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.

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 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 Submission 02/12/2020 10:29 (SGT) Date of Accident 28/11/2020 22:10 (SGT) Exact Location of Accident Little India, Singapore Additional Location Information ALONG RANGOON ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private hire

Vehicle Registration Number SI S7512B

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **TEO TECK HIAN** NRIC No SXXXX515E Email Address xride1204@gmail.com Mobile Phone No (Phone) +65-90235883 Alternative Phone No +65-90235883

VEHICLE PARTICULARS

Manufacturer Toyota Model Corolla Variant

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?

No - Reporting only Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company **NTUC** Type of Coverage Comprehensive Fleet Policy

Policy Number 5096455547-02

Cover Note Number

DRIVER

Name of Driver **TEO TECK HIAN** NRIC No SXXXX895D Date Of Birth 12/04/1983 Occupation Indoor

Date Of Driving Pass 04/03/2002 Driving experience 18 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-87005893 Alt. Phone Number Email Address xride1204@gmail.com Address BLK 143 #18-1138 Address complement JALAN BUKIT MERAH Postcode 160143 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Child Does Driver Own Other Vehicles? Nο Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Side Swipe Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Bukit Merah East Neighbourhood Police Centre Police Station Phone No. (Phone) +65-18002369999 Alt. Police Station Phone No (Fax) +65-62204360 391 New Bridge Road Police Cantonment Complex Block A Police Station Address Singapore 088762 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20201129/2022 ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FBP4230T

Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category Motorcycle

Name of Driver SAMEER SINGH S/O MOHANDER SINGH

NRIC No	SXXXX476B
Contact Number	(Phone) +65-87492091
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
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.
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- 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:
- Innorstand, acknowledge, garge and consent intal:

 (a) My insure, 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 (collective) the "Personal information to all disclose and transfer such Personal information to all insurericity who have insured vehicle(s) involved in this accident (all insurericity) who have insured vehicle(s) molved in this accident shall be collectively referred to a ster insurers' in the insurer's (awer) shall write, 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;
 - (ii) a dministering 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 of 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.

Driver's Signature
(If driver's not the policyholder)
Date & Time: 3 ol vl 2 o 12-30 pm

NRIC/FIN No.:

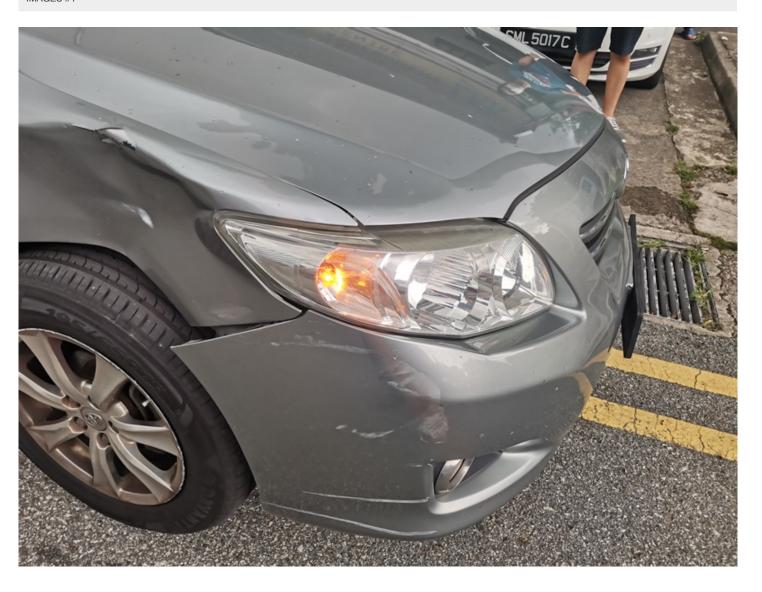
Accident report SN0820C20002

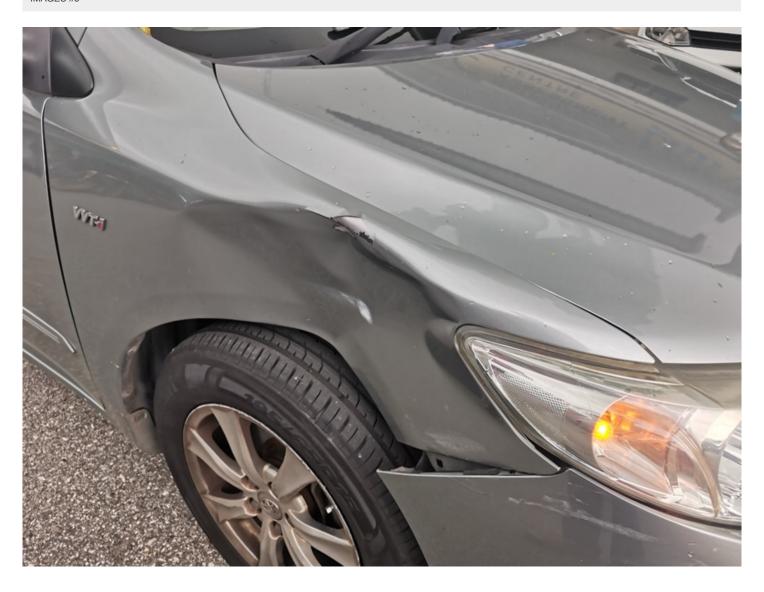
TCH PLAN		
	B AB	
	Pargeon.	Vehicle A SLS 751213
	Cong	Vehicle B FBP 4230T
CRIBE CIRCUMSTANCES	1	
PAPAR TO Jo	LICE BURGET 7/20	0201129/2022
)
	/	
	iculars are true in every respect.	/ .
CLARATION /e declare the foregoing part	iculars are true in every respect.	1/21/2
	Driver's Signature	Reporting Centre Personnel's Salnature Jan

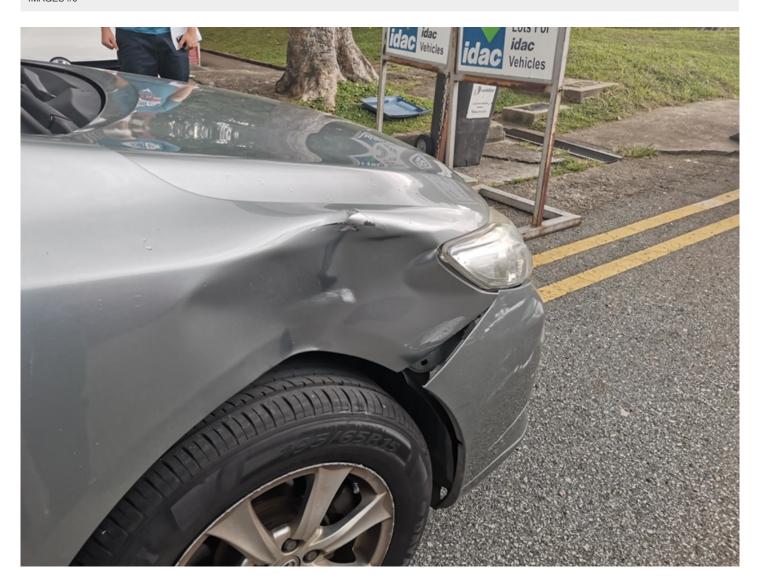


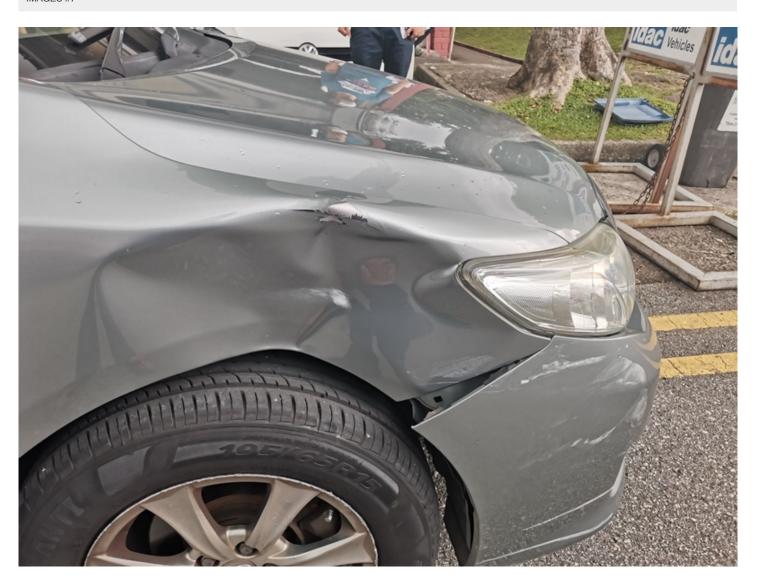


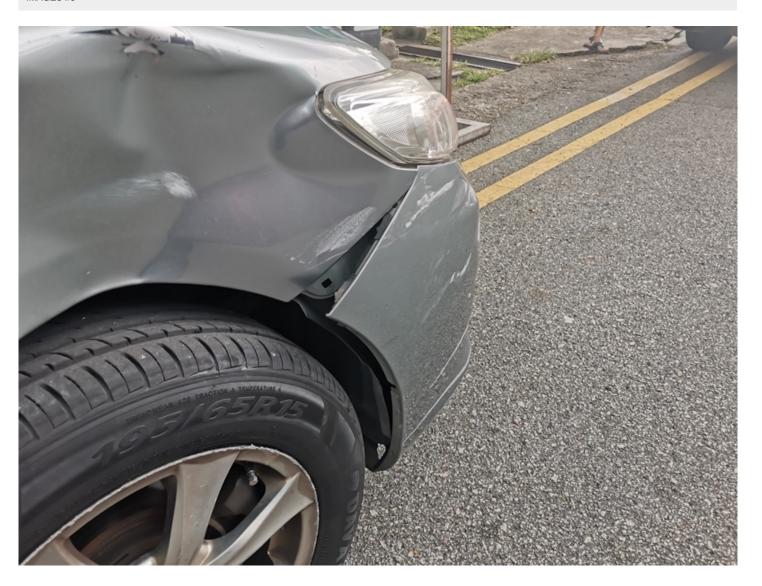




















Rep

Police Station Of Origin:
Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

1 of 3 Report No. T/20201129/2022

REPORT OF A TRAFFIC ACCIDENT Date/Time Report Made: 29/11/2020 09:53			Vide Report No.:	Station Diary No.: 17		
Informan	t's Particu	lars				
	nformant:		160143	MERAH #18-1138 SINGAPORE		
ID Type / ID No.: NRIC NO / S8311895D		95D	Contact No.: Home/Office:	Mobile: 87005893		
Nationality: SINGAPORE CITIZEN			Email:			
Sex: Male	Age:	Date of Birth: 12/04/1983	Type of Informant: Driver	Institution / School Name:		
Race: Chinese Occupation:			Language: English			
		UTIVE	Driving Licence Information: Class:	Date of Expiry:		

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/11/2020 22:10	Type of Location: Straight Road	
Location: RANGOON F	ROAD				
Weather:		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Traffic Control:			Traffic Volume: Light		
Clear Traffic Flow: One Way		Not Controlled			

	ehicle Involve	Make	Model	Color	Condition	No of Passenger
Vehicle No.	Туре	Iviake	INIOUGI		Slightly	0
FBP4230T	Motorcycle				Damaged	
		TOYOTA	Tovota	Silver	Slightly	0
SLS7512B Car	IUYOIA	Corolla Altis		Damaged		

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





Police Station Of Origin:
Buikt Merah East N.P.C
A 381 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999
CONTINUATION OF REPORT

Report No. T/20201129/2022

Rider						
Name	SAMEER SINGH S/O MOHANDER SINGH			ID No.		S9933476B
Related Vehicle	FBP4230T (Motorcycle)			Contact No.		87495091
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Dis			harge	NIL	
No. of Days granted Medical Leave NIL		Degree of	of Injury Slight		t	
Driver						
Name	TEO JUN HAO			ID No		S8311895D
Related Vehicle	SLS7512B (Car)			Contact No.		87005893
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Di			harge	NIL	
No. of Days granted Medical Leave NIL			Degree of Injury NIL			

Brief Details.

On the above mentioned date, time and location, I was driving my vehicle SLS7512B along Rangoon Rd. I had slignaled and was turning right into Starlight Rd when the other party, a motorist riding FBP4230T came from my blind spot on the right and hit head-on into my right wheel chassis. My chassis suffered a dent and his motorbike also sustained some damage. The rider had no visible injuries but complained of leg pain. Traffle Police attended to us, and we agreed to privately settle the payments in their view. I am lodging this for record purposes.

