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 <u>truthful and 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.
- 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 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

| aforesaid. | |
|--|--|
| | ACCIDENT STATEMENT |
| Date Of Report | 11/08/2020 14:45 |
| Date Of Accident | 08/08/2020 10:00 |
| Exact Location Of Accident | BLK 897A TAMPINES ST 81 OPEN SPACE CARPARK |
| Country/State of Loss | SINGAPORE |
| D | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SLL7581M |
| Insured/Policyholder | |
| Name Of Registered Owner | TAN QINKANG NICHOLAS |
| NRIC No | SXXXX560F |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-91889796 |
| Alternative Phone No | OFFICE-91889796 |
| Vehicle Particulars | |
| Manufacturer | HONDA |
| Model | CIVIC 1.5 TURBO VTIS SR |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE USE |
| 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 | PRIVATE HIRE |
| Insurance Company | |
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5116560265 |
| Cover Note Number | |
| Driver | |

Name of Driver TAN BOON KEONG NRIC No SXXXX367A

Date Of Birth 30/03/1962
Occupation OUTDOOR
Date Of Driving Pass 20/11/1985

Driving Experience 34 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97774127

Fax Number

Contact Number OFFICE-97774127

EMail Address NOEMAIL

Address BLK 10 HAIG ROAD

#07-351 430010

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured PARENT

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions CLEAR
Road Surface DRY

Other Information

Postcode

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

ambulance?

Was any other material or property damaged? YES

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

NO 0

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

YES

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

Police Station Address SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20200811/7008

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMU1075M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 16

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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)

Lunderstand, 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:

8

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

Accident Sketch Plan

| | | Ven A: SLLAZSIM |
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| CRIBE CIRCUMSTANCE | S OF THE ACCIDENT | |
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| | D. Walter Street | |
| | Peport 1 | NO: T 20200811 7008 |
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| CLARATION e declare the foregoing par | Report 1 | ect. |

Police Report





T/20200811/7008

1 of 3

Report No. T/20200811/7008

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

REPORT OF A TRAFFIC ACCIDENT

| Date/Time Report Made: 11/08/2020 11:41 | | Vide Report No.: | Station Diary No.: | | |
|---|-------------|---|---|----------------------------------|--|
| Informa | nt's Partic | ulars | | The second control of the second | |
| Name of Informant: TAN BOON KEONG | | | Address: 10 HAIG ROAD #07-351 SINGAPORE 430010 | | |
| ID Type / ID No.: NRIC NO / S1543367A | | | Contact No.: Home/Office: | Mobile: 97774127 | |
| Nationality: SINGAPORE CITIZEN | | Email: tanboonkeongoutlook@gmail.com | | | |
| Sex: Age: Date of Birth: Male 58 30/03/1962 | | Type of Informant: Driver | | | |
| Race: Chinese | | Language: English | Institution / School Name: | | |
| Occupation: Chauffeur | | Driving Licence Information: Class: 2B,3 Date of Expiry: | | | |

| Type of Accident: | Non-Injury Hit and Run | Drink Drive: No | Date/Time of Accident: 08/08/2020 10:00 | Type of Location: Car Park | |
|-------------------------------|---------------------------|------------------------------------|---|-------------------------------|--|
| Location: TAMPINES S Weather: | TREET 81 | Road Surface: | | Road Speed Limit: | |
| Clear | | Dry | | | |
| Clear | | Traffic Control: Not Controlled | | Traffic Volume: No Traffic | |
| Traffic Flow: Two Way | | | | No Traffic | |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------|-------|-------|-------|---------------------|-------|
| Vehicle No. | Туре | Make | Model | Color | Conditio | No of |
| SLL7581M | Car | HONDA | CIVIC | Black | Slightly Damaged | 0 |
| SMU1075M | Car | | | | | 0 |

| Details of V | ehicle Insurance | | | The same of the same of |
|--------------|-------------------|--------------|-----------|-------------------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |

Police Report



T/20200811/7008

2 of 3

Report No. T/20200811/7008

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

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | | |
|------------------------------|--|--------------|------------|-------------|--|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date | |
| SLL7581M | NTUC Income Insurance Co-Operative Limited | 5116560265 | 06/03/2020 | 07/03/2021 | |

| Details of Perso | n Involved | | | | |
|-------------------------|-------------------|-----|------------|--|------------------------------------|
| Any Pedestrian In | rvolved: No | | | | |
| No. of Pedestrian | s Injured: NIL | | Use of Peo | destrian Cros | sing: NA |
| Driver | | | | | |
| Name | TAN BOON KEON | 3 | | ID No. | S1543367A |
| Related Vehicle | SLL7581M (Car) | | | Contact No | 97774127 |
| Hospital/Clinic | NIL | | | Class of Driving Licence & Expiry | Class: 2B,3 Date of Expiry: NIL |
| Date | NIL | | Date | NIL | 1 |
| No. of Days gran | ted Medical Leave | NIL | Degree of | NIL | |

Brief Details.

I WAS PARKED MY VEHICLE AT BLK 897A TAMPINES STREET 81 OPEN SPACE CAR PARK SINCE 07/08/2020 TIME AROUND 2100HR AND I ENSURED MY VEHICLE WAS IN GOOD CONDITION WHEN I LEAVE MY VEHICLE. NEXT DAY MORNING 08/08/2020 AROUND 1030HE, I CAME TO MY VEHICLE AND REALISED THE FRONT RIGHT PORTION OF MY VEHICLE WAS DAMAGED. I NOTICED ONE NOTE LEAVE AT MY VEHICLE THAT SOMEONE SAW THE ACCIDENT HAPPEN AND ASKED ME TO CALL THE WITNESS. WITNESS NAME DEREK (91827279). I WAS BEEN TOLD BY THE WITNESS THAT THE ACCIDENT WAS HAPPEN AROUND 08/08/2020 TIME AROUND 1000HR. VEHICLE B (SMU 1075 M) WANTED TO PARK IN THE CAR PARK LOT WHICH ON RIGHT SIDE OF MY VEHICLE AND SHE REVERSED HER VEHICLE WITHOUT CHECKING. AS A RESULT, THE REAR LEFT PORTION OF VEHICLE B COLLIDED ONTO THE FRONT RIGHT PORTION OF MY VEHICLE. AFTER THE ACCIDENT, ANOTHER MAN WHICH WITH THE VEHICLE CAME DOWN AND TAKEOVER DROVE THE VEHICLE AWAY FROM SCENE.

Police Report



Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Sketch Plan Informant is not able to provide sketch

Authentication Stamp

NP168



T/20200811/7008

3 of 3

Report No. T/20200811/7008

CONTINUATION OF REPORT

| 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: 11/08/2020 11:41 |
| Officer In Charge Of Case: TP / TPIB / NOR AFFENDY BIN JAFFAR Contact No.: 65476368 | Classification Of Case: |















