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 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 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

| By the loagement of this report to the insurers, you nereby consaforesaid. | sent to the archiving of this report at the centre and to copies of the report being made available |
|--|---|
| | ACCIDENT STATEMENT |
| Date Of Report | 22/11/2019 16:42 |
| Date Of Accident | 21/11/2019 22:30 |
| Exact Location Of Accident | EUNOS AVE 3 |
| Country/State of Loss | SINGAPORE |
| D | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SKF7455M |
| Insured/Policyholder | |
| Name Of Registered Owner | TAN ENG HOCK |
| NRIC No | S0025705B |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96347001 |
| Alternative Phone No | OFFICE-96347001 |
| Vehicle Particulars | |
| Manufacturer | KIA |
| Model | CERATO FORTE KOUP 1.6 6AT SX ABS D/AB SR |
| 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? | YES |
| If No, Please state action to be taken | |
| Vehicle Category | PRIVATE CAR |
| Insurance Company | |
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5095945122-01 |
| Cover Note Number | |
| Driver | |
| Name of Driver | TANLLIANIZIAT |

Name of Driver TAN LIAN KIAT
NRIC No S9350352Z
Date Of Birth 17/11/1993
Occupation OUTDOOR
Date Of Driving Pass 16/10/2015

Driving Experience 4 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-92354882

Fax Number

Contact Number OFFICE-92354882

EMail Address NOEMAIL

Address BLK 470 SEGAR ROAD

#09-236

Postcode 670470

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

_

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION

Weather Conditions CLEAR
Road Surface DRY

Other Information

ambulance?

Passenger 1

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

YES

YES

Was any other material or property damaged?

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

3

NAME: : CHOW HOONG

GENDER: : MALE

Passenger 2 NAME: : JASLYN QUEK EN NI

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 42 FAJAR ROAD, POSTCODE: 679005, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-8929999 - FAX NO: 67673650

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20191122/2070.

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 YN498C

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE

Vehicle Category

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 CHOW HOONG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKF7455M

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name JASLYN QUEK EN NI

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKF7455M

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

, th. ...

- L. Please report <u>extractly</u> the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Polleyholder and/or the Authorised Driver.
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- 4. The issue and acceptance of this Form by inturance companies is not so admission of policy liability on the part of the insurance companies.
-). Any false reporting may be referred to the Police for investigation.
- The report will be focuseded by the insurers of the GIA Records Management Control established by the General Insurance
 Association of Singapore (GIA) for architeing and that copies of this report will for a fee be made evallable upon application by
 interested parties.
- By the ladgment of this report to the insurers, you hareby consent to the archiving of this report at the centre and to copies of the report being made available storeseld.
- I. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and concept that:

- (s) (My insurer, my workshop and the General insurence 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 insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers' lawyers/jaw firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, hundling and/or dealing with my delms including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my dalms:
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (hv) 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 peckages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my dains (collectively the "Purposes")
- (2) oil insurer(s) who have insured vehicle(s) involved in this accident and the insurers' iswyers/law firms, may/are permitted to collect, use, disclare and/or process my Personal information for one or more of the above Purposes; and
- (i) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or againsting their lawyers/ aw firms), which may be sited outside of Singaporo, for one or more of the above Purposes.
- (b) my Personal information will also be edifected and used to contrate claims history for the purpose of freud 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 and/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
 - (ii) for complying with requirements under any regulations, laws or court orders.

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

Reporting Centre I Name: INRIC/FIN No.: Signature

Page 4 of 27

Accident Sketch Plan

| SKETCH PLAN | | |
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| is & Time | (If driver is not the policyholder) Date 8. Times | Name: |
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Police Station Of Origin:

Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999

1 of 4 Report No. T/20191122/2070

REPORT OF A TRAFFIC ACCIDENT

| | me Report I 019 13:57 | Made: | Vide Report No.: G/20191121/0208 | Station Diary No.: | |
|---|--------------------------|------------------------------|--|----------------------------|--|
| Informa | nt's Partic | ulars | PRESIDENTIAL DESCRIPTION OF THE PERSON OF TH | | |
| Name of Informant: TAN LIAN KIAT | | | Address: APT BLK 470 SEGAR ROAD |) #09-236 SINGAPORE 670470 | |
| ID Type / ID No.: NRIC NO / S9350352Z Nationality: SINGAPORE CITIZEN | | 52Z | Contact No.: Home/Office: | Mobile: 92354882 | |
| | | EN | Email: | | |
| Sex: Male | Age: 26 | Date of Birth: 17/11/1993 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: | Institution / School Name: | |
| Occupation: SELF-EMPLOYED | | | Driving Licence Information: Class: 3 | Date of Expiry: | |

| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 21/11/2019 22:30 | Type of Location X-Junction |
|----------------------|------------------------------|------------------------------------|---|--------------------------------|
| EUNOS AVEI | NUE 3 A LEBAR SINGPOST AF | REA Road Surface: | | |
| | lear Dry | | R | Road Speed Limit: |
| Clear | | | | |
| Traffic Flow: | | Traffic Control: Not Controlled | | raffic Volume: |

| Vehicle No. | Туре | Make | Model | Color | Condition | No of Passenger |
|-------------|-------|------|-------|-------|-----------|-----------------|
| SKF7455M | Car | | | | Seriously | 2 |
| YN498C | Lorry | | | | Damaged | 0 |

| Details of Person Involved | ALCOHOLD VERNING THE SECOND TO SECOND THE SE |
|---------------------------------|--|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |





T/20191122/2070

Police Station Of Origin: Bukit Panjang N.P.C

1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999

2 of 4 Report No. T/20191122/2070

CONTINUATION OF REPORT

| Passenger | | | | No. | | TABLE OF A SEC. |
|------------------|------------------------------------|------------|----------------|---|-----------|-----------------------------------|
| Name | CHOW HOONG | | | ID No. | | S8771270B |
| Related Vehicle | SKF7455M (Car) | | Conta | ct No. | 84983161 | |
| Hospital/Clinic | TAN TOCK SENG HOSPITAL | | | Class Drivin Licens Expiry | g | Class: NIL Date of Expiry: NIL |
| Date Treatment | 21/11/2019 | Date Disch | arge | 21/11 | /2019 | |
| No. of Days gran | ted Medical Leave | 07 | Degree of I | | | |
| Driver | | LI DEVICE | TAX BUT BUT OF | | | |
| Name | TAN LIAN KIAT | | | ID No. | | S9350352Z |
| Related Vehicle | SKF7455M (Car) | | | Contact No. | | 92354882 |
| Hospital/Clinic | NIL | | | Class Drivin Licent Expiry | g ce & | Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Disch | arge | NIL | | |
| | ted Medical Leave NIL | | | Degree of Injury NIL | | |
| Passenger | CATHOLY WITH SELECTION | | | Part Hard | | |
| Name | JASLYN QUEK EN NI | | | ID No. | | S9607675D |
| Related Vehicle | SKF7455M (Car) | | | Contact No. | | 82224687 |
| Hospital/Clinic | NIL | | | Class Drivin Licens Expiry | g ce & | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | | Date Disch | AND DESCRIPTION OF THE PERSON | NIL | . II |
| | f Days granted Medical Leave NIL 2 | | | Injury | NIL | |

On 21/11/2019 at about 2230hrs, I was driving along Eunos Avenue 3 towards the direction of Paya Lebar Square. As I drove and my vehicle approached a X-junction, I came to a stop before the stop line and made a check. After ensuring that there were no incoming vehicles on the opposites lane, I proceeded to accelerate my vehicle. Suddenly, a lorry drove past the front of my vehicle and I was unable to stop in time. My vehicle then collided with the side of the lorry. The lorry then toppled to its right side and my car swerved to the right side of the road. I then get out of the vehicle and called for police assistance. Several bystanders then came forward and offered their assistance to help me and my passengers, as well as to help the lorry's driver get out of his lorry. Thereafter, police officers and paramedics came to the location and offered their assistance. One of my passengers - Chow Hoon was then conveyed by the ambulance away to Tan Tock Seng hospital as he was feeling unwell. I was then advised by the traffic police officers to lodge a police report. I wish to inform that I have no CCTV in my





Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

3 of 4 Report No. T/20191122/2070

CONTINUATION OF REPORT

vehicle.





Police Station Of Origin:

Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999

4 of 4 Report No. T/20191122/2070

CONTINUATION OF REPORT

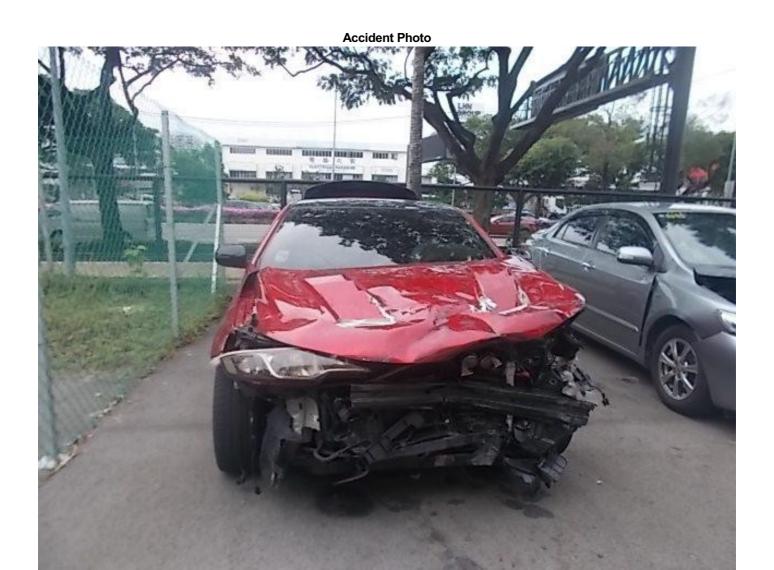
Sketch Plan

NP168

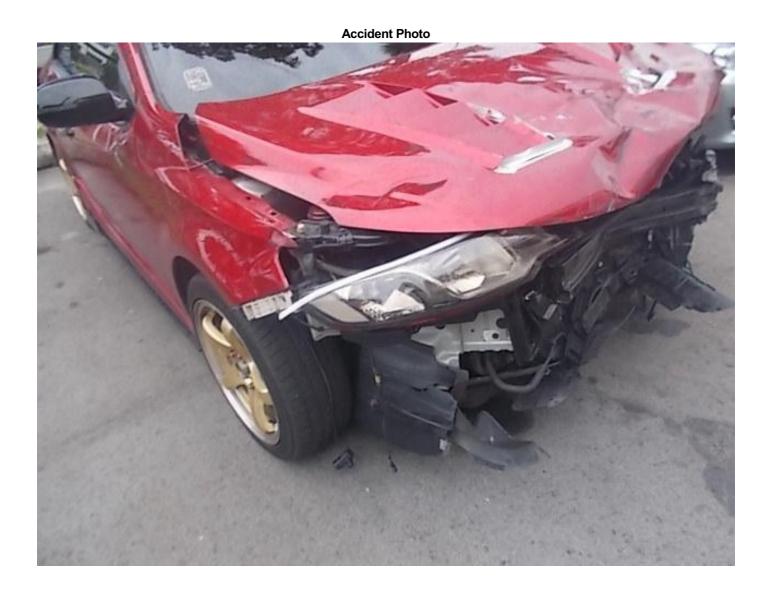
Informant is not able to provide sketch plan

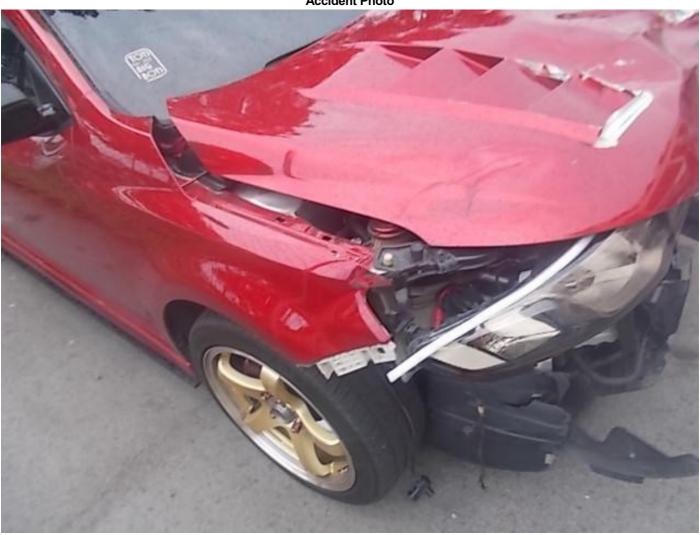
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

| Signature Of Officer Recording The Report: J / Staff Signa North Follow | Signature Of Informant: |
|---|--------------------------------|
| Signature Of Interpreter: Not applicable SIGNATURE | Date/Time: 22/11/2019 13:57 |
| Officer In Charge Of Case: TP / GIT / SI ONG CHEE HIEN Contact No.: 65476437 | Classification Of Case: |
| Authentication Stamp | |



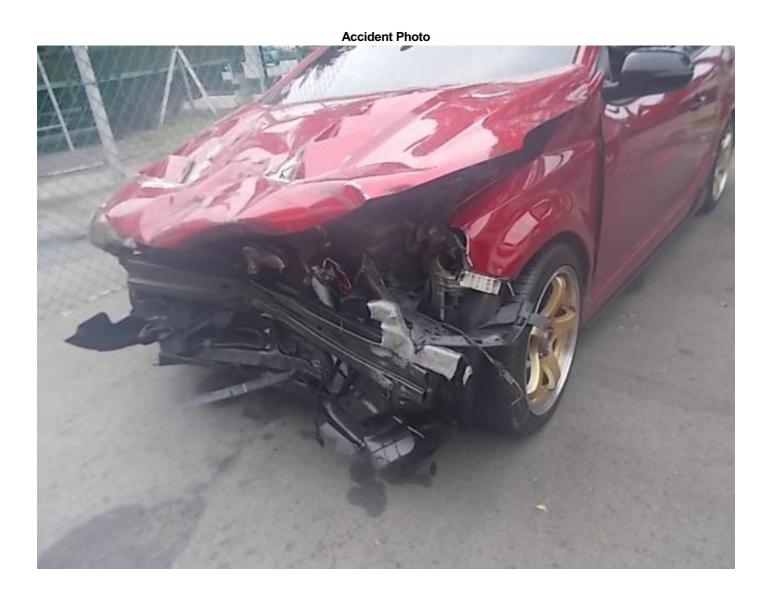




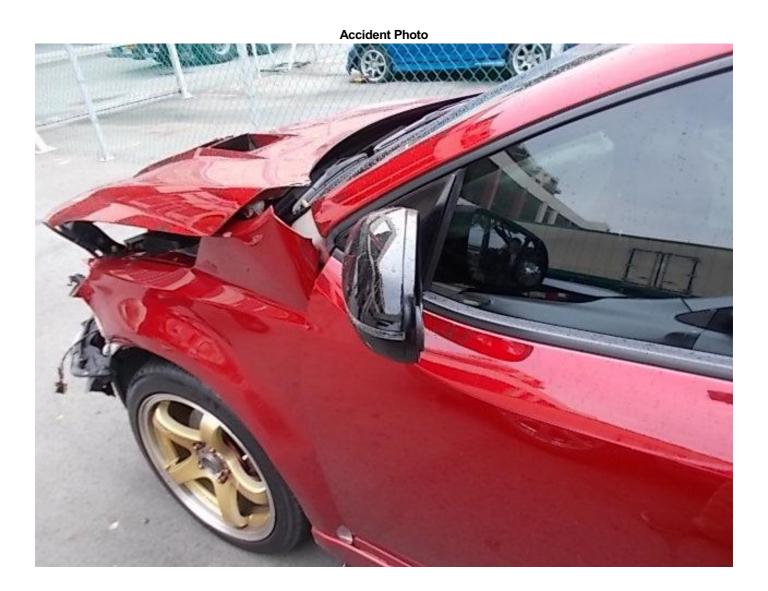


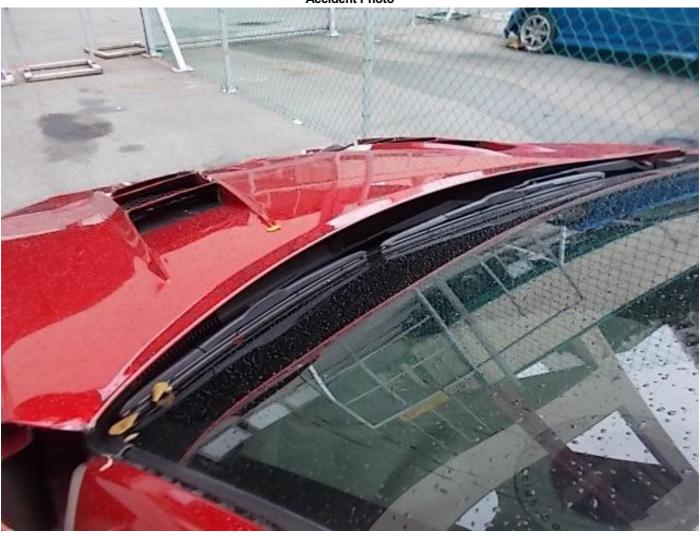










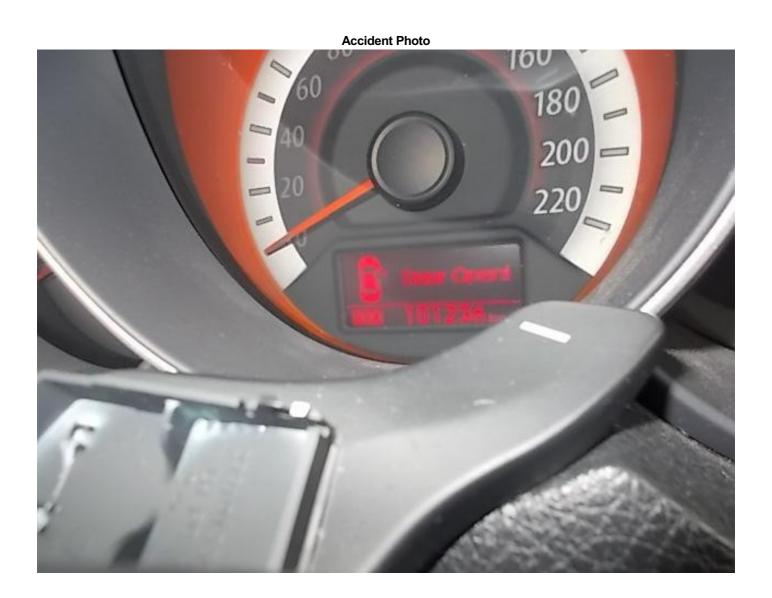
















Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: \$6655020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: MNA119154513 ____Vehicle Registration No: SKF7455M Name(as shownin NRIC): TAN ENG HOCK __NRIC/FIN/Passport No : S0025705B (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Address Singapore(Mobile No. : 96347001 Contact (Tel) **Email Address** 21/11/2019 Date of Accident Time of Accident: 22:30 Place of Accident : EUNOS AVE 3 Insurance Company: NTUC Income Insurance Co-operative Ltd (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Amend relationship owner and driver - children

Policyholder / Driver's Signature Date:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

Date: