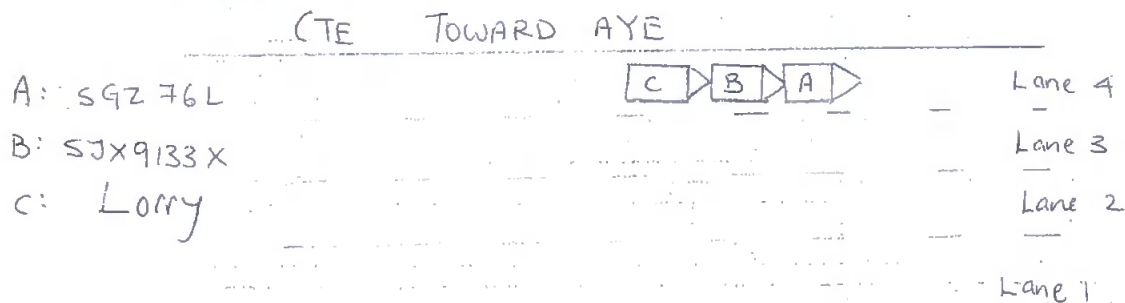


SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police report.

DECLARATION

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

Policyholder's Signature
Date & Time:

20 AUG 2020

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

IDAC BUKIT BATOK (VAC)
511 Bukit Batok Street 23
Singapore 659545
Tel: 6560 3312 Fax: 6569 0722
Email: vacbb@singnet.com.sg

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20200828/2015

1 of 3

Report No. T/20200828/2015

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/08/2020 11:11	Vide Report No.: F/20200827/0165	Station Diary No.: 16
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Informant's Particulars

Name of informant: CHANG CHEE HENG, TERRY			Address: APT BLK 231 SERANGOON AVENUE 3 #06-50 SINGAPORE 550231	
ID Type / ID No.: NRIC NO / S8334198Z			Contact No.: Home/Office: 68152088 Mobile: 81256606	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 36	Date of Birth: 25/10/1983	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: SALES MANAGER			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/08/2020 19:55	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Drizzling		Road Surface: DAMP	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGZ76L	Car	TOYOTA	HARRIER 2.0 ELEGANCE AT ABS D/AIRBAG 2WD	Black	Seriously Damaged	0
SJX9133X	Car	MITSUBISHI	OUTLANDE R 2.0 CVT		Totally Damaged	1



**SINGAPORE
POLICE FORCE**



T/20200828/2015

2 of 3

Police Station Of Origin:

Serangoon N.P.C

50 Serangoon Avenue 2 #01-02 SINGAPORE

556129

Tel No: 1800-4880999

Report No. T/20200828/2015

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGZ76L	NTUC Income Insurance Co-Operative Limited	5109918448-01	29/07/2020	28/07/2021

Brief Details.

On 27/08/2020 at about 1953hrs, I was driving my vehicle (SGZ76L) along Central Expressway. As I was nearing Braddell Exit, beside Australian International School (10.5KM), I was driving on Lane 4. I was travelling straight, towards PIE direction. At that time, the traffic condition was quite heavy and the lanes was slow moving. I noticed that the vehicles in front of mine has stopped. As such, I stopped my vehicle as well.

After my vehicle comes to a complete stop, I felt a collision from the rear of my vehicle. After the rear collision, I wish to state that my vehicle did not collide onto the vehicle ahead of mine.

I alighted to make a check and I saw that the front of one vehicle (SJX9133X) has collided onto the rear of my vehicle. I noticed that said vehicle was rear-ended by another lorry. I wish to state that I do not have the registration plate number of the lorry. To my understanding, the accident was a three-vehicle collision, inclusive of my car. My vehicle is seriously damaged at the rear bumper and the vehicle SJX9133X is totally damaged and can no longer to driven after the accident.

Shortly after, Ambulance and Traffic Police arrived at scene. I saw some workers from the lorry being conveyed to hospital for further medical assessment. However, I do not know which hospital they were sent to. I was given the incident number, F/20200827/0165 by the Traffic Police. My vehicle is equipped with functioning in-car camera (front and rear).

I was attended to by the Paramedics but I did not feel any discomfort at the point time.

On 28/08/2020, I woke up with a sore neck and I went to a clinic for medical assessment. I was attended by Doctor Janine Yeo from Unity Family Medicine Clinic and I was given three days of Medical Certificate, from 28/08/2020 to 30/08/2020.

As such, I am lodging this report to provide further information on the incident.



**SINGAPORE
POLICE FORCE**



T/20200828/2015

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

3 of 3

Report No. T/20200828/2015

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:
F /
Sgt 3 JANICE TAN YU TING

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
28/08/2020 11:11

Officer In Charge Of Case:
TP / GIT /
Sgt 2 DAVID YAP
Contact No: 96192348

Classification Of Case:

Authentication Stamp
NP168

Signature:

Singapore Police Force

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 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. 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.

ACCIDENT STATEMENT

Date Of Report	28/08/2020 13:21
Date Of Accident	27/08/2020 20:05
Exact Location Of Accident	CTE BEFORE BRADDEL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX9133X
Insured/Policyholder	
Name Of Registered Owner	TAY HEE HUAT
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	OUTLANDER-2.0 (A)
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800042163-01
Cover Note Number	
Driver	
Name of Driver	TAY JEROLD
NRIC No	S9606761E
Address	BLK 234A SERANGOON AVENUE 2 #02-139 SINGAPORE

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
Number of Passengers (Including Driver)	2

Circumstances of Accident

REFER TO ATTACHMENT

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YQ2337E
Vehicle Make/Model/Colour	ISUZA REWARD
Name of Driver	HURADA ABU
Insurance Company Name	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGZ76L
Vehicle Make/Model/Colour	
Name of Driver	CHANG CHEE HENG, TERRY
Insurance Company Name	

DETAILS OF INJURED PERSON 1

Name	UNKNOWN
Injured person in which vehicle?	YQ2337E

Sketch Plan

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
- (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 #2

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

DECLARATION

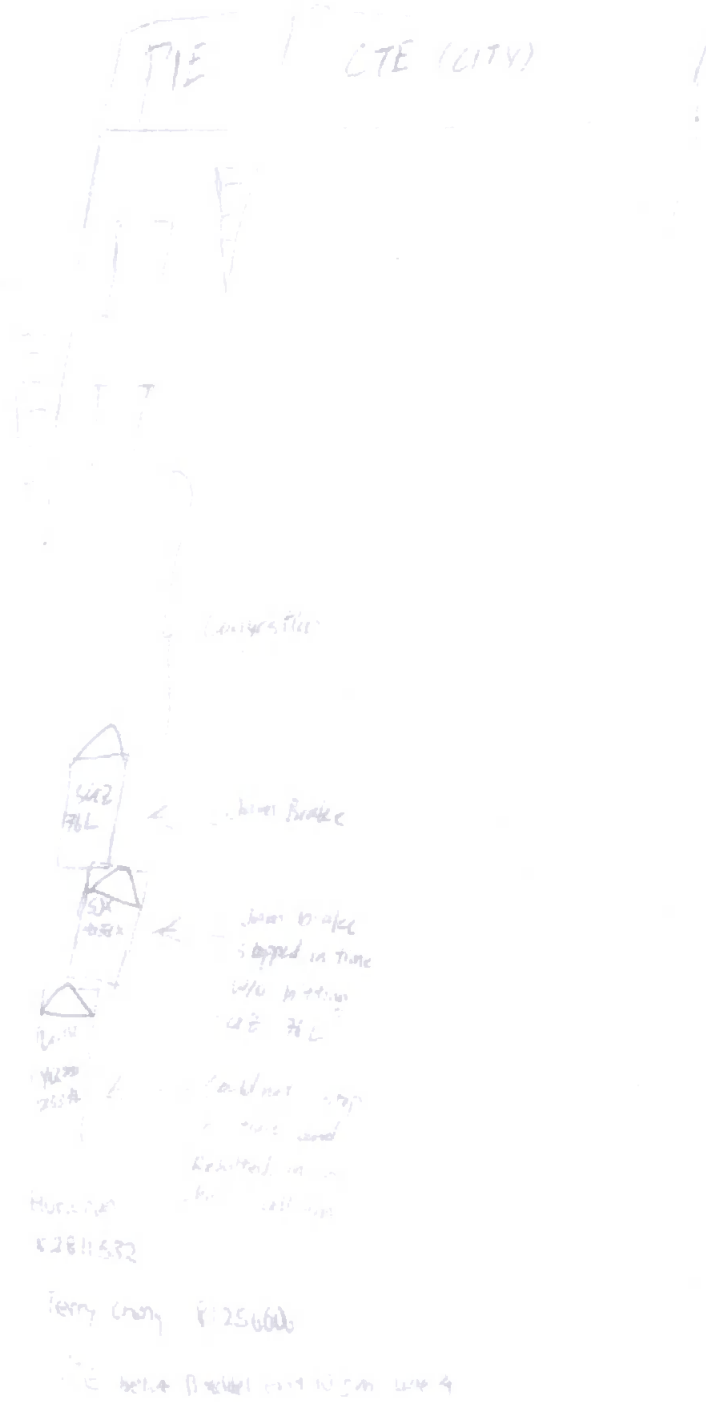
I/We declare the foregoing particulars are true in every respect

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

Sketch Plan #3



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 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. 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.

ACCIDENT STATEMENT

Date Of Report	28/08/2020 15:57
Date Of Accident	27/08/2020 19:45
Exact Location Of Accident	CTE TWDS CITY NEAR L/P 241
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ2337E
Insured/Policyholder	
Name Of Registered Owner	HOE HUAT EQUIPMENT PTE LTD
Vehicle Particulars	
Manufacturer	ISUZU
Model	NPR85UH5A-3.0 D (M)
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	ERGO INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCG20004023
Cover Note Number	
Driver	
Name of Driver	HURAIRA ABU
Passport No/FIN	G2434859N
Address	N/A

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
Number of Passengers (Including Driver)	9

Circumstances of Accident

AS PE POLICE REPORT NO: T/20200827/2133

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	SJX9133X
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