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 First Submission 10/06/2024 14:48 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 08/06/2024 16:25 (SGT) Exact Location of Accident Gambas Ave, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mazda

1600

Vehicle Registration Number SKW7216Y

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN PEAK BOON FRANCIS (CHEN BIWEN FRANCIS) NRIC No S8034666B Email Address RIPTIDE 1980@HOTMAIL.COM Mobile Phone No (Phone) +65-97365324 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model 3 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 your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2005517963-01

DRIVER

CC

Name of Driver TAN PEAK BOON FRANCIS (CHEN BIWEN FRANCIS) NRIC No S8034666B Date Of Birth 25/10/1980 Occupation Indoor

Driving Pass Date 15/03/2017 Driving experience 7 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-97365324 Alt. Phone Number Email Address RIPTIDE_1980@HOTMAIL.COM Address BLK 785D WOODLANDS RISE #04-58 Address complement Postcode 734785 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 - Change/cross lane 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? No Was any injured conveyed to hospital by ambulance? 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? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name TRISTEN TAN Gender Male PASSENGER 2 Name **THAZIN** Gender Female PASSENGER 3 Name **GARETH WALDRON** Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Woodlands Division Headquarters Police Station Phone No (Phone) +65-18004660000 Police Station Address 1 Woodlands St 12 Singapore 738622

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: L/20240608/7082

Was notice of intended Prosecution given?

If yes, against whom?

Are accident photos available for attachment?

Yes
Was there any video captured by Car Camera?

Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMZ2083G Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver HAIROUL Contact Number (Phone) +65-80424275 Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident **VEHICLE B** No. Of Passenger (Including Driver)

IMPORTANT NOTICE

SKETCH PLAN

- 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 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)

! 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
- (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.

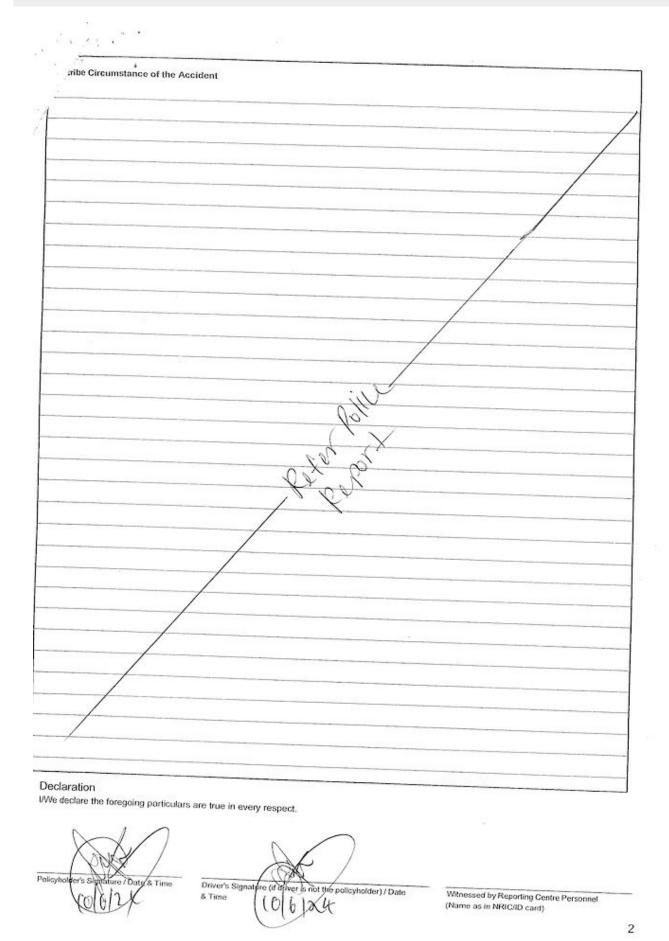
Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time (0/6/24

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

4-SEN72164

1







1 of 2

Report No. L/20240608/7082

POLICE REPORT (NP299)

Police Station Of Origin Woodlands Division HQ 1 Woodlands Street 12 SINGAPORE 738622 Tel No:1800-4660000

Vide Rep	ort No.	OVERES ASSESSMENT	Station Diary No
Address 785D Woodlands rise #04-58 SINGAPORE 734785			
Contact No.			
Home/O	fice:	Mobile: 97365324	
Email Address			
Sex Male	Age 43	Date of Birth 25/10/1980	Race Chinese
Languag English	е		
Location Of Incident			
503 SEMBAWANG ROAD SELETARIS SINGAPORE 757707			
	Address 785D Wo Contact I Home/Of Email Ad riptide 1! Sex Male Language English Location 503 SEM	785D Woodlands ri Contact No. Home/Office: Email Address riptide 1980@hotm Sex Age Male 43 Language English Location Of Incident 503 SEMBAWANG	Address 785D Woodlands rise #04-58 SINGAl Contact No. Home/Office: Mobile: 97365324 Email Address riptide 1980@hotmail.com Sex Age Date of Birth Male 43 25/10/1980 Language English Location Of Incident 503 SEMBAWANG ROAD SELETAR

Brief details.

At around 4.45pm on 080624. Veh SMZ2083G filtered into my lane even though both lanw 1 and 2 were right turning lanes. As a result his right side of his veh scrape on mine (SKW7216Y) while I was stationary. I only managed to get the drivers number 80424275 and his name. Mr Hairoul. No other details can be obtained as Mr Hairoul declined to give. The incident happened at Gambas ave towards Yishun Ave 7. The right turn is towards Sembawang Road.

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: 08/06/2024 21:41
Officer In-Charge Of Case:	Classification Of Case:





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20240608/7082

Subjects Involve	d	Was Edward of the		
Victim				
Person Name	Francis Tan			
ID Type	NRIC NO	ID No	S8034666B	
Gender	Male	Age	43	
Race	Chinese	Language	English	
Occupation	National security, civil defence & immigration managerial officer	Address	785D Woodlands rise #04-58 SINGAPORE 734785	
Mobile No	97365324	Is Informant A Victim?	Yes	
Person Name	Francis Tan (Informant)			

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: 08/06/2024 21:41
Officer In-Charge Of Case:	Classification Of Case: