SN0920C70005 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 07/12/2020 10:26 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (07/12/2020 10:26 (SGT))

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 07/12/2020 10:26 (SGT) Date of Accident 30/11/2020 08:00 (SGT) Exact Location of Accident Republic Blvd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGN3156H

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner TRIBECAR PTE. LTD. Company Reg No 2XXXXX563H **Email Address** khierthii@rosetlimo.com Mobile Phone No (Phone) +65-81301183 Alternative Phone No +65-81301183

VEHICLE PARTICULARS

Manufacturer

Toyota Model **CORROLA ALTIS** Variant 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 - Claiming third party Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage ThirdParty Fleet Policy Policy Number CV00000400299 Cover Note Number

DRIVER

Name of Driver MOHAMAD ANDRY BIN AZAMAN NRIC No SXXXX959I Date Of Birth 15/07/1986 Occupation Indoor

Date Of Driving Pass 19/11/2020 Driving experience 0 MONTH Gender Male Mobile Number (Phone) +65-88947851 Alt. Phone Number Email Address khierthii@rosetlimo.com Address BLK 121A EDGEDALE PLAINS #16-223 Address complement Postcode 821121 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer 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 Collision - Head to Rear 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? Yes 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 Sembawang Neighbourhood Police Centre Police Station Phone No (Phone) +65-18005549999 Police Station Address 4 Sembawang Crescent Singapore 757633 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT T/20201130/2148 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** S

Vehicle Registration Number	SLT8251S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	_
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	_
Address	_

Address complement		 	
Postcode			
Insurance Company Name			
Nature Of Damage			
Details of property damaged	d in accident	 	
No. Of Passenger (Including	Driver)		

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Address	MOHAMAD ANDRY BIN AZAMAN
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SGN3156H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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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- 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.

Reg. No. Policyholder's Signature
Date & Time:

And

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

Reporting Centre Personnel's Signature Name:

A'- SGN 315614	8 7
B:- SLT 8251+1	
	Republic Blud.
DESCRIPE CIRCUMASTANICES OF THE	ACCIDENT
DESCRIBE CIRCUMSTANCES OF THE	
I was driving to merge in	nto a public road, i so saw a vehicle approaching and
i Stop to give way to th	re approaching vehicle. After giving way to the car i mov
off slowly and Suddenly	the car behind me bang my boot of the car.
SEE SIDERITY DATE SUPPLEMENT	The con parties the party my part or the con.
The coar uthicle number is	SLT 8251 3. GREY COLOUP. Incident happened at 0800 hrs
THE COLOR HAMPS	A STORY STORY STORY STORY
Near benjamin Sheares bridg	le Auguer Innation.
Total Confession States	o the state of the
	. 0
/We declare they sesoing particulars are	
DECLARATION I/We declare the greating particulars are 201605583	





















Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633

1 of 3 Report No. T/20201130/2148

Tel No: 1800-5549999

REPORT	OF A	TRAFFIC	ACCIDENT
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	ne Report M 020 23:13	Made:	Vide Report No.:	Station Diary No. 96	
Informa	nt's Particu	ulars			
	f Informant: IAD ANDRY	Y BIN AZAMAN	Address: APT BLK 121A EDGE 821121	DALE PLAINS #16-223 SINGAPORE	
ID Type / ID No.: NRIC NO / S8619959I			Contact No.: Home/Office: Mobile: 88947851		
National SINGAP	ity: PORE CITIZ	EN	Email:		
Sex: Male	Age:	Date of Birth: 15/07/1986	Type of Informant: Driver		
Race: Malay			Language:	Institution / School Name:	
Occupat Private	tion: security office	cer	Driving Licence Inform Class:	pation: Date of Expiry:	

Type of Accident:	Non-Injury Others	Drink		Type of Location Bend
REPUBLIC B	OULEVARD	Road Surface:	R	Road Speed Limit:
Clear		Dry Traffic Control:	170	raffic Volume:
Traffic Flow: One Way		Not Controlled	L	ight

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGN3156H	Car	TOYOTA	ALTIS	Grey	Slightly Damaged	0
SLT8251S	Car	TOYOTA	PRIUS	Grey	Slightly Damaged	0

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





T/20201130/2148

2 of 3

Report No. T/20201130/2148

Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633

Tel No: 1800-5549999

CONTINUATION OF REPORT

Name	MOHAMAD ANDRY RINI AZAMANI			ID No		COCADDEDI	
Name	MOHAMAD ANDRY BIN AZAMAN			ID No	*0 3	S8619959I	
Related Vehicle	SGN3156H (Car)			Conta	ct No.	88947851	
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL Date Dis		Date Disc	harge	NIL		
No. of Days gran			Degree of	of Injury NIL			
Driver			新聞報記				
Name	FOONG YIN CHEOK		ID No		S0100644D		
Related Vehicle	SLT8251S (Car)		Contact No.		94550926		
Hospital/Clinic	NIL		Di Li		Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL		
No of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL		

Brief Details.

On the 30/11/2020 at about 0800hrs, I was driving along Republic boulevard turning left in Ophir road. I had stopped my vehicle because I saw an approaching vehicle along Ophir road. As I was about to move off, a car had collided into the rear of my car. I alighted from my vehicle to check on the damage and exchange particulars with the driver. There was not injury.

The car I was driving I tribe car. The car was loaned under one of my friend account, namely Nurul Huda, Hp:86994214. I had reported the matter to Tribe car.





Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633 3 of 3 Report No. T/20201130/2148

Tel No: 1800-5549999

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: L / Sgt 2 ELFY TARMYZY BIN YOSREY	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 30/11/2020 23:13
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp	



Traffic Police Department Charge Office 10 Ubi Avenue 3 Singapore 408865

		AME	NDMENT		
NP 168 No.	:	T/20201130/2148	3 Name	:	MOHAMAD ANDRY BIN AZAMAN
Accident Date/Time	:	30/11/2020 AT 0800HRS	Address	•	BLK 121A EDGEDALE PLAINS #16-223 S(821121)
Vehicle(s) Involved	:	SGN3156H			
		SLT8251S	_ NRIC No		S8619959I
			_ Tel No Date	20	88947851 01/12/2020
			Date		
Dear Sir / Madam Accident invo	olvi	ng SGN3156H AN	ND SLT8251S		
along REPUBLIC	BOI	JLEVARD TWDS	OPHIR RD	or	30/11/2020 at 0800 Hours
(Police Station/NPP/ I wish to change that S0100644D, 945509 time of incident, and	the 26 (car I was driving v HP), whom I had a	vas a tribe car, an an accident with,	nd t	the driver, Foong Yin Cheok, nitted that it was his fault at the
Yours Faithfully,					
And					
(Signature)	-				
If a police o	offic		OFFICIAL USE mendments, plea		complete the following.
Name / Rank No	: 5	GT LOE YAN TO	ONG		
Ivallie / Ivalik Ivo					
Date and Time	: _(01/12/2020 AT 084	o Avanyaba v		
WATER TO A STATE OF THE STATE O	: <u>(</u>		o Avanyaba v		