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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.
- 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.

Date Of Report Date Of Accident Date Of Accident Date Of Accident 13/08/2020 99:00 Exact Location Of Accident AMK AVE 5 Sincapore  DETAILS OF OWN VEHICLE  Vehicle Registration Number Insured/Policyholder  Name Of Registered Owner Co Reg No Country/State of Loss DETAILS OF OWN VEHICLE  SKX4332J  BLAZE MOTORING PTE LTD DXXXXX362N NOEMAIL (LOCAL) +65-91449265  Wehicle Particulars Manufacturer Model MAZDA Marufacturer Model MAZDA Marufacturer Model MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT Exact Purpose for which vehicle was being used at lime of accident Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken Vehicle Category PRIVATE HIRE Insurance Company Name of Insurance Company Name of Insurance Company Priye Of Coverage THIRD PARTY FIRE AND/OR THEFT NO S109424914-01 Dever Note Number  Driver  NAME Of Driver Vehicle Of Driving Pass Joing Experience Joing Sperience Joing Sperience Joyeans Joye	aloresalu.	A COURTINE OF A TELEFICIA
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Exact Location Of Accident Country/State of Loss  DETAILS OF OWN VEHICLE  Vehicle Registration Number Insured/Policyholder Name Of Registered Owner Co Reg No Email Address NoEMAIL Mobile Phone No (LOCAL) +65-91449265  Vehicle Particulars Manufacturer Model Exact Purpose for which vehicle was being used at lime of accident Are you claiming under your own insurance policy for repair to your vehicle? Insurance Company Name of Dirver Cover Note Number Driver Driver Date Of Driving Pass Driving Experience San Wunder MALE MIC No Date Of Driving Pass Driving Experience Gondon  10 YEARS AND 10 MONTHS MALE MALE MALE MALE MAK AVE 5 SINGAPORE  SINGAPOR  SINGAPORE  SINGAPORE  SINGAPORE  SINGAPORE  SINGAPORE  SINGAPOR	5). 20.13700 (10.04000) (20.04000)	17/08/2020 17:11
Country/State of Loss  DETAILS OF OWN VEHICLE  Vehicle Registration Number  Insured/Policyholder  Name Of Registered Owner  Co Reg No  Coreg No  C	Date Of Accident	13/08/2020 09:00
Vehicle Registration Number Insured/Policyholder Name Of Registered Owner Cor Reg No Email Address Mobile Phone No Cor Reg No Alternative Phone No OFFICE-91449265  Vehicle Particulars Manufacturer Model Exact Purpose for which vehicle was being used at lime of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken Vehicle Category Name of Insurance Company Name of Insurance Company Prijeed Policy Policy No Policy Number Cover Note Number Driver  TAN CHEE KEONG (CHEN ZHIQIANG) NORTHS SXXXX758H OCCUpation OUTDOOR JONEANS AND 10 MONTHS Dender MALE MODEL MALE MODEL MERCE MODEL MODE	Exact Location Of Accident	AMK AVE 5
Vehicle Registration Number  Insured/Policyholder  Name of Registered Owner  Vehicle Particulars  Name of Insurance Company  Vehicle Policy with Eleft Policy  Policy Number  Oriver  Name of Driver  Name of Driving Pass  Out Door Name  Name of Driving Pass  Out Door Name  Nam	Country/State of Loss	SINGAPORE
Insured/Policyholder Name Of Registered Owner Co Reg No		DETAILS OF OWN VEHICLE
Name Of Registered Owner Co Reg No Email Address NoEMAIL (LOCAL) +65-91449265 OFFICE-91449265 OFFICE-91449265  Vehicle Particulars Manufacturer Model Exact Purpose for which vehicle was being used at lime of accident Are you claiming under your own insurance policy for repair to your vehicle?  How Pilou Eatedory No	Vehicle Registration Number	SKX4332J
Co Reg No         2XXXXX362N           Email Address         NOEMAIL           (LOCAL) +65-91449265         OFFICE-91449265           Vehicle Particulars         MAZDA           Manufacturer         MAZDA           Model         MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT           Exact Purpose for which vehicle was being used at lime of accident         WORKING           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         NTUC INCOME INSURANCE CO-OPERATIVE LTD           Type Of Coverage         THIRD PARTY FIRE AND/OR THEFT           NO         S109424914-01           Cover Note Number         5109424914-01           Driver         TAN CHEE KEONG (CHEN ZHIQIANG)           NRIC No         SXXXX758H           Date Of Birth         27/07/1978           Occupation         OUTDOOR           Date Of Driving Pass         30/09/2009           Oriving Experience         10 YEARS AND 10 MONTHS           Gender         MALE           Mobile Number	Insured/Policyholder	
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Mobile Phone No Alternative Phone No OFFICE-91449265  Vehicle Particulars Manufacturer Model 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? If No, Please state action to be taken Vehicle Category Name of Insurance Company Name of Insurance Company Fleet Policy Policy Number Cover Note Number Driver Name of Driver Name of Driver Saxxxx758H 27/07/1978 Occupation Date Of Driving Pass Driving Experience Gender MALE Mobile Number  (LOCAL) +65-97685797  MAZDA MAZ	Co Reg No	2XXXXX362N
Alternative Phone No  Vehicle Particulars  Manufacturer  Model  MAZDA  MAZDA  MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT  WORKING  Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken  Vehicle Category  Insurance Company  Nome of Insurance Company  Policy Number  Cover Note Number  Driver  Name of Driver  Name of Driver  NANCHEE KEONG (CHEN ZHIQIANG)  SXXXXX758H  27/07/1978  OutDOOR  Date Of Driving Pass  Driving Experience  Gender  MAZDA  MAZDA  MAZDA  MAZDA  MAZDA  MAZDA  MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT  WORKING  NO  NO  NO  THIRD PARTY  PRIVATE HIRE  NO  NTUC INCOME INSURANCE CO-OPERATIVE LTD  THIRD PARTY FIRE AND/OR THEFT  NO  5109424914-01  TAN CHEE KEONG (CHEN ZHIQIANG)  SXXXXX758H  27/07/1978  OutDOOR  OutDOOR  Date Of Driving Pass  O'UTDOOR  JOYANS AND 10 MONTHS  MALE  Mobile Number	Email Address	NOEMAIL
Wehicle Particulars  Manufacturer  Model  MAZDA  MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT  WORKING  WORKING  WORKING  MOD  Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken  Workicle Category  NO  THIRD PARTY  PRIVATE HIRE  Insurance Company  Name of Insurance Company  Name of Insurance Company  NO  THIRD PARTY FIRE AND/OR THEFT  NO  Policy Number  Cover Note Number  Driver  NAME OF DRIVER  NO  NO  NO  THIRD PARTY  PRIVATE HIRE  THIRD PARTY  NO  THIRD PARTY  THIRD PARTY  THIRD PARTY  THE AND/OR THE HIRE  THIRD PARTY  NO  THIRD PARTY  THIRD PARTY  THI	Mobile Phone No	(LOCAL) +65-91449265
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Model 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?  If No, Please state action to be taken Vehicle Category Name of Insurance Company Name of Insurance Company Name of Insurance Company Now Policy Number Cover Note Number  Driver Name of Driver Name of Driver Vehicle Color Birth Cocupation Date Of Driving Pass Oriving Experience Gender Model  MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT WORKING WORKING WORKING NO THIRD PARTY PRIVATE HIRE  NO THIRD PARTY FIRE AND/OR THEFT THIRD PARTY FIRE AND/OR THEFT NO S109424914-01  TAN CHEE KEONG (CHEN ZHIQIANG) SXXXX758H 27/07/1978 OUTDOOR Date Of Driving Pass Oriving Experience MALE Mobile Number  Tan Market Model MORKING  NO THIRD PARTY PRIVATE HIRE  WORKING NO THIRD PARTY FIRE AND/OR THEFT  WORKING NO THIRD PARTY FIRE AND/OR THEFT  WORKING NO THIRD PARTY FIRE AND/OR THEFT  THIRD PARTY FIRE AND/OR THEFT  NO THIRD PARTY	Vehicle Particulars	
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Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken  Vehicle Category  Insurance Company  Name of Insurance Company  NTUC INCOME INSURANCE CO-OPERATIVE LTD  Third PARTY FIRE AND/OR THEFT  NO  Policy Number  Cover Note Number  Driver  Name of Driver  NAME OF Birth  Date Of Birth  Docupation  Date Of Driving Pass  Oriving Experience  Gender  Mobile Number  (LOCAL) +65-97685797	Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
for repair to your vehicle?  If No, Please state action to be taken  Vehicle Category  Insurance Company  Name of Insurance Company  Name of Insurance Company  No  Type Of Coverage  Fleet Policy  Policy Number  Cover Note Number  Driver  Name of Driver  Name of Driver  NRIC No  Saxxxx758H  Sate Of Birth  Coccupation  Date Of Driving Pass  Oriving Experience  Gender  Mobile Number  THIRD PARTY FIRE AND/OR THEFT  NO  THIRD PARTY  FIRE AND/OR INSURANCE CO-OPERATIVE LTD  THIRD PARTY  FIRE AND/OR INSURANCE CO-OPERATIVE LTD  THIRD PARTY  PRIVATE HIRE  THIRD PARTY  THIRD PARTY  PRIVATE HIRE  THIRD PARTY  THIRD  THIRD PARTY  THIRD  THIRD PARTY  THIRD  THIRD PARTY  THIRD  TH	Exact Purpose for which vehicle was being used at time of accident	WORKING
Vehicle Category  Insurance Company  Name of Insurance Company  NTUC INCOME INSURANCE CO-OPERATIVE LTD  Third Party Fire AND/OR THEFT  NO  Policy Number  Cover Note Number  Driver  Name of Driver  NAME of Driver  NAME of Birth  Decupation  Date Of Driving Pass  Driving Experience  Gender  Mobile Number  (LOCAL) +65-97685797	Are you claiming under your own insurance policy for repair to your vehicle?	NO
Insurance Company Name of Insurance Company Name of Insurance Company Type Of Coverage THIRD PARTY FIRE AND/OR THEFT NO Policy Number S109424914-01 Cover Note Number Driver Name of Driver NRIC No SXXXX758H Date Of Birth Driven Driving Pass Driving Experience Driving Experience NALE Mobile Number  MODE INSURANCE CO-OPERATIVE LTD THIRD PARTY FIRE AND/OR THEFT NO S109424914-01  TAN CHEE KEONG (CHEN ZHIQIANG) SXXXX758H DOUBLE OF Driving Pass Driving Experience 10 YEARS AND 10 MONTHS MALE Mobile Number  Fax Number	If No, Please state action to be taken	THIRD PARTY
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Driver  Name of Driver  Name of Driver  NRIC No  Date Of Birth  Docupation  Date Of Driving Pass  Driving Experience  Mobile Number  TAN CHEE KEONG (CHEN ZHIQIANG)  SXXXX758H  27/07/1978  OUTDOOR  30/09/2009  10 YEARS AND 10 MONTHS  MALE  (LOCAL) +65-97685797	Fleet Policy	NO
Name of Driver  Name of Driver  NRIC No  SXXXX758H  Date Of Birth  Decupation  Date Of Driving Pass  Driving Experience  MALE  Mobile Number  TAN CHEE KEONG (CHEN ZHIQIANG)  SXXXX758H  27/07/1978  OUTDOOR  30/09/2009  10 YEARS AND 10 MONTHS  MALE  (LOCAL) +65-97685797	Policy Number	5109424914-01
Name of Driver  NRIC No  SXXXX758H  Date Of Birth  Docupation  Date Of Driving Pass  Oriving Experience  MALE  Mobile Number  TAN CHEE KEONG (CHEN ZHIQIANG)  SXXXX758H  27/07/1978  OUTDOOR  30/09/2009  10 YEARS AND 10 MONTHS  MALE  (LOCAL) +65-97685797	Cover Note Number	
NRIC No         SXXXX758H           Date Of Birth         27/07/1978           Occupation         OUTDOOR           Date Of Driving Pass         30/09/2009           Driving Experience         10 YEARS AND 10 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-97685797           Fax Number         Fax Number	Driver	
NRIC No Date Of Birth  Cocupation  Date Of Driving Pass  Oriving Experience  Outdoor  Outdoor	Name of Driver	TAN CHEE KEONG (CHEN ZHIQIANG)
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Date Of Driving Pass         30/09/2009           Driving Experience         10 YEARS AND 10 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-97685797           Fax Number         Fax Number	Date Of Birth	27/07/1978
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Gender         MALE           Mobile Number         (LOCAL) +65-97685797           Fax Number         (LOCAL) +65-97685797	Driving Experience	10 YEARS AND 10 MONTHS
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Fax Number	Mobile Number	
	Fax Number	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Contact Number	OFFICE-97685797
EMail Address NOEMAIL	EMail Address	NOEMAIL

BLK 212C COMPASSVALE DRIVE Address #13-103 543212 Postcode Was driver an employee of the Insured's Company OTHER - HIRER 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 COLLISION - HEAD TO REAR Type Of Accident RAINING Weather Conditions Road Surface WET Other Information Was any foreign vehicle involved in this accident? NO Number of vehicles (including own vehicle) 2 involved in the accident YES Was any body injured in the Accident? Was any injured conveyed to hospital by NO ambulance? YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 1 **Details of Police Action** YES Was the accident reported to the police? If Yes.Please state which Police Station SENGKANG NEIGHBOURHOOD POLICE CENTRE Police Station Name ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: Police Station Address 545025, COUNTRY: SINGAPORE Police Station Contact TEL NO: 1800 - 3438999 - FAX NO: Was notice of intended Prosecution given? NO If Yes, against whom? Circumstances of Accident REFER TO POLICE REPORT - T/20200814/2060. Attachment(s) YES Are accident photos available for attachment? NO Was there any video captured by Car Camera? Was there any audio recorded? NO DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name

# **DETAILS OF INJURED PERSON 1**

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

TAN CHEE KEONG (CHEN ZHIQIANG)

BODY

SKX4332J

YES

NO

### SKETCH PLAN

### IMPORTANT NOTICE

- 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.
- 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: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

# SKETCH PLAN A: SIX Y3327 A B AMY: AVIS

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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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.:

# ACCIDENT STATEMENT

1. DETAILS OF VEHICLE  OJVEHICLE NUMBER: SICX 43320  bJINSURANCE COMPANY: H700  c)POLICY NUMBER:	
1. DETAILS OF VEHICLE  a) VEHICLE NUMBER: SICX 433 VO  b) INSURANCE COMPANY: H7 UZ  c) POLICY NUMBER:	9
C)POLICY NUMBER:	
c)POLICY NUMBER:	
d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PAR e)MAKE & MODEL:	TY FIRE &THEFT)
f)TYPE:(SALOON / COUPE / MPV /V AN / LORRY / MOTORCYC g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCY h) PURPOSE OF USING AT ACCIDENT TIME:	
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NI IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING OND	
2. INSURED / POLICY HOLDER	
A)NAME:(MA	LE / FEMALE)
b)NRIC/FIN/PASSPORT:CONTACT:	9144160
c/ADDRESS:	
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER	
Ho of passangs, DRIVER	. II
(MA)	LE / FEMALE)
binric/fin/Passport:CONTACT:	97 685747
c)ADDRESS:	1 /
*d)DATE OF BIRTH: ()(DD/MM/YYYY)  e)OCCUPATION: (INDOOR / OUTDOOR)  f)YEARS OF DRIVING EXPRERIENCE:	1 E
<ol> <li>WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPAN' IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:</li> </ol>	
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS	
DIROAD SURFACE: (DRY / WET / OTHERS	
6. WAS ANYBODY INJURED (YES)/NO)	16
7. a) REPORTED TO POLICE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICE STATION:	
8. THIRD PARTY VEHICLE	
Industing driver ) b) DRIVER'S NAME:	
C) NPIC/EIN/PASSPOPT: CONTACT:	
9. THIRD PARTY VEHICLE	
N. MENIOLE CHILDREN	
No of hazzander of Donneple Manage	
Including driver) f) NRIC/FIN/PASSPORT:CONTACT:_	
CONTROL CONTROL	
No. No.	46

Cimail =

Pax =

VIDEO = X





1 of 3

Report No. T/20200814/2060

Police Station Of Origin: Sengkang N.P.C

2 Sengkang Square #01-02 SINGAPORE

545025

Tel No: 1800-343 8999

REPORT OF A TRAFFIC ACCIDENT		
Date/Time Report Made: 14/08/2020 15:43	Vide Report No.:	Station Diary No.: 75
Informant's Particulars		
Name of Informant: TAN CHEE KEONG	Address: APT BLK 212C COMPASSVA	LE DRIVE #13-103 SINGAPORE

ID Type / ID No.: Contact No.: NRIC NO / S7821758H Home/Office: Mobile: 97685797 Email: Nationality: SINGAPORE CITIZEN Type of Informant: Date of Birth: Sex: Age: Driver Male 42 27/07/1978 Language: Institution / School Name: Race: English Chinese Driving Licence Information: Occupation: Date of Expiry: Class: 3 **GRAB DRIVER** 

General Infor	mation of the Acci	dent	ALLOW METERS AND ADDRESS OF THE PARTY AND ADDR		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/08/2020 09:00	Type of Location: Straight Road	
Location:  ANG MO KIC  Lamp Post N  Weather:  Heavy rain		Road Surface: Wet		Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Wo		Traffic Volume: Moderate	
Type of Collis Between Mov	sion: ving Vehicles - Head			Anyone conveyed by ambulance: No	

Details of Vehicle Involved								
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger		
GBB6124C	1				Slightly Damaged	0		
SKX4332J	Car				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/20200814/2060

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

### CONTINUATION OF REPORT

Driver					DESCRIPTION OF THE PERSON OF T	
Name	ANG WEI LUN DAN	IIEL		ID No		S9726165B
Related Vehicle	GBB6124C (Lorry)			Conta	ct No.	82649223
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Dis		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o		NIL	
Driver					841	The state of the s
Name	TAN CHEE KEONG			ID No		S7821758H
Related Vehicle	SKX4332J (Car)			Contact No.		97685797
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.			Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL
Date Treatment	13/08/2020		Date Disc	charge	14/08	/2020
No. of Days gran	ted Medical Leave	05	Degree o		Slight	

### Brief Details.

On 13/08/2020 at about 9.00am, I was driving vehicle SKX4332J along Ang Mo Kio Avenue 5 towards Buangkok, beside Bus Stop number 54491. It was raining and the road was slippery. While driving I felt a bump coming from the rear of my vehicle. I made a check and discovered that driver of GBB6124C had knocked onto the rear of my vehicle. Both of us got off our vehicles and exchanged our particulars. No Police nor Ambulance was at scene at that point of time. I felt slight pain at the back of my neck and my shoulder area. But I did not call for Ambulance at that point of time as the pain was still manageable. Both of us left after exchanging particulars.

Shortly after the accident, the pain at the rear of my neck and my shoulder area worsen. I then proceeded to Sengkang General Hospital to medical follow up. I was warded for one night in the hospital and was given five days MC (13/08/2020 to 17/08/2020) by the doctors there.

I was discharged from Sengkang General Hospital on 14/08/2020. I then proceeded to Sengkang Neighbourhood Police Centre to lodge a Traffic Accident Report reference to the incident.





/20200814/2060

3 of 3

Report No. T/20200814/2060

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

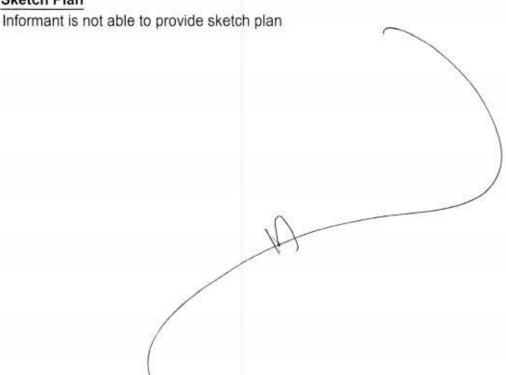
Tel No: 1800-343 8999

Authentication Stampngapore

NP168

CONTINUATION OF REPORT

# 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:

F /
Staff Sgt LOI WEE LONG

Signature Of Interpreter:
Not applicable

Date/Time:
14/08/2020 15:43

Officer In Charge Of Case:
TP / AEIT /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

<b>eBao</b> Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601			TOTAL STREET,		NAME OF TAXABLE PARTY.	· Change	Language	· Chan	ge Password	· Log Out
My Desktop	Polic	cy Query									
Notice of Loss	Policy N	la.				Date o	of Accident		3/08/2020 (	9:00	
	Vehicle	No.(Far Motor)	SKX43	32)		Certifi	cate Number				
					19	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5109424914- 01		BLAZE MOTORING PTE LTD	201531362N	GPC	Third Party, Fire & Theft	SKX4332J	SKX4332J	11/12/2019	10/12/2020
					C	ontinue					

Sequenc	e Date of Endorsement	En	dorsement 1	Type	Endorsement	Status	Endorsement Content
₽ Endorse	ements						
Insured	Object: SKX4332)						
nit No.	17-204	Related Number		5111935306-01			
dress 4		Address	Туре	Singapore address		Post Code	408934
idress 1	53 UBI AVENUE 1	Address	2	#05-44 PAYA UBI	NDUSTRIAL	Address 3	SINGAPORE 408934
SCHOOL AND	older Mailing Address						
ifo							
olicy Info ertificate							
lag pen							
o- isurance	No						
gent	ANIKA INS BROKERS & CONSUL	Agent Tel.	66729988		GST Flag	Y	
outside ingapore D Excess	0	Outside Singapore TP Excess	1500			Young	g/Inexperience Driver Excess
dditional xcess		Premium	0				
hird Party xcess	1500	Own damage Excess	0		Windscreen Excess	0	
xcess ype	Per Accident	All Claims Excess					
olicy sue Date	04/12/2019	Effective Date	11/12/2019	00:00	Expiry Date	10/12/2020 2	3:59
roduct lame	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	53 UBI AVENUE 1 #05-44 PAYA	UBI INDUSTRI	AL PARK SIM	GAPORE 408934			
Certificate No.		Marine			NRIC		
olicy No.	5109424914-01	Policyholder Name	BLAZE MOT	ORING PTE LTD	Policyholder	201531362N	

Claim Handling					
Accident MT/1100217					
Policy No.	5109424914-01	vehicle No.	SKX43322	GST Registration No.	
Certificate No.					
Policyholder Name	BLAZE MOTORING PTE LTD			Policyholder NRIC	201531362N
Preduct Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Cornact No.(Mobile)	91449265	Contact No. (Office)	0	Consact No.(Home)	0
Email Address		Special Remark		eCode	11.9
KFIK	No ○ Yes	TCA	® No ○ Yes	eCode Reason	
VCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
<b>▽</b> Accident Details					100
Report Date	17/08/2020 17:20	Academ Report Within 24 h	rs Yes	Acceptance of	
Date of Acodent	13/08/2020	Time of Accident Inhomm	09:00	Acodent Type	Collision - Head to Rear
Reporting Centre		Orange Force	49.00	Country of Accident	Singapore
SCOrdent Location	AMK AVE 5	John Maria		ICH No.	
Total Excess Applicable					
scean Type	Per Accident	Windscreen Excess	922		
		Hiroscreyn Excess	0.00		
O Standard Excess	0.00	TP Standard Excess	1,500.00		
IED OD Excess	0.00	VIED TP Excess		Driver is Covered?	
dditional Excess		00.9094.05-71.0099		Suse of Philadel	
otal OC Excess Applicable	0.00	Total TP Excess Applicable			
♥ Benefits	1,000				
GST Registered Inform	ation				
T Registered	No.		GET POSTERONA TO		
ST Registration No.	99		GST Registration Date GST Status Verified	V	
odification History			San Alexander Control	Yes	
Policyholder Mailing Ac	idress				
ddress 1	53 UBT AVENUE 1	Address 2	#05-44 PAYA UBI INDUSTRIAL I	Address 3	Charles and the control of the contr
ddress 4		Address Type	Singapore address		SINGAPORE 408934
nit No.	17-204	Related Policy Number		Post Code	408934
Of Driver Info	model No	WEIGHT PURK NUMBER	5111935306-01		
nver Name	Unnamed Driver	Driver Type	Unnamed Driver		
nnamed driver Name	TAN CHEE KEONG (CHEN ZHIQI	Driver NRIC	57821758H	12011222	SUBSESSED.
rgister Date of Driver License	THE STATE OF STREET STREET, ST	Driver Age	42	Onver DOB	27/07/1978
ontact No. (Mobile)	97685797	Contact No. (Office)	0	Driving Experience	10
idress 1	BLK 212C			Contact No.(Home) Address 3	0
idress 4	SINGAPORE 543213		ddress 2 COMPASSVALE DRIVE		COMPASSVALE PEARL
		Address Type	Singapore address	Post Code	543212
nt No. oes he own a Singepore	13-103				
egistered car?	☐ Yes ® No.	Driver Vehicle No.		Driver Insurer Company	
claration					
eachalyser or Slood Test aiding?	Omg	Any injury?	Yes ○ No.		
diflication History					
SEC PROPERTY NA					
Claim 001 New					
im Type *	00-MX	Insured Name	BLAZE MOTORING PTE LTD	the second	
Mact No.(Mobile)	97984296	Contact No.(Home)		Insured NRIC	201531362N
ell Address	CA. 2017		NIL	Contact No.(Office)	
imant Type Claimant Type+	Please Select	Of Vehicle Number	SKX4332)	TP Vehicle Number	GBB6124C
mant Name +		Type of Benefit +	Please Select		
mant Address	22	Clarmant NRIC +		100	
im Description	CANALISM I WHOSE THE OR THE CO.				
on Description ferred Workshop Coreact	5KX43321 / 0886124C ON 13 Aug 2020			Name of Preferred Workshop	
		Insured Liability *	Not at Fault		
juire Finalisation	Yes 🔻	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
te Registered	17/08/2020 17:23	Claim Close Date		Date Received	17/08/2020 00:00
port Taken By	Jackson				proportion to the second
Print AK letter					
			2207450000		
			Save Submit		
ttachment					
ident No.	MT/1100217	Claim reg.	.001		
t Doc. Received	Yes □ No	Upload Date	17/08/2020 17:25		
	Path *		Category *	Confidential Urger	ncy * Description
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		Browse		♥ V Normal	
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		Browse.	Oter Please Select	V Normal	V

Attachmen	I List							Send Meso	sage
Attachment		aded By/Date	Category	9	Urgency		Description	Msg Sent?	
100 100 100 100 100 100 100 100 100 100	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 2020 17:25		NRIC/ Driving License	×	Normal	NRIC/ D	Driving License 2020-8-17	(CD)	
193	NAC_PAYA_UB1_800803( NA CES) on 1	TIONAL ASSESSMENT CENTRE SERVI 7 Aug 2020 17:25	SAS		Normal		SAS 2020-8-17		
di	NAC PAYA_URL 800601( NATIONAL ASSESSMENT CENTRE S CES) on 17 Aug 2020 17:24		Photos		Normal	10	Photos 2020-8-17		
	NAC_PAYA_UB1_800601( NA CES) on 1	TIDNAL ASSESSMENT CENTRE SERVI 7 Aug 2020 17:24	Photos	Normal		Photos 2020-8-17			
	NAC_PAYA_UBI_800601[ NATIONAL ASSESSMENT CENTRE SERVI GES) on 17 Aug 2020 17:24		Photos		Normal	579	Photos 2020-8-17		
	NAC_PAYA_UBL_B00601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 2020 17:24		Photos		Normal	100	Photos 2020-8-17		
FSEE!	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 2020 17:24		Photos		Normal		Photos 2020-8-17		
F and Such a	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 2020 17:24		Photos		Normal	0.0	Photos 2020-8-17		
2	NAC_PAYA_L/B)_800601( NA' CES) on 1	TIONAL ASSESSMENT CENTRE SERVI 7 Aug 2020 17:24	Pnotos		Normal		Photos 2020-8-17		
	NAC_PAYA_UBI_800601( NACCES) on 1	TIONAL ASSESSMENT CENTRE SERVE 7 Aug 2020 17:24	Photos		Normal		Photos 2020-8-17		
C	NAC_PAYA_UBI_800601( NA CES) on 1	TIONAL ASSESSMENT CENTRE SERVI 7 Aug 2020 17:24	Photos		Normal	,	Motos 2020-8-17		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 2020 17:24		Photos		Normal		Photos 2020-8-17		
0	NAC_PAYA_UB1_800603( NAT CES) on 1	TIONAL ASSESSMENT CENTRE SERVI 7 Aug 2020 17:24	Photos		Normal	P	Motos 2020-8-17		
	NAC_PAYA_UB1_800601( NAT CES) on 1:	TIONAL ASSESSMENT CENTRE SERVI 7 Aug 2020 17:23	Photos		Normal	P	Photos 2020-8-17		
3	NAC_PAYA_UBI_B00601( NAT CES) on 1:	FIONAL ASSESSMENT CENTRE SERVI 7 Aug 2020 17:23	Photos		Normal		Tiones 2020-8-17		
-	NAC_PAYA_URI_B00601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 2020 17:23		Photos	Photos Normal Photos 2020-8-		thotos 2020-8-17			
	NAC_PAYA_UBI_BODGO1  NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 2020 17:23		Photos Normal		Photos 2020-8-17				
2	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 2020 17: 23 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 2020 17: 23		Photos		Normal	Photos 2020-8-17			
			Photos		Normal	Photos 2020-8-17			
Video List						9			