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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
- 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 ladgement 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.

TARREST AND	ACCIDENT STATEMENT
Date Of Report	05/08/2020 10:32
Date Of Accident	04/08/2020 16:20
Exact Location Of Accident	
Country/State of Loss	TIONG BAHRU ROAD (INFRONT OF SHELL STATION) SINGAPORE
PERSONAL PROPERTY OF THE PROPE	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGT15U
Insured/Policyholder	331130
Name Of Registered Owner	VONC HOW WITE
NRIC No	YONG HSIN YUE
Email Address	SXXXX787J
Mobile Phone No	ARTHMATSANI@GMAIL.COM
Alternative Phone No	(LOCAL) +65-82007032
Vehicle Particulars	OTHERS-82007032
Manufacturer	AUDI
Model	A8
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	Secretary and a secretary and
Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	MT20201382
Driver	
Name of Driver	SANI BIN ARTHMAT
NRIC No	SXXXX279I
Data Of Data	20/07/1964
August 1990	OUTDOOR
Data Of Devices Device	25/07/1998
Harris Company	22 YEARS AND 0 MONTHS
Caradan	MALE
Madella Missakas	(LOCAL) +65-82007032
Fax Number	ATTEMPT OF MANUAGE
Contact Number	OTHERS-82007032
That is a second of	ARTHMATSANI@GMAIL.COM

Address

BLK 707 CLEMENTI WEST STREET 2

#03-341

Postcode

120707

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 ON COLLISION

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) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

#### **Details of Police Action**

Was the accident reported to the police?

YES

If Yes, Please state which Police Station.

Police Station Name

BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 1 DUKE ROAD , POSTCODE: 268914 , COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-4629999 - FAX NO: 64628933

Was notice of intended Prosecution given?

NO

If Yes, against whom?

## Circumstances of Accident

ON THE 04/08/2020 AT ABOUT 16:20HRS I WAS AT TIONG BAHRU AND ABOUT TO TURN INTO THE SHELL STATION .I MAKE SURE NO IN COMING TRAFFIC SO I MAKE A TURN, SUDDENLY COME A MOTORCYCLE FBC2333L FROM THE OPPOSITE DIRECTION WHICH I COULD NOT SEE COLLIDED ONTO THE FRONT OF MY CAR SGT15U, HOW FAST THAT THE RIDER RIDE I DON'T KNOW AND POLICE REPORT T/20200805/2043

#### Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH OWNER

Was there any audio recorded?

NO

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

FBC2333L

Vehicle Make/Model/Colour

Details Of Properties

MOTORCYCLE

Vehicle Category Name of Driver

JAMES TEO SEK LENG

NRIC/Passport Number

SXXXX391A

Contact Number

Address

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

#### SKETCH PLAN

#### 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 withholding 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. 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:
  - (i) 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
- 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: 5.8-2010

10.40 AM

NRIC/FIN No.

10-40 AM





1 of 3

Report No. T/20200805/2043

Police Station Of Origin: Bukit Timah N.P.C 1 Duke's Road SINGAPORE 268914 Tel No: 1800-4629999

REPORT OF	A TRAFF	FIC ACCIDEN	ŧΤ

Date/Tir 05/08/20	ne Report I 020 12:49	Made:	Vide Report No.:	Station Diary No.:
Informa	nt's Partic	ulars	AND CONTROL OF STATE	United the second secon
Name of SANI BI	Informant NARTHMA		Address: APT BLK 707 CLEMENTI WI SINGAPORE 120707	EST STREET 2 #03-341
ID Type NRIC NO	/ ID No.: D / S16352	791	Contact No.: Home/Office:	Mobile: 92007000
National SINGAP	ty: ORE CITIZ	EN	Email:	Mobile: 82007032
Sex: Male	Age: 56	Date of Birth: 20/07/1964	Type of Informant:	
Race: Boyanes	e		Language:	Institution / School Name:
Occupati PERSON	on: IAL DRIVE	R	Driving Licence Information: Class: 2B,3	Date of Expiry:

General Infor	mation of the Accident			
Type of Accident:	Non-Injury Attended by Police	Drink	Date/Time of Accident: 04/08/2020 16:20	Type of Location: Straight Road
Location: Along Road 1 TIONG BAHR Along Tiong E Weather:		ards Shell.		
Clear		Dry	1	Road Speed Limit:
Traffic Flow: Dual Carriage	Way	Traffic Control: Not Controlled		Traffic Volume:
Type of Collis Between Mov	ion: ing Vehicles - Head On		1	Anyone conveyed by ambulance:

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger	
FBC2333L	Motorcycle				Slightly Damaged	0	
SGT15U	Car				Slightly Damaged	0	

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



T/20200805/2043

Police Station Of Origin: Bukit Timah N.P.C 1 Duke's Road SINGAPORE 268914 Tel No: 1800-4629999

2 of 3 Report No. T/20200805/2043

#### CONTINUATION OF REPORT

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Name	James Teo Sek Leng	-	*********	ID No.		S7631391A
Related Vehicle	FBC2333L (Motorcycle)			Contact No.		97713456
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL		
Date Treatment	NIL		Date Disc		NIL	MICH STORY
No. of Days gran	ted Medical Leave NIL		Degree of		NIL	
Driver			Photos III		a little grave	
Name	SANI BIN ARTHMAT			ID No.		S1635279I
Related Vehicle	SGT15U (Car)			Contact No.		82007032
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g ce &	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Disch		NIL	
No. of Days gran	ted Medical Leave NIL		Degree of		NIL	

#### Brief Details.

On 04/08/2020, at about 1620hrs, I was driving the vehicle (SGT15U) along Tiong Bahru Rd and wanted to make a right turn to head into Shell petrol kiosk. I stopped the vehicle at the turn junction and looked out for any incoming vehicle, and ensure that it was safe and clear before attempting to make the turn. However, as I was making the right turn, a motorcycle (FBC2333L) suddenly collided into the front of vehicle. We then alighted our respective vehicles and made a check on each other and our vehicles.

I observed that the rider of the motorcycle was not injured and I was not injured as well. I observed that my vehicle (SGT15U) sustained dents and scratches to the front bumper and hood. I observed that the motorcycle sustained cracks and broken front coverset, rim, headlight. I will like to state that my vehicle has an In-car camera footage. The vehicle belonged to my boss, Yong Hsin Yue, S7120787J, 96745060. I called for police assistance during the time of the accident and a traffic police officer subsequently came down and attended to us. The traffic police officer advised me that a traffic report is not required but I am advised by my insurance company to still make a traffic report instead.

Hence, I am lodging this traffic report to put on record this accident.





Police Station Of Origin: Bukit Timah N.P.C 1 Duke's Road SINGAPORE 268914 Tel No: 1800-4629999

3 of 3 Report No. T/20200805/2043

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: E / Sgt 3 LAU KOK TING		Signature Of Informant:
Signature Of Interpreter: Not applicable		Date/Time: 05/08/2020 12:49
Officer In Charge Of Case:	By police	LINCE SN 065
TP/GIT/	50	Classification Of Case:
Sr Staff Sgt SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN		AST.
Contact No.: 65476394		SIGNATURE
uthentication Stamp		



# GREAT AMERICAN INSURANCE COMPANY

UEN: T15FC0029B GST REG. NO.: M90370081T 3 TEMASEK AVENUE, #16-01 CENTENNIAL TOWER SINGAPORE 039190

TEL: +65 6804 6000 FAX: +65 6235 2616

# MOTOR COVER NOTE: MT20201382

The Insured mentioned in this Cover Note, having proposed for insurance in respect of the Motor Vehicle described, is hereby HELD COVERED under the terms of the Insurer's usual form of Motor Policy applicable thereto for the period mentioned unless the cover is terminated by the Insurer by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium payable for such insurance will be charged for the time the Company has been on risk.

The Insurer

GREAT AMERICAN INSURANCE COMPANY

The Insured

: YONG HSIN YUE

Insured NRIC/Passport No/ ROC

: SXXXX787J

Policy Coverage

COMPREHENSIVE

Make And Description Of Vehicle

: AUDI / A8L 3.0 TFSI QU TIP (SR, 19")

Vehicle Registration No.

: SGT15U

Year Of Manufacture

: 2018

Engine No.

: CZS008904

Chassis No.

: WAUZZZF80JN013492

Engine Capacity/ Tonnage/ Seater

:2995 cc

Hire Purchase

: NIL

Value (S\$)

: AS PER MARKET VALUE

: Windscreen Excess : Nil

Period of Insurance

: FROM: 23/07/2020 TO: 22/07/2021

Excess (S\$)

: Section 1: \$700

: Section II : Nil

Great American Authorized Workshop

: ANY WORKSHOP

I'WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA)

For and on behalf of Great American Insurance Company

Great American Insurance Company Authorized Signatory

Date of Issue

20/07/2020

Intermediary

: HOWDEN INSURANCE BROKERS (S) PTE LTD

Cover Note Validity

: 30 days from the Date of Issuance

MTR/COVERNOTE/V02/20

## GENERAL INSURANCE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE G Raffles Quay #18-00 Singapore 048580

Tel (65) 6224 0010 Fax (65) 6224 0030

Operating Hours: Monday to Friday, 09:00 - 17:00 UEN; 566550020G./ GST Reg. No.: M400017735 RECURCS HANAGEMENT CENTRE

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