,	
Date of Accident	: 01-02-2020 Accident Time: 11-51 and (24-HR-Format)
Accident Place	: CTE Exit Ayenue 3
Vehicle. No. (Car Plate No.)	: SJD 345R Make/Model: Honda Jazz.
Insurace Company	: ABE Policy No: 8-V0016415-MVA-R
Owner or Company Name /IC No.	: Sha chin Siona (S7977330A).
Owner or Company Contact No.	:Owner's Hp 9430 1441 Company Tel
DRIVER'S Name / IC No.	: as above
DRIVER'S Date Of Birth	: 27.02. 1979 DRIVER'S License Pass Date 04.10. 2002
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: BIK 35 Yishun Street 51 # 11-31 (S) 767992.
DRIVER'S Contact No./ Alt No.	:1)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including D	Driver): 1 Driver 1 3 pa
Was there any video Captured by ca Exact purpose for which vehicle wa Any Injury (If YES, Pls state):	ar camera: YES \ NO as being used at the time of accident: Private use \ Work purpose
Vehicle: B Other	Party Driver's Particular (if any) Which
Vehicle, No: SMK 3757	Vehicle. No: SLF- 4580S.
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact:
* NEW - Passenger's name &	& gender:
Ang YIZHI Femile	

sha Qun Rui sha rey xuan Female

Male

### 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.
- 3. 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.
- 7. 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:

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

GIARMC SketchPlanForm V3

# SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Police Report: T/2020 0201 /2106. **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 4

Report No. T/20200201/2106

Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT	OF A	TRAFFIC	ACCIDENT
IVEL OIL	UI A	111/41110	MODIDEIN

Date/Time Report Made: 01/02/2020 17:10			Vide Report No.:	Station Diary No.:		
Informant	's Particu	lars				
Name of Informant: SHA CHIN SIONG			Address: APT BLK 35 YISHUN STREET 51 SIGNATURE AT YISHUN SINGAPORE 767992			
ID Type / I NRIC NO /		0A	Contact No.: Home/Office:	Mobile: 94301441		
Nationality SINGAPO		EN	Email:			
Sex: Male	Age: 40	Date of Birth: 27/02/1979	71			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: ASSISTANT MANAGER			Driving Licence Information: Class: 3	Date of Expiry:		

General Inform	mation of the Accide	ent		
Type of Accident:	Non-Injury Others	Non-Injury Drink Date/Time of		
Location: Along Road 1 CENTRAL EX		KIO AVE 1 AND ANG	MO KIO AVE 3 EXIT	
Weather:	DEWILLIA AND MO	Road Surface:		Road Speed Limit:
Clear		Dry		
Traffic Flow: Traffic Control: Dual Carriage Way Not Controlled			Traffic Volume: Moderate	
Type of Collisi Between Movi	ion: ing Vehicles - Head T	o Rear	a	Anyone conveyed by ambulance:

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJD345R	Car	HONDA	JAZZ 1.5 VTIR CVT ABS D/AIRBAG 2WD	Blue	Slightly Damaged	4
SLF4580S	Car					1
SMK3757T	Car					1





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 4 Report No. T/20200201/2106

# CONTINUATION OF REPORT

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SJD345R	QBE Insurance (Singapore) Pte Ltd	V0016415	05/12/2019	04/12/2020	

Details of Perso	on Involved				No to Es	
Any Pedestrian I	nvolved: No		The state of the s			
No. of Pedestrians Injured: NIL Use of Pedestrians				lestriar	Cross	sing: NA
Passenger				li de la companya de		
Name	ANG YI ZHI			ID No		S8334787B
Related Vehicle	SJD345R (Car)			Conta	ct No.	NIL
Hospital/Clinic	ONEDOCTORS FAMILY CLINIC			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	01/02/2020		Date Disch	narge	NIL	
No. of Days gran	ted Medical Leave	05	Degree of			
Driver					1000000	
Name	SHA CHIN SIONG			ID No.		S7977330A
Related Vehicle	SJD345R (Car)			Contact No.		94301441
Hospital/Clinic	ONEDOCTORS FAMILY CLINIC			Class Driving Licence Expiry	e &	Class: 3 Date of Expiry: NIL
Date Treatment	01/02/2020		Date Disch		NIL	
		05	Degree of I		NIL	
Oriver			Degree or i	rijary	INIL	
Name	TAY YEOW TENG			ID No.		S1394510A
Related Vehicle	SLF4580S (Car)			Contact No.		NIL
Hospital/Clinic	NIL			Class of Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disch		NIL	
The second secon		VIL	Degree of I		NIL	



Tel No: 65470000



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 3 of 4 Report No. T/20200201/2106

### CONTINUATION OF REPORT

Driver						
Name	OH SIOK TIN MELISSA		ID No.		S7306423F	
Related Vehicle	SMK3757T (Car)			Contact No.		NIL
Hospital/Clinic	NIL			Class Drivin Licend Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

### Brief Details.

On 01/02/20 at about 1151hrs, I was driving my vehicle bearing vehicle number SJD345R with 3 other passenger(my wife and 2 children) onboard along CTE between Ang Mo Kio Ave 1 and Ang Mo Kio Ave 3 exit. As I was driving along the said road, I observed that there was a heavy vehicle on the most right lane moving slowly. Hence, there were vehicle changing to the next lane. As I was driving along the said road, I observed that the vehicle infront bearing vehicle number SLF4580S had braked. I followed and stopped my vehicle. Subsequently, I felt an impact from the rear of my vehicle and that impact had caused my vehicle to lunge forward causing my vehicle to collide with the vehicle infront. The vehicle behind is bearing vehicle number SMK3757T. After the collision, we alighted from the vehicle and exchanged particulars.

After the accident, I felt pain at my neck area, my wife felt nausea, hence we went to consult the doctor and was granted 5 days MC respectively.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 4 of 4 Report No. T/20200201/2106

**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 Th F / Sgt 3 LOUIS SEAH ZHENG LIANG	
Signature Of Interpreter: Not applicable	Date/Time: 01/02/2020 17:10
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	Singapore Police Force