MNA120070006 / National Assessment Centre Services - Ubi ENTRY DATE & TIME: 17/08/2020 17:11 SUBMITTED BY: Jackson Ho Zhao Tian

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.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	17/08/2020 17:11
Date Of Accident	13/08/2020 09:00
Exact Location Of Accident	AMK AVE 5
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKX4332J
Insured/Policyholder	
Name Of Registered Owner	BLAZE MOTORING PTE LTD
Co Reg No	2XXXXX362N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91449265
Alternative Phone No	OFFICE-91449265
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
Exact Purpose for which vehicle was being used at time 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	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5109424914-01
Cover Note Number	
Driver	

TAN CHEE KEONG (CHEN ZHIQIANG) Name of Driver

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

Contact Number OFFICE-97685797

EMail Address NOEMAIL

BLK 212C COMPASSVALE DRIVE Address

#13-103

Postcode 543212

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

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

Weather Conditions **RAINING** WET Road Surface

Other Information

ambulance?

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? YES

Was any injured conveyed to hospital by

NO YES

Was any other material or property damaged?

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

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name SENGKANG NEIGHBOURHOOD POLICE CENTRE

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?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20200814/2060.

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

GBB6124C Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 25

No. Of Passenger (Including Driver)

•

DETAILS OF INJURED PERSON 1

Name TAN CHEE KEONG (CHEN ZHIQIANG)

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? SKX4332J

Were seat belts worn?
Was this injured conveyed to hospital by

ambulance?

YES NO

Address Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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 facts may allow insurance companies to repudiate policy liability.
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- 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 the purpose of the pu
 - 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, involces, 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.

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

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Accident Sketch Plan

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IV/2060				
14/2060 14/2060			_	
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Police Report





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

1 of 3 Report No. T/20200814/2060

545025

Tel No: 1800-343 8999

REPORT OF A	TRAFFIC	ACCIDENT
REPORT OF A	IRAPPIC	ACCIDENT

Date/Time Report Made: 14/08/2020 15:43			Vide Report No.:	Station Diary No.: 75		
Informa	nt's Partic	ulars	CONTRACTOR SERVICE	COMPANY TO LEGATION		
	f Informant: IEE KEONG		Address: APT BLK 212C COMPASSV 543212	ALE DRIVE #13-103 SINGAPORE		
	ID Type / ID No.: NRIC NO / S7821758H		Contact No.: Home/Office: Mobile: 97685797			
National SINGAF	lity: PORE CITIZ	EN	Email:			
Sex: Male	Age: 42	Date of Birth: 27/07/1978	Type of Informant: Driver			
Race: Chinese			Language: Institution / School Name			
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:			

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 KIO Lamp Post No Weather: Heavy rain		Road Surface: Wet		Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Wor	king	Traffic Volume: Moderate	
				Anyone conveyed by	

Details of V	ehicle Invo	lved	e de la contra		THE AMERICA	E MANAGEMENT
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBB6124C	Lorry				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

Police Report





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

2 of 3 Report No. T/20200814/2060

Tel No: 1800-343 8999

CONTINUATION OF REPORT

Driver	un en						
Name	ANG WEI LUN DANIEL			ID No.		S9726165	5B
Related Vehicle	GBB6124C (Lorry)			Contact No.		82649223	1
Hospital/Clinic	NIL					Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Disc			NIL		
No. of Days granted Medical Leave		NIL		Degree of Injury NIL			
Driver				1-1-1		78-31 F09	
Name	TAN CHEE KEON	HEE KEONG		ID No.		S7821758	Н
Related Vehicle	SKX4332J (Car)	4332J (Car)			ct No.	97685797	
Hospital/Clinic	LTD.	ENERAL HOSPITAL PTE.			of e & Date	Class: 3 Date of Ex	piry: NIL
Date Treatment	13/08/2020		Date Disc		14/08	/2020	_
No. of Days grant	ed Medical Leave	05	Degree of	f Injury	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 GBB6124Chad 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.

Police Report





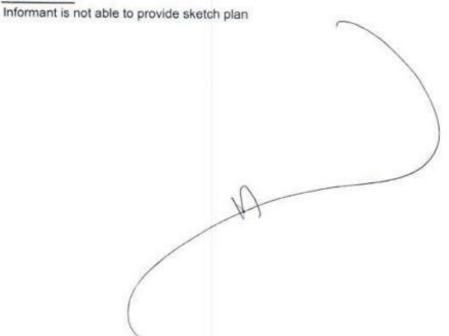
T/20200814/2060

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025 Tel No: 1800-343 8999

3 of 3 Report No. T/20200814/2060

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 Informant:
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	SM de	Classification Of Case:
Authentication Stamp 10 aport Police Force		





