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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	16/04/2018 15:09
Date Of Accident	13/04/2018 14:00
Exact Location Of Accident	ALONG BEDOK NORTH AVE 3 OUTSIDE BETHESDA
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	PA7328P
Insured/Policyholder	
Name Of Registered Owner	M/S AN FOO TRANSPORT SERVICE
Co Reg No	53331459C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81538800
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMB1SN3087081700
Cover Note Number	
Driver	
Name of Driver	TAN YEW GEE

Name of Driver TAN YEW GEE
NRIC No S1442657D
Date Of Birth 30/08/1960
Occupation OUTDOOR
Date Of Driving Pass 16/07/1993

Driving Experience 24 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94885122

Fax Number

Contact Number

EMail Address NOEMAIL

BLK 37 CIRCUIT ROAD Address

#06-387

Postcode 370037

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

SIDE SWIPE Type Of Accident Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

YES

NO

5

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : UNKNOWN

GENDER: : MALE

Passenger 2 NAME: : UNKNOWN

> GENDER: : FEMALE

Passenger 3 NAME: : UNKNOWN

> GENDER: : FEMALE

Passenger 4 NAME: : UNKOWN

> GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes.Please state which Police Station

Police Station Name MACPHERSON NEIGHBOURHOOD POLICE POST

ROAD: BLK 54 PIPIT ROAD #01-82/84, POSTCODE: 370054, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 1800-7449999 - FAX NO: 65476366 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180413/2154

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 FU1661D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name UNKNOWN

Approximate Age

Injuries Sustain SLIGHT
Injured person in which vehicle? FU1661D

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 5. Any false reporting may be referred to the Police for investigation.
- The 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.
- By the lodgment 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.
- 5. 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 (all insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
 - 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 netices 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 low in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(a) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to pollect, 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 porty service providers or agents including their lawyers/law firms), which may be sited outside of Singapora, for one or more of the above Purposes.
- (a) my hersenal information will also be collected and used to compile defins history for the purpose of fraud detection, Investigation and management in present and all future claims.
- (e) The information so collected under (d) above may be shared / disclosed:
 - to all insurers end/or any other third parties that assist in evaluating, investigating, controlling or managing fraud,
 regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(i) for complying with requirements under any regulations, laws or court orders.

Policyholdur's Signatura Daie & Times Driver's Signature (If driver is not the policyholder) Date & Time:

Name: NBIC/FIN No.3

_ /6/0 4/es

Accident Sketch Plan

SKETCH PLAN		
	No 300	
	Redok North Aue 3	
	Bethesda T	
	Church	
	600	
ORT SER	> (E) (E) (E)	
	- 15/20	
W *		
01 10	> Bedok Nurt	h Ave 3
77		
DESCRIBE CIRCUMSTANC	ES OF THE ACCIDENT	
	2.4 / =2 0 1	
	Peter to TP Report	
	Report No: - T/2018	4215 11406
	1	
)
/		
DECLARATION		
	articulars are true in every respect.	
SS TE SE	/	0
3 4	to	-tym 16/04/18
Policyholder & Sprinture	Orivor's Signature	Reporting Contre Personnel's Signature
Date & Timus	(if driver is not the policyholder) Date & Time:	Name: NRIC/FIN No.:

Individual Statement





2 of 3

Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054 Tel No: 1800-7449999

Report No. T/20180413/2154

CONTINUATION OF REPORT

Driver		Annual Visited	and the state of t	ID No.	7	S1442657D
Name	TAN YEW GEE		100.1100			
				Conta	ct No.	94885122
Related Vehicle	NIL			001110		
		and the same of the same of		Class	of	Class: 3
Hospital/Clinic	NIL			Drivin	g	Date of Expiry: NIL
			Date Disc		NIL	
Date Treatment	INIL.		Date Disc	The same of the sa		
No of Days gran	ited Medical Leave	NIL	Degree of	injury	TALL	

On 13 April 2018 at about 2:00pm, I was driving vehicle PA7328P along Bedok North Ave 3 and about to turn into Bethesda church. All of a sudden, there was a motorbike which came from the left side. Before turning left, I indicated my left signal. However the motorcyclist did not manage to brake in time and resulted in a collision. Upon collision, some members of public from the church called for ambulance and the motorcyclist was conveyed to hospital by ambulance. After the collision, I discovered that the left side of my van has some dents. I am unsure of the damages that the motorbike had sustained.





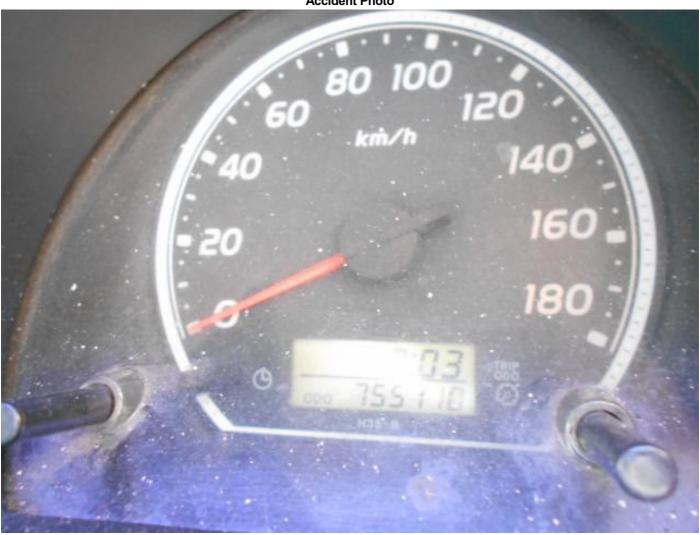












Police Report





16/3

Police Station Of Ongin: MacPrerson NPP 54 Pipi: Road #01-82/84 SINGAPORE ,370054

Report No. 1/20180413/2154

Tel No: 1800-7449999
REPORT OF A TRAFFIC ACCIDENT

RELOID OF A TIMELIN MANNEY.		
Date/Time Report Made:	Vide Report No.:	Station Diary No.:
13/04/2018 19:57	G/20180413/0122	30

I DIGHT CO TO TO TO						
Informat	rt's Partice	ulars				
Name of Informant: TAN YEW GEE			Address: APT BLK 37 CIRCUIT ROAD #06-387 SINGAPORE 370037			
ID Type / ID No.: NRIC NO / S1442657D			Contact No.: Home/Office:	Mobile: 94885122		
Nationality: SINGAPORE CITIZEN		EN	Email:			
Sex: Male	Age: 57	Date of Birth 30/08/1980	Type of Informant Oriver			
Race: Chinese			Language:	Institution / School Name:		
Occupation: BUS DRIVER		Driving Licence Informat Class:	ion. Date of Expiry:			

Type of Accident:	Injury Attended by Police	Drink Drive: Na	Date/Time of Accident 13/04/2018 14:00	Type of Location Straight Road	
Location: Along Read 1 BEDOK NOR Outside Beth	TH AVENUE 3			0	
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
		Traffic Control:		Traffic Volume: Anyone conveyed by	
Traffic Flow: One Way		Not Controlled			

THE RESERVE AND PARTY OF THE PERSON NAMED IN	ehicle involved	Make	Madel	Color	Condition	No of Passenge
r Vehicle No.	Туре	MORENE	Micigan	TOTOTION .		
FU1661D	Motorcycle		RXZ	Red	Slightly Damaged	0
PA7328P	Bus/Coach/Mi nibus		HIACE GOMMUTER MANUAL	White	Slightly Damaged	0.

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured; NIL-	Use of Pedestrian Crossing: NA

Police Report



2 0[3]

Report No. 1/20180413/2164

Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 970054 Tel No. 1800-7449999

CONTINUATION OF REPORT

Driver Name	TAN YEW GEE			ID No.		S1442657D
Related Vehicle	NIL			Conta	et No.	94885122
Hospital/Clinic	NIL			Class Drivin Licens Expiry	9 5e 5.	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Oate Disc	narge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	injury	MIL	The state of the s

On 13 April 2018 at about 2:00pm, I was driving vehicle PA7328P along Bedok North Ave 3 and about to turn into Bethesda church. All of a sudden, there was a motorbike which came from the left side. Before turning left, I indicated my left signal. However the motorcyclist did not manage to brake in time and resulted in a collision. Upon collision, some members of public from the church called for ambulance shd the motorcyclist was conveyed to hospital by ambulance. After the collision, I discovered that the left a co of my van has some dents. I am unsure of the damages that the motorbike had sustained.

Police Report





Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054 Tel No: 1800-7449999 3 of 3 Report No. T/20180413/2164

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.

Signatura Of Officer Recording The Report: G / Sgt 2 CHAN LIP YANG, DEMIAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 13/04/2018 19:57
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt NOR FAIZAL BIN CARRENGE Contact No.: 65476202	Classification Of Case:
Authentication Stamp NP188 SIGNAT	URE

Identification Card



Dister PA 7328p



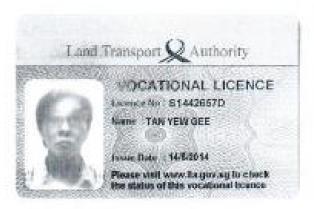
Identification Card



Diver PA 734/p



Identification Card



DAVEY PA +328P

This copy is not beneficiable and is the property of the Lovet Temport. Authority (L.M.) if must be automorphised to the Life on request. If bond, please leave to Life, in this Wang Drive, Original STS-01.

Type Description 03 Res. VL

Issue Date 16/07/1993

