

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 Authorised 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 ability.
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 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 Report | 20/09/2017 12:25 |
| Date Of Accident | 20/09/2017 09:10 |
| Exact Location Of Accident | TPE SLIP ROAD > LOYANG AVE & CHANGI VILLAGE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------|
| Vehicle Registration Number | GBE5143M |
| Insured/Policyholder | |
| Name Of Registered Owner | ETHOZ GROUP LTD |
| Co Reg No | 198104531H |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-66547777 |

Vehicle Particulars

| | |
|--|---------------------------------------|
| Manufacturer | NISSAN |
| Model | NV350 PANEL VAN 2.5 DIESEL G (M) EURO |
| Exact Purpose for which vehicle was being used at time of accident | |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|-------------------------------------|
| Name of Insurance Company | SOMPO INSURANCE SINGAPORE PTE. LTD. |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | NO |
| Policy Number | D17MTHCVE000151 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | BRYAN SEAH XUE SONG |
| NRIC No | S9648715J |
| Date Of Birth | 15/05/1996 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 15/12/2016 |
| Driving Experience | 0 YEAR AND 9 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-94557727 |
| Fax Number | |
| Contact Number | |
| EEmail Address | NOEMAIL |

Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

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 this accident? NO

Was any body injured in the Accident? YES

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO

Number of Passengers (Including Driver) 2

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name KAKI BUKIT NEIGHBOURHOOD POLICE POST

Police Station Address **ROAD:** BLK 526 BEDOK NORTH STREET 3 #01-448 , **POSTCODE:** 460526 , **COUNTRY:** SINGAPORE

Police Station Contact **TEL NO:** 1800-4429999 - **FAX NO:** 62444377

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHMENT

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLD573A

Vehicle Make/Model/Colour MAZDA 3 (B)

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name BRYAN SEAH XUE SONG

Approximate Age

Injuries Sustain

Injured person in which vehicle? GBE5143M

Were seat belts worn?

Was injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

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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.

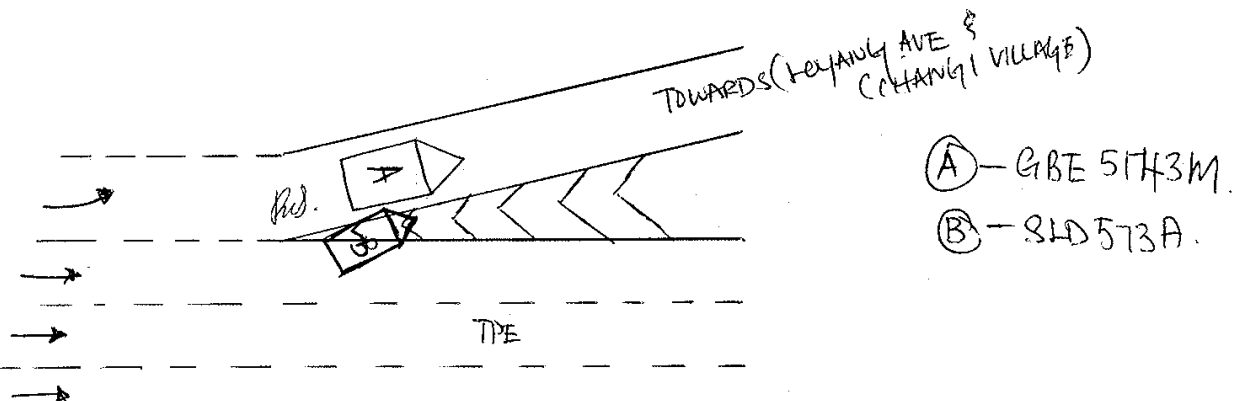


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Person

Sketch Plan



Describe Circumstances of the Accident

I was driving towards. TPE / Louang & I took the exit / sliproad towards Louang Ave, it was jammed & I was travelling around 15 km/h, other cars were all queing to turn but the maza took the divider to cut into the lane of the sliproad & tried to cut into mine while I was moving, he then lose speed to try to get behind me, but instead hit my side / oil cap. After the impact I felt a strong pain on my shoulders & neck.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

| |
|--|
| Reporting Only |
| Claim OD |
| <input checked="" type="checkbox"/> Claim TP |
| Claim OD / TP at other workshop |

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

[Signature]

Witnessed by Reporting Centre Personnel

Sketch Plan Pg. 3

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9648715J



Name

BRYAN SEAH XUE SONG

谢学松

Race

CHINESE

Date of birth

15-05-1996

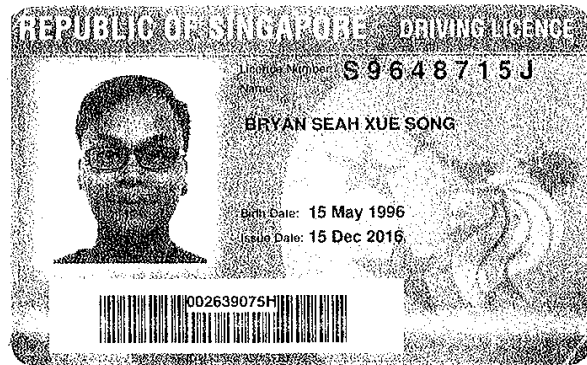
Sex

M

Country of birth

INDONESIA

S9648715J



NRIC No. S9648715J



Date of issue

18-08-2011

Address

APT BLK 516 BEDOK NORTH AVENUE 2
#17-125
SINGAPORE 460516

4766317

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg 15 Dec 2016

NP 428A



Individual Statement



SINGAPORE POLICE FORCE

Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999



T/20170920/2086

1 of 3

Report No: T/20170920/2086

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
20/09/2017 13:44

Vide Report No.:

Station Diary No.:
14

Informant's Particulars

Name of Informant:

BRYAN SEAH XUE SONG

Address:

APT BLK 516 BEDOK NORTH AVENUE 2 #17-125
SINGAPORE 460516

ID Type / ID No.:

NRIC NO / S9648715J

Contact No.:

Home/Office: Mobile: 94557727

Nationality:

SINGAPORE CITIZEN

Email:

Sex:

Male

Age:

21

Date of Birth:

15/05/1996

Type of Informant:

Driver

Race:

Chinese

Language:

English

Institution / School Name:

Occupation:

DELIVERY DRIVER - REDMART

Driving Licence Information:

Class: 3

Date of Expiry:

General Information of the Accident

| | | | | |
|-------------------|-----------------------|--------------------|--|-----------------------------|
| Type of Accident: | Injury Hit and Run | Drink Drive: No | Date/Time of Accident: 20/09/2017 09:10 | Type of Location: Bridge |
|-------------------|-----------------------|--------------------|--|-----------------------------|

Location:
Junction of Road 1 and Road 2
TAMPINES EXPRESSWAY

TPE Slip Rd towards Loyang Ave (Changi Village)

Weather:

Clear

Road Surface:

Dry

Road Speed Limit:

Traffic Flow:

One Way

Traffic Control:

Not Controlled

Traffic Volume:

Heavy

Type of Collision:

Between Moving Vehicles - Side Swipe - Same Direction

Anyone conveyed by ambulance:

No

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No. of Passenger |
|-------------|------|--------|-------|-------|------------------|------------------|
| GBE5143M | Van | NISSAN | NV350 | Red | Slightly Damaged | 1 |
| SLD573A | Car | MAZDA | 3 | Grey | Slightly Damaged | 0 |

Details of Person Involved

Any Pedestrian Involved: No
No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20170920/2086

2 of 3

Report No. T/20170920/2086

Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|----------------------------|--|-----------------------------------|
| Name | BRYAN SEAH XUE SONG | ID No. | S9648715J |
| Related Vehicle | GBE5143M (Van) | Contact No. | 94557727 |
| Hospital/Clinic | KCS MEDICAL CENTRE PTE LTD | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | 20/09/2017 | Date Discharge | 20/09/2017 |
| No. of Days granted Medical Leave | 02 | Degree of Injury | Slight |
| Name | Unknown | ID No. | NIL |
| Related Vehicle | SLD573A (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 | NIL | Degree of Injury | NIL |

Brief Details.

On the 20/09/2017 at about 9:10am, while I was driving in my vehicle bearing the registration no GBE5143M at a very slow speed which was at 15Km/h as there was a heavy jam, at the extreme left lane of Tampines Expressway (TPE) and turning left into the slip road towards Loyang Ave (Changi Village) when suddenly a motor vehicle bearing the registration no SLD573A crossed the road chevron from my right and collided into my the rear right of my vehicle.

I then drove to the side of the road while the other driver stop at the chevron. I then got of my vehicle with the intention of exchanging our particulars with the other driver however I was unable to do so as the traffic was heavy and prevented me from crossing and getting to his vehicle that was parked at the chevron. I saw the driver a male Chinese in his late forties checking his left wing mirror and thereafter said sorry to me and drove off.

I manage to stop him at Loyang Ave and Tampines Ave 7 however he refuse to give his particulars and drove off I then took down his vehicle registration no.

After the accident I seek medical attention at KCS Medical Centre Pte Ltd on the 20/09/2017 and was given 2 days medical leave (20/09/2017 to 21/09/2017).

Damage to my van - Scratch and dent on my rear ride side the Van.

Individual Statement



SINGAPORE
POLICE FORCE



T/20170920/2086

3 of 3

Report No. T/20170920/2086

Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

SI MOHAMED SHAHARUM B ABDUL JEBAR

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

20/09/2017 13:44

Officer In Charge Of Case:

TP / HRT /

SI ABDUL KAREEM BIN ABDUL HAGUE

Contact No: 65476079

SN 112

Classification Of Case:

Authentication Stamp

NP168



Signature :

Singapore Police Force

KCS Medical Centre Pte Ltd

Block 515 Bedok North Ave 2 #01-205 Singapore 460515

Tel : 6443 8322 Fax : 6441 8322

Tax Reg No : 200400967R

Co Reg No : 200400967R

MEDICAL CERTIFICATE

Certificate No : MC/52732

Date Of Visit : 20/09/2017

Patient Ref No : 14414

This is to certify that

SEAH XUE SONG BRYAN

NRIC : S9648715J

is unfit for work for 2 days
From 20/09/2017 to 21/09/2017Dr. Chong Swee Long
460-205 Singapore 460515
Tel : 6443 8322 Fax : 6441 8322**DR CHONG SWEE LONG**MBBS (Spore), Int Med (UK)
DPM (Spore), Dip Derm (Spore)

e - This certificate is not valid for absence from court.

Printed : 20/09/2017

KCS Medical Centre Pte Ltd

Block 515 Bedok North Ave 2 #01-205 Singapore 460515

Tel : 6443 8322 Fax : 6441 8322

Tax Reg No : 200400967R

Co Reg No : 200400967R

TAX INVOICE**SEAH XUE SONG BRYAN**

Nric : S9648715J

Invoice No : PI/131567

Date : 20/09/2017

Attended By : **DR CHONG SWEE LONG**

Items :

| | | Amount |
|----------------|-------|---------|
| CONSULT NORMAL | 1 | \$20.00 |
| ARCOXIA 120MG | 5 tab | \$15.00 |
| ADJUSTMENT | 1 | -\$5.00 |

Paid : \$37.40 Cash**KCS Medical Centre Pte Ltd**Sub Total
GST Amount
Grand Total
Amount paid
Amount outstanding

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

