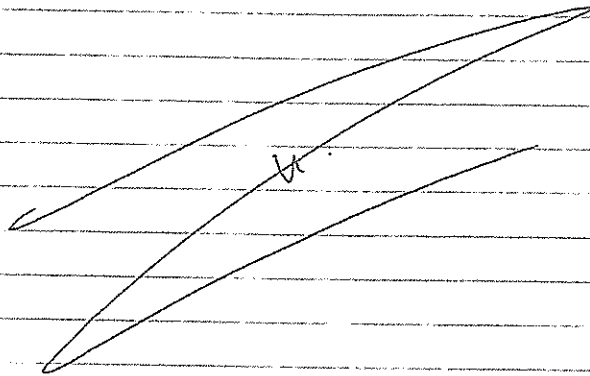


Describe Circumstance of the Accident

attached TP report:


T/20241021/7012



Declaration

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 of IRP/CRP corp)

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 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.
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

(e) 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

(iv) 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 NR/CID card)

Sketch Plan

The diagram shows a three-lane road with a solid line on the left and dashed lines on the right. Three vehicles, represented by rectangles with triangular roofs, are in the center lane. Vehicle C is at the top, followed by vehicle A, and then vehicle B at the bottom. To the right of the road, the following text is written:

Vehicle A: SME 4578T
Vehicle B: SMQ 4969K
Vehicle C: SNN 5442K



SINGAPORE POLICE FORCE



T/20241021/7012

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

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Report No. T/20241021/7012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/10/2024 09:48	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: JEAN CHOO MUN MUN		Address: 173A SENGKANG EAST DRIVE #05-204 SINGAPORE 541173	
ID Type / ID No.: NRIC NO / S9627004F		Contact No.: Home/Office: Mobile: 84844996	
Nationality: SINGAPORE CITIZEN		Email: JEANCHOOMM@GMAIL.COM	
Sex: Female	Age:	Date of Birth: 22/07/1996	Type of Informant: Driver
Race: Chinese		Language: English	
Occupation: Marketing manager		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/10/2024 12:45	Type of Location: Straight Road
Location: SERANGOON ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SME4578T	Motor car	AUDI	Q2 1.4 TFSI COD S TRONIC	Black		2
SMQ4969K	Motor car					0
SNN5442K	Motor car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date



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

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SME4578T	NTUC Income Insurance Co-Operative Limited	5143994508	11/03/2024	27/03/2025

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	JEAN CHOO MUN MUN		ID No.	S9627004F
Related Vehicle	SME4578T (Motor car)		Contact No.	84844996
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL		Degree of Injury	NIL
Passenger				
Name	CHOO LAI FONG		ID No.	NIL
Related Vehicle	SME4578T (Motor car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL		Degree of Injury	Slight
Passenger				
Name	BENSON TEO MENG HUI		ID No.	NIL
Related Vehicle	SME4578T (Motor car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL		Degree of Injury	NIL



**SINGAPORE
POLICE FORCE**



T/20241021/7012

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

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Report No. T/20241021/7012

CONTINUATION OF REPORT

Brief Details.

ON 20/10/2024 AT ABOUT 1245 HOURS AT ALONG CTE TOWARDS PIE BEFORE UPPER SERANGOON ROAD EXIT. I WAS TRAVELLING ON THE FOURTH LANE FROM THE RIGHT AT THE ABOVE MENTIONED ROAD AND WHEN MY FRONT VEHICLE SLOWED DOWN AND STOP DUE TO HEAVY TRAFFIC, HENCE I FOLLOW SUIT. SUDDENLY, I HEARD A LOUD BANG FROM BEHIND AND THE IMPACT FORCED MY VEHICLE TO HIT ONTO THE FRONT VEHICLE (C) IN FRONT OF ME. AFTER I ALIGHT, I REALISED IT WAS VEHICLE (B) WHO HIT ONTO THE REAR PORTION OF VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. IT WAS A CHAIN COLLISION OF TOTAL 3 VEHICLES INVOLVED. AFTER THE ACCIDENT, MY PASSENGER FELT UNWELL AND WILL CONSULT A DOCTOR NEXT.

- (A) SME4578T
- (B) SMQ4969K
- (C) SNN5442K



**SINGAPORE
POLICE FORCE**



T/20241021/7012

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

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Report No. T/20241021/7012

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
LEE GUANG HUI
Contact No.: 65476414

Signature Of Informant:
The identity of the person making this report has been
authenticated by Singpass. No signature is required.

Date/Time:
21/10/2024 09:48

Classification Of Case: