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Owner / Driver: (TIDI OVOU 7	Tel:)
Policy No: () Period: () Cover Type: (
Confirmed by : (· Dater)
Insured/Driver Liability: (: 0-20%; P: 21-79%. P: 80-10	0%] .
Year of Registration: () Warranty: YES ()/NO		
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Drive-In ()/ Towed-In ()	; Invoice: VES() / NO(); Towing Co: (, , '	.)
Controls To Table 100 miles 6781			AFRICA STORY
1) Apply for Transport Allowance (()/Courtesy Car()		
2) QC Check / Post Report Inspecti	on (·)		
3) Upload Resurvey Photo [Repair	Cost>\$3000] ()		
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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 truthful and accurate 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.

- 5. 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.	
SERVICE SERVIC	ACCIDENT STATEMENT
Date Of Report	26/02/2020 14:52
Date Of Accident	25/02/2020 19:00
Exact Location Of Accident	ALONG UPPER CHANGI ROAD TOWARDS EUNOS L/P 82
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKK6915H
Insured/Policyholder	
Name Of Registered Owner	TAN CHAI HENG
NRIC No	SXXXX818F
Email Address	CHTAN7489@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98283448
Alternative Phone No	OTHERS-98283448
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	PRIUS C CVT-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	
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	5110393699
Cover Note Number	
-1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	

Driver	
Name of Driver	TAN CHAI HENG
NRIC No	SXXXX818F
Date Of Birth	01/01/1974
Occupation	OUTDOOR
Date Of Driving Pass	17/08/1996
Driving Experience	23 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98283448
Fax Number	
Contact Number	OTHERS-98283448
EMail Address	CHTAN7489@GMAIL.COM

Address

BLK 211 ANG MO KIO AVENUE 3

#02-1428

Postcode

560211

OWNER

Was driver an employee of the Insured's Company NO

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

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

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?

NO

Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: UNCLE

GENDER:

MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-4519999 - FAX NO: 65535679

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200225/2152

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH THE POLICE OFFICER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

FBP6626Y

Vehicle Make/Model/Colour

YAMAHA SNIPER T150

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)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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:
 - 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 .:

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DECLARATION

I/We declare the foregoing particulars are true in every respect.

Z-30Pm

Policyholder's Signature Date & Time:

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

Reporting Centre Personnel's Signature

NRIC/FIN No.:

AGCIDENT STATEMENT

Acci	TIGHT DATE 25 02 20	20,000,000,000	10 00	2
LOCA	HON: HOUR NEW	UPDER WAS	161 6-00](HH:MM)
	DETAILS OF VEHICLE	- ALLIN CALON	011 LOOD	
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360	CIPOLICY NUMBER: 57/0	393699	Market San	
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	0) ADDRESS BIK 211 :	402-14/5 4	NG MU KW	Ave 3
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()	C) NRIC/FIN/FASSPORT:		CONTACT:	
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email = chian 7489@gmail.com





Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929 1 of 3 Report No. T/20200225/2152

Tel No: 1800-4519999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/02/2020 23:03		lade;	Vide Report No.: G/20200225/0146	Station Diary No.: 105	
Informa	nt's Particu	ulars	MR CRANGE A DATE		
Name of Informant: TAN CHAI HENG			Address: APT BLK 211 ANG MO KIO AVENUE 3 #02-1428 SINGAPORE 560211		
ID Type / ID No.: NRIC NO / S7400818F		18F	Contact No.: Home/Office: Mobile: 98283448		
Nationality: SINGAPORE CITIZEN		EN	Email:		
Sex: Age: Date of Birth: Male 46 01/01/1974		Date of Birth: 01/01/1974	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,2A,3,4,5 Date of Expiry:		

Seneral Infor	mation of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/02/2020 19:00	Type of Location Straight Road	
	CHANGI ROAD	s L/P 82			
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Dual Carriage	e Way	Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
FBP6626Y	Motorcycle	YAMAHA	SNIPER T150	Green	Slightly Damaged	0
SKK6915H	Car	TOYOTA	PRIUS C	Red	Slightly Damaged	1

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
SKK6915H	NTUC Income Insurance Co-Operative Limited	5110393699	14/06/2019	21/08/2020		



Tel No: 1800-4519999



2 of 3

Report No. T/20200225/2152

Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

CONTINUATION OF REPORT

Details of Person						
Any Pedestrian In	volved: No		T	- string	Cross	ing: NA
No. of Pedestrian	s Injured: NIL		Use of Ped	estrian	CIUSS	ing. wa
Driver		T-LOGGERS	HOLDER -		-	074000405
Name	TAN CHAI HENG			ID No.		S7400818F
Related Vehicle	SKK6915H (Car)			Conta	ct No.	98283448
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No. of Days granted Medical Leave NIL		NIL	Degree o	finjury	NIL	

Brief Details.

On 25/02/20 at about 1900hrs, I was driving my vehicle bearing plate no. SKK6915H out of Blk 24 Upper Changi Road Carpark towards the main road. I then turned my car onto the 2nd lane and when I checked that the first lane was clear, I slowly turn my lane to lane 1. Suddenly, a motorbike bearing plate no. FBP6626Y hit onto my right side mirror and fender and he fell on his right. I quickly stopped my car and check on the rider. He then said his right hand and legs are pain. A passing motorcyclist then called for ambulance. Shortly after, ambulance came and the rider was conveyed to hospital. I then waited for TP to arrive and they took 1 SD from my car. I was given a case card ref G/20200225/0146 under TP IO Zayid, 65476394 and advised to lodge a traffic accident report.





Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929 Tel No: 1800-4519999

3 of 3 Report No. T/20200225/2152

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 The Report:	Signature Of Informant:
Sgt 1 MA DERON	ext.
Signature Of Interpreter:	Date/Time:
Not applicable	25/02/2020 23:03
Officer In Charge Of Case:	Classification Of Case:
Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN Contact No.: 65476185	
Authentication Stamp	24.0e

Claim Handling													Mail.
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Derintratu No.													
Fokcyhotást fláma	TAN CHAI HENG						Policeholder	560C		STADORES	F.)		
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Samuel No. (Matrie)	30205449		Contact No. (Office)				Contact No. of Labor	(mine)		No. Y			
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-	MAC BURIT MEMBEL BERGARD NA B. MORIT MEMBE	NAC BURIT, HENRY, WOOGPG, NATIONAL ASSESSMENT CENTRE STRUCTS B. (BORIT HENRYH) OF ZE PRE-2020-15-24		Average	Printed SCSS-3-76	5.600
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16	MAC ROUTS MERCH, RECEIVE NA	AC, BURIT, MERAH, REGERA, BATSONAL WSSESSMENT CENTRE SERVICE E (BURIT MERAH); un-36 Per 2030 13;24		Permet	Proces 2020-1-16	Edit
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17	NAC_BURIT_MERAH_ROUGTIC NA S (BURIT MERAH	ATIONAL ASSERSMENT CENTRE SERVICE (Van 26 Feb 2/20 [3:45	Florbys	Normal	PHIAW 1020-2-26	EMIX
3	NAC MUNIT ARRAM BOULDS, NA BORNIT MERAM	TOOKAL ASSESSMENT CENTRE SERVICE (I) on 26 Feb 2020 17:25	Promise	Normal	Photos 1020-1-36	San
1000	E (HUM21 MERLIN	STOCHAL EXCESSIONS CONTROL SERVICE.	Pictus	Normal	Photos 2020-2-26	Edit
	MAC_BURTY_MERAN_BOOGRA AV	VTIONAL ASSESSMENT CENTRE SERVICE (I at 25 Feb 2020 13 (S)	Photos	Narmal	Protest 3020-2-36-	FALC
6	NAC BURIT MERUAL BODEPS AN E (BOXIT MERUA)	KTIONAL BESEESHENT CRAFFIE SERVICE III on 28 Pet 2020 LE 25	Pitatus	Normal	Photos 2016-2-26	Ratt
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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: \$66550020G / 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 : Vehicle Registration No: NRIC/FIN/Passport No: (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Address Singapore(Contact (Tel) Mobile No. Email Address MODO. Date of Accident Insurance Company: (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: Reporting Name:

NRIC/FIN No.: Date: