

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

A. 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 16/11/2024 16:18 (SGT) Reported by **Actual Driver** Date of Accident 16/11/2024 10:35 (SGT) Exact Location of Accident Near PIE, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

SLT6941Y

INSURED/POLICYHOLDER Is company? Name Of Registered Owner TWINBIZ RENTAL PTE LTD Company Reg No 201407909C **Email Address** TWINBIZRENTAL@N51.COM.SG Mobile Phone No (Phone) +65-88215151 Alternative Phone No

VEHICLE PARTICULARS

Vehicle Registration Number

Manufacturer Toyota Model **Alphard** 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 your vehicle? Private hire Vehicle Category

No - Claiming third party Transmission Auto CC 1797 Vehicle Fuel Petrol-Electric First Regisration Date 08/11/2017 ZVW400026450

INSURANCE COMPANY

Effective Date/Time of Ownership

Allianz Insurance Singapore Pte. Ltd. Name of Insurance Company Policy Number / Cover Note Number SP2031782595

DRIVER

Name of Driver TAN BENG HUAT ADRIAN NRIC No S6843536F Date Of Birth 30/10/1968 Occupation Indoor **Driving Pass Date** 01/03/2017 **Driving License Pass Class** 3A **Driving License Validity** Valid Driving experience 7 YEARS AND 8 MONTHS Gender Male Mobile Number (Phone) +65-88788922 Alt. Phone Number Email Address TWINBIZRENTAL@N51.COM.SG Address 68 JALAN MATA AYER #01-19 S 757487 Address complement Postcode 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 - 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 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) 2 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 UNKNOWN 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

ATTACHMENT(S)

REFER TO SKETCH PLAN

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Reasons for not uploading a video of the accident

Yes Yes

VIDEO WITH TRAFFIC POLICE

DETAILS OF OTHER VEHICLE PROPERTY 1

FBQ9784Z Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Motorcycle Name of Driver NOOR SULTHAN ALAMEEN Contact Number (Phone) +65-81638487 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	TAN BENG HUAT ADRIAN
Gender	-
Phone No	E
Address	(5)
Address Complement	-
Post Code	-
Approximate Age Years Old	3
Injuries Sustained	₩.
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

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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.
- 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 (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 Monétary 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 daims (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 Singapora, for one or more of the above Purposes.

T. REAL

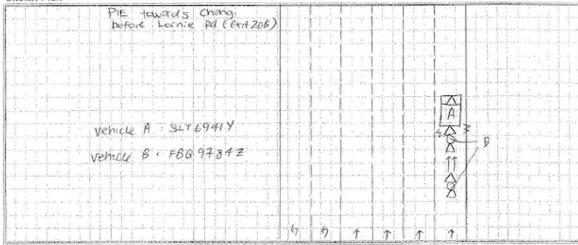
Policyholder's Signature / Date & Time

X.

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

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

Sketch Plan



1

escribe Circumstance of the Accident As per police Report
Report No: 7/20241116/7052
Report No : 172011116 / 1030
The second secon

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

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

2





Police Station Of Origin; Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20241116/7052

REPORT	OF A	TRAFFIC	ACCIDENT
Charles and a contract	40.		

Date/Time Report Made: 16/11/2024 12:50		Vide Report No.: E/20241116/0074	Station Diary No		
Informan	t's Particular	S			
Name of Informant: TAN BENG HUAT ADRIAN		Address: 68 JALAN MATA AYER #01-19 SINGAPORE 757487			
ID Type / NRIC NO	ID No.: / S6843536	\$F	Contact No.: Home/Office:	Mobile: 96236886	
Nationali SINGAP	ly: ORE CITIZE	N	Email: ADRIANTANBH3536@0	GMAIL.COM	
Sex: Age: Date of Birth: Male 56 30/10/1968		Type of Informant: Driver			
Race: Chinese		Language: English			
Occupation: PRIVATE HIRE CAR DRIVER		Driving Licence Informat Class:	tion: Date of Expiry:		

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/11/2024 10:35	Type of Location Straight Road
Location:				
ARCADIA ROAD				
Weather:		Road Surface:		
		Road Surface: Dry		100
Clear		100000000000000000000000000000000000000	Tra	ffic Volume:
Weather: Clear Traffic Flow: Dual Carriage Way	,	Dry	Tra He:	

Details of Ve	hicle Involved					
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBQ9784Z	Motorcycle				Seriously Damaged	1
SLT6941Y	Motor car	TOYOTA	PRIUS ALPHA	Grey	Seriously Damaged	1

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



3 of 3 Report No. T/20241116/7052

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: 16/11/2024 12:50
Officer In Charge Of Case: TP / TPIB / KWOK WEI JIE, DANIEL Contact No.: 89220186	Classification Of Case:
NP168	