	Date of Accident	: 11.12.1019 Accident Time: 12.28 104 (24-HR-Format)						
	Accident Place	: PIE Towards Thomson Road (Exit 17)						
	Vehicle, No. (Car Plate No.)	: SJR 3639A. Make/Model: Kia Celato Exforte. 16						
	Insurace Company	: NTUC Policy No: 5085419848 - 03.						
	Owner or Company Name /IC No.	: Tan Geok Sai (S1308263D).						
	Owner or Company Contact No.	:Owner's Hp 8163 4570 . Company Tel						
	DRIVER'S Name / IC No.	: as above:						
	DRIVER'S Date Of Birth	: 15 12 1954 DRIVER'S License Pass Date 28 12 1977						
(Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: DWN(1 .						
	DRIVER'S Address	: BIK 541 Yoodlands Prive 16 #04-57 (S) 730541.						
	DRIVER'S Contact No./ Alt No.	:1)2)						
	DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)						
	Email Address							
	Weather & Road Surface	: CLEAR & DRY \ RANING & WET \ AFTER RAIN & WET						
	Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance						
	Number of Passengers (Including Driver): Wive / passenger							
0	Was there any video Captured by our camera: (YES) NO SD (and With TP . Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose Any Injury (If YES, Pls state): \ \\000022							
	Vehicle B. Other Party Driver's Particular (if any) Vehicle C							
	Vehicle, No: SLU 3179 X	Vehicle, No: SME 6446 M						
	Vehicle Make\Model:	Vehicle Make\Model:						
	Name Driver:	Name Driver:						
	IC No. Driver/Contact:							
		Yehide D: SKP 5893S.						
	* NEW - Passenger's name &	gender: Yehide E: SLL 8198 E . :						
	Mr See - Male.	Yehicle F: SLS 5367s.						

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. 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.
- 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 information 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 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.
- (d) my Personal Information will also be collected and used to compile claims 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:
 - (i) 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.

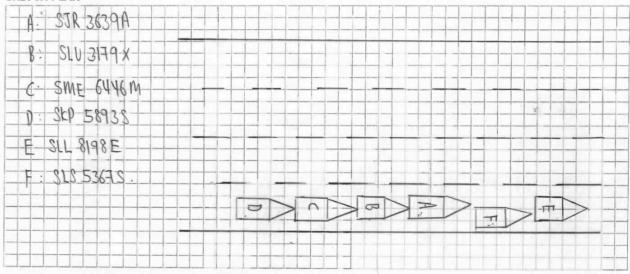
M

Policyholder's Signature Date & Time: The

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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5	ŧ	Refer	the	attached	Police	Report	No : T	12019121	1/4030		
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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:

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:





1 of 3

Report No. T/20191211/7030

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Tin 11/12/20	ne Report N 119 18:23	/lade:	Vide Report No.: E/20191211/0073	Station Diary No.:			
Informa	nt's Partic	ulars					
Name of TAN GE	Informant: OK SAI		Address: 541 WOODLANDS DRIVE 16 #04-57 SINGAPORE 730541				
ID Type NRIC NO	/ ID No.: D / S130820	63D	Contact No.: Home/Office:	Mobile: 81634570			
Nationality: SINGAPORE CITIZEN			Email: davedani1135@gmail.com				
Sex: Age: Date of Birth: 15/12/1957			Type of Informant: Driver				
Race: Chinese			Language: English	Institution / School Name:			
Occupati grab driv	ion: e		Driving Licence Information: Class: 3,4 Date of Expiry:				

General Inform	mation of the Accident	Description of the Control of the Co	CONTRACTOR SERVICE AND A SERVICE		
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/12/2019 17:58	Type of Location: Straight Road	
Location:			1 1 1 1 2 1 2 1 3 1 1 3 1 1 3 1 1		
PAN ISLAND Weather: Drizzling	EXPRESSWAY	Road Surface: Wet		Road Speed Limit: 50 Km/h	
Traffic Flow:		Traffic Control:		Traffic Volume:	
One Way		Not Controlled		Heavy	
Type of Collis Between Mov	ion: ing Vehicles - Head To Re	ear		Anyone conveyed by ambulance:	

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJR3639A	Car	KIA	Forte	Brown	Seriously Damaged	1
SKP5893S	Car					0
SLL8198E	Car					0
SLS5367S	Car					0
SLU3179X	Car				4	0





2 of 3

Report No. T/20191211/7030

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SME6446M	Car					0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJR3639A	NTUC Income Insurance Co-Operative Limited	5085419848-03	22/06/2019	21/06/2020

Details of Perso	n Involved			T. T.		
Any Pedestrian Ir	nvolved: No					
No. of Pedestrian	Use of Ped	Use of Pedestrian Crossing: NA				
Passenger		serprise.				
Name	MR SEE			ID No.		NIL
Related Vehicle	SJR3639A (Car)			Contact No.		NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Disc	harge			
No. of Days granted Medical Leave NIL			Degree of Injury NIL			
Driver	NAT YOUR PRESENT OF THE PERSON OF THE	a transplay	CONTRACTOR		250 To 100	AND WHITE PARTY AND
Name	TAN GEOK SAI			ID No.		S1308263D
Related Vehicle	SJR3639A (Car)			Contact No.		81634570
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	Discharge NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of	f Injury	NIL	

Brief Details.

I do have a video recording of the accident, and was surrendered to the Traffic Police. I was travelling along PIE towards Thompson Road. The accident took place on a straight road. The first vehicle, which was the taxi, was playing with his brakes, which resulted in six cars not braking in time, leading to a chain accident. I, as the third vehicle, was involved in the accident.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20191211/7030

CONTINUATION OF REPORT

Sketch Plan

Authentication Stamp

NP168

Informant is not able to provide sketch plan

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: 11/12/2019 18:23
Officer In Charge Of Case: TP / TPIB / MUHAMMAD AFIQ BIN RAHMAT Contact No.: 65476171	Classification Of Case: