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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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</u> and <u>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.
- 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.

2000年1月1日 1月1日 1月1日 1月1日 1月1日 1月1日 1月1日 1月1日	ACCIDENT STATEMENT
Date Of Report	02/01/2020 16:26
Date Of Accident	31/12/2019 14:35
Exact Location Of Accident	ALONG UPPER SERANGOON ROAD
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBG9321D
Insured/Policyholder	
Name Of Registered Owner	SINGAPORE ASIA PUBLISHERS PTE. LTD.
Co Reg No	1XXXXX302N
Email Address	SHARONYOO@SAPGRP.COM
Mobile Phone No	(LOCAL) +65-96910920
Alternative Phone No	OFFICE-83658003
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097070600-02
Cover Note Number	
Driver	
Name of Driver	CHANG CHI FEN
Passport No/FIN	GXXXX007X
Date Of Birth	26/08/1976
Occupation	OUTDOOR
Date Of Driving Pass	06/10/2009
Driving Experience	10 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96910920
Fax Number	Acceptance and process of the Control of the Contro
Contact Number	OTHERS-83658003

SHARONYOO@SAPGRP.COM

Address

BLK 160 TAMPINES STREET 12

#11-107

Postcode

521160

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

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

NO 2

involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

QUEENSTOWN N.P.C.

Police Station Address

ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-4719999 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200102/2019

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

OX1260G

Vehicle Make/Model/Colour

SCDF AMBULANCE

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

MOHAMED FADZLI BIN MOHAMED PADIL

NRIC/Passport Number

SXXXX185G

Contact Number

92999214

Address

Postcode

Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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.
- 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 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 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.

Policyholder's Signature

Date & Time: \ 1/1 >

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.

. AGCIDENT'STATEMENT

ĄC.	CATION: ALONG WHAR STITUTION	TYTHE ILE : 35 P (HHEMM)
000		(AH)
	1. DETAILS OF VEHICLE	
	a) VEHICLE NUMBER: GBG 932	10-
	DINSURANCE COMPANYL NTUC	
9	C)POUCY NUMBER:	
	DIPOLICY TYPE: (COMPREHENSIVE / THIRE	D PARTY / THIRD PARTY FIRE STHEFT]
3000	OMAKE & MODEL! Toyota Hide	
9	TITYPE: (SALOON / COUPE /MPV /VAN / L	LORRY / MOTORCYCLE, / OTHERS)
30.2	DIVEHIOLE CATEGORY (PRIVATE / COMM IT PURPOSE OF USING AT ACCIDENT TIME	MERCIAL / MOTORCYCLE)
	I) ARE YOU CLAIMING UNDER YOUR OWN	INSTRUMENTE VESTION
90	IF NO, PLEASE STATE (THIRD PARTY CLAIM	M / REPORTING ONLY
	2. INSURED / POLICY HOLDER	
	AINAME SINGAPORE ASIA PUBLISH	
	DINRIC/FIN/PASSPORT: DIADDRESS: BUK 160 Jampines St	CONTACT: 96910920
¥:	521160	12 # 11-107 Stagapore
96	CONTINUE TO 3 4 IE DRIVER ALSO BOLK	SA ROLDES
the of passange	3. DRIVER	or notices.
Clindled by drive	ONAME: CHANG ON FEN	(MALE / FEMALE)
(L)	O INDICATION ASSESSED TO THE CONTROL OF THE CONTROL	The state of the s
14 - 1	CIADDRESS: ALK 160 Tamplines St	the state of the s
	'd) DATE OF BIRTH: (26) 18) 1976	(IDB/MM AYYY)
	B OCCUPATION: (INDOOR / OUTDOOR)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		10/2009
	4. WAS DRIVER AN EMPLOYER OF THE IN	NSURED'S COMPANY? (YES! NO)
	IF NO, RELATIONSHIP OF THE DRIVER	
	5. O WEATHER CONDITION (CLEAR / RAINI	
	b) ROAD SURFACE: [DRY / WET / OTHERS] 6. WAS ANYBODY INJURED (YES / NO)	
		A 1 100
	7. D) REPORTED TO POUCE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STA	ATION Gueenstown N.P.C
Line of	H THIS IS A DESCRIPTION OF THE	
the of pursuing ex	b) DRIVER'S NAME: Mohamed Fad	MODELL AND PORTI
Cludualing drive	" c) NRIO/FIN/PASSPORT: 38ti618t	6 CONTACT: 92995214
(.,)	P. THIRÖ PARTY VEHICLE	
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		174 171

email: Sharonyoo@sapgrp.com





Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999 1 of 3 Report No. T/20200102/2019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/01/2020 10:04			Vide Report No.:	Station Diary No.: 27			
Informa	nt's Partic	ulars	Design Broken was a second				
Name of Informant: CHANG CHI FEN			Address: APT BLK 160 TAMPINES STREET 12 #11-107 SINGAPORE 521160				
10 PM 10 CO TO TO THE REAL OF	/ ID No.; / G7097007	7X	Contact No.: Home/Office:	Mobile: 83658003			
National MALAYS	ALC: THE COLUMN TO SERVICE AND ADDRESS OF THE CO		Email:				
Sex: Male	Age: 43	Date of Birth: 26/08/1976	Type of Informant: Driver				
Race: Chinese			Language: Institution / School Name				
Occupation: MANUFACTURING			Driving Licence Informa Class: 3	tion: Date of Expiry:			

General Infor	mation of the Accide	nt		
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 31/12/2019 14:38	Type of Location
Location: Along Road 1 UPPER SER Weather: Clear	I ANGOON ROAD	Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collis	sion:			Anyone conveyed by ambulance:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBG9321D	Van				Slightly Damaged	0
QX1260G	SCDF AMBULANCE				Slightly Damaged	0

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





2 of 3

Report No. T/20200102/2019

Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999 CONTINUATION OF REPORT

Driver				Li Vi	
Name	CHANG CHI FEN		ID No.		37097007X
Related Vehicle	GBG9321D (Van)		Contact	No. 8	3658003
Hospital/Clinic	NIL		10 10 10 10 10 10 10 10 10 10 10 10 10 1		Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Dis	charge N	IIL	
No. of Days gran	ted Medical Leave NIL	Degree o	of Injury N	IIL	
Name	MOHAMED FADZLI BIN MO PADIL	HAMED	ID No.	5	88516185G
Related Vehicle	QX1260G (SCDF AMBULAN	Contact No.		2999214	
Hospital/Clinic	NIL	Class of Driving Licence Expiry D	& [Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Dis	Date Discharge NIL		
No. of Days gran	ted Medical Leave NIL	Degree of	of Injury N	III.	

Brief Details.

On 31.12.2019 at about 2.35pm, I was driving along Upper Serangoon Road on the most left lane and there was a vehicle in front of me the applied the jam brake. I also managed to apply the brakes on time however, the Ambulance which was driving behind me did not manage to brake on time thus, it collided on to the rear portion of my vehicle.

Due to the collision, the rear portion of my vehicle suffered dents and the Ambulance front portion of the Ambulance was also dented. There were no injuries during the incident.

I wish to state that I have a car camera installed in my vehicle but I am not sure if the footage of the incident was captured.





Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999 3 of 3 Report No. T/20200102/2019

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: D / Sgt 3 NUR AIIN BINTE JAAIS	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 02/01/2020 10:04
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp	

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ATWEE S	BLK 160 #11-107	Address 2	TAMENUS STACE	T 12	Address II	T.	SINGAPO	AE 52116	6	
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1/2/2020		Claim Handling(a	accident reporting Claim Tas	k)
350	MAC_BLRIT_MERAH_BIDG/RE NATIONAL AUSESSMENT CENTRE SERVICE S (BLRIT MERAH)) on DE JAN 2020 (B.Se	Photos	formal	Photos 2020-1-2
. 19	MAC_ACRIT_MERAH_ADDITU) MATTOWAL ASSISSMENT CENTRE SERVICE S (REMIT MERAH); UN DI JAN 2020 LESO	Photos	Normal	Photos 2020-1-2
750	NAC, BURIT, HERAH, BOOKTGI NATIONAL AGGESSHENT CENTRE SERVICE S. (BURIT MERAH)) on 02 Jan 2020 16:00	Protes	hidaminal	Phytos 2020 1-2
27,192	NAC, BURIT, MERAH, 9006PN; NATIONAL ADDESSMENT CONTRESENVICE E (BURIT MERAH)) on 02 Jan 2020 26:50	Philips	Normal	Plutos 3030-1-3
A	NAC, BURIT, MIRAH, 800676(NATIONAL AUSESSMENT CENTRE SERVICE E (BURIT MERAH)) on 02 Jan 2020 16:50	Photos	Neurrogi	Photos 2020-1-2
	NAC_BUKIT_MEDAH_BOORTS NATIONAL ACCESSIVENT CONTRE SERVICE 5 (BURIT MERAH) en 01 Jan 3030 (4/10	Photos	Numai	Photos 2020-1-3
		#6-203K	(Normal)	Photos 2020-1-3
3	HAC_BURIT_MERAH_BIDETAL NATIONAL RESERVENT CENTRE SERVICE 5 (BURIT MERAH)) on 07 Jan 2020 16:50	Photos	Normal:	Protes 2020-1-3
1 40	NAT_BLIST_MERAH_BOOKTON NATIONAL ASSESSMENT CENTRE SERVICE S (BUNIT MERAH)) on 03 Jun 2020 10: 30	Protes	(4 certal)	Plone 2525-1-1
	NAC_BURIT_PERAM_BOOKFN; NATIONAL RESESSMENT CENTRE SERVICE S. (BLEXIT MERAM); on 02 Jan 2020 16:50	Photos	Normal	Protes 2000-1-8
- 54	NAC BURTL MERAH JERBEN NATIONAL ASSESSMENT CENTRE SERVICE E IEGET MERAH); AN 02 JAN 0030 16 49	Photos	Normal	Photos 2020-1-2
3	RAC_BURIT_MERAH_900676; NATIONAL ASSESSMENT CENTRG BEBUICS S (BURIT MERAH)) on 02 Jan 3026 16-88	Photos	Normal	Photos 2000-1-3
	NAC_BURIT_MREAN_650676(NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAN)) of 02 2mm 2020 (6:4)	Protes	Sornal	Protes 2000-1-3
400	HAC_BURIT_MERAH_BEGGRE, HATIGRAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)] on GE 346 2626 14-49	Photos	Romali	Photos 2020-1-2
- 4	HAC ISSELF HERAH BOOKFIS NATIONAL ASSESSMENT CENTRE SERVICE	WHICH Driving License Y	tornal	#3C/ Driving Linema 2020-1-

Uphraded By/Date Fuller Date.		Pie Name		2	Some	Action
MAIC_MUNIT_MERIAH WOOSTRI RATIONAL ASSESSMENT CENTRE SERVICE S (BEAST MERIAH); en 62 Jan 2020 LE-44	518		tornal		SAR 2020-1-2	640
MAC_SURTY_MERAN_SODE/OF NATIONAL ASSESSMENT CENTRE SERVICE S (SURET MERAN)) on 03 Jun 2020 19:99	NATICAL Driving License	*	tornal	fetor:	C/ Driving Lineman 2028-1-2	Edit
NAC_BURIT_HERAH_RIDGEN; NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 02 July 2020 14:49	Photos		Normal		Photos 2020-1-2	Edit
NAC_BURIT_MERAN_SOCKES NATIONAL ASSESSMENT CENTRE MERVICE \$ [BURIT MERAN]] NT 92 264 2020 18:48	Protes		Normal		Photos 2020-1-2	Edit
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HAT BURTL MERAY RIGGER HATTONIC ASSESSMENT CENTRE SERVICE B (BORT MERANT AN 02 Jan 2020 16 49	Photos		Normal		Flexios 2020-1-2	640
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RAC_BURIT_MERAH- BIOCEN, NATIONAL RESESTMENT CENTRE SERVICE S (REATT MERAH)) on OZ Jan 2020 16:50	Photos		Normal		Protes 2020-1-2	Edit
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NAC_BURST_MEDIAN_BOOKTS! NATIONAL AGGESTMENT CONTRESERVICE § (BURST MERAPI) on 0.1 lan 3030 16/10	Photos		Normal		Photos 2020-1-3	543
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NAC, BURIT, MERAH, 600676; NATIONAL ADDESSMENT CONTRESENVECS IS (BURIT MERAH) IN 02 Jan 2020 $26\!\lesssim\! \! \! 0$	Property		Normal		Plutes 3030-1-3	668
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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: \$66\$500200 / GST Reg. No.: M400017735

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

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B) ADDI	TIONALINEC	DRMATION / AME	NAMENTS			-
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