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLD2260P	CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.	DMHCSNW000229 72200	08/12/2022	07/12/2023

CS CamScanner



T/20230721/2074

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/20230721/2074

CONTINUATION OF REPORT

Any Pedestrian I	nvolved: No			DESCRIPTION OF THE PERSON OF T		COUNTY TO SELECT	
No. of Pedestriar	s Injured: NIL		Use of P	adestria	n Cross	ing: NA	
Driver		THE PERSON NAMED IN	APPLICATION OF THE	- COOSTING	01035	mig. 1975	
Name	AHMAD BIN MOHE	AHAT C		ID No).	S7327498B	
Related Vehicle	SLD2260P (Car)			Conta	ect No.	96184328	
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL			The state of the s		Class: 3,4 Date of Expiry: NIL	
Date Treatment	20/07/2023		Data Dia		y Date	10007	
	ted Medical Leave	04	Date Dis Degree o	of Injury	20/07 Slight	CONTRACTOR PROPERTY.	

Brief Details.

On 20/07/2023 at about 12pm, I was driving my vehicle, bearing plate number (SLD2260P) along Bukit Panjang Road (towards Teck Whye). As the traffic light was on my Favour, I proceeded ahead and subsequently I felt an impact from my right. I noticed that another vehicle (SMN3561A) - which came from Bukit Panjang Ring Road had beat the red light and collided into my vehicle. My vehicle then swerved to a pedestrian crossing of Bukit Panjang Ring Road.

Due to the impact, I suffered pains on my right thumb and my shoulder blades. I was then conveyed to Ng Teng Fong by the Paramedics for further checkups in a cautious state. Subsequently I was given 4 days MC (20/07/2023 - 23/07/2023) to recover and rest at home.

My vehicle sustained damages mostly on the right side of the car - dents, cracks, and paint marks were seen on my vehicle. No other injuries were reported on that day, no government property was damaged. TP IO Zickie had advised me to lodge a police report on the accident that occurred.

