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 08/12/2020 14:46 (SGT) Date of Accident 03/12/2020 18:30 (SGT) Exact Location of Accident KPE, Singapore Additional Location Information **TUNNEL** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number G73496M

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner ACCLAIM SYSTEMS PTE LTD Company Reg No 1XXXXX237G Email Address matixsiow93@gmail.com Mobile Phone No (Phone) +65-62990798 Alternative Phone No (Office) +65-62990798

VEHICLE PARTICULARS

Manufacturer Mitsubishi Model L300 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 Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy Policy Number 5112939040-01 Cover Note Number

DRIVER

Name of Driver SIOW SHI JIN Passport No/FIN GXXXX047X Date Of Birth 08/06/1993 Occupation Outdoor

Date Of Driving Pass 27/08/2019 Driving experience 1 YEAR AND 4 MONTHS Gender Mobile Number (Phone) +65-94206090 Alt. Phone Number Email Address matixsiow93@gmail.com Address 171 KAKI BUKIT AVENUE 1 Address complement SHUN LI INDUSTRIAL PARK Postcode 416020 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Employee Does Driver Own Other Vehicles? No 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 Chain Collision Weather Conditions Raining Road Surface Wet 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 Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT - T/20201204/7019. 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 **GBF7798E** Vehicle Manufacturer Vehicle Model Vehicle Variant

Commercial vehicle

Vehicle Colour
Vehicle Category

Name of Driver
Contact Number

Address	<u>-</u>
Address complement	
Postcode	
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBD6562K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
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

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust 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.
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- 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 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.
- 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' law yers/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")

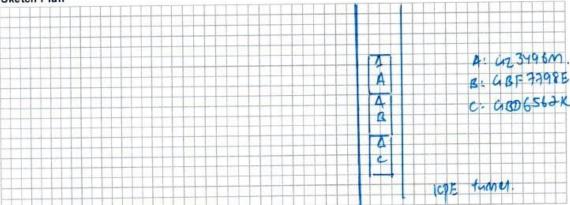
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



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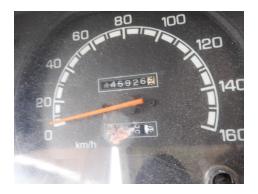


















Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20201204/7019

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 20 12:00	Made:	Vide Report No.: F/20201203/0158	Station Diary No.:
Informa	nt's Partic	ulars	(1)(2)(a)(5)(a)(b)(b)(b)(b)(b)(b)(b)(b)(b)(b)(b)(b)(b)	SANCE SECTION AND ADDRESS OF THE PARTY.
Name of SIOW S	Informant: HI JIN		Address:	
ID Type FIN NO	/ ID No.: / G3863047	7X	Contact No.: Home/Office:	Mobile: 94206090
National MALAYS			Email: MATIXSIOW93@GMA	AIL.COM
Sex: Male	Age: 27	Date of Birth: 08/06/1993	Type of Informant: Driver	
Race: Chinese	9		Language: English	Institution / School Name:
	al/Engineer	ing services ard manager)	Driving Licence Inform Class:	nation: Date of Expiry:

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/12/2020 18:40	Type of Location Near underground single line road
Location:	DAD			
		Road Surface: Wet		Road Speed Limit: 10 Km/h
Weather: Little rainning Traffic Flow: One Way				

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
GZ3496M	Van					0

Details of Person Involved	可以自己的 自己的。
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20201204/7019

2 of 3 Report No. T/20201204/7019

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

CONTINUATION OF REPORT

Driver		THE PERSON		PACK TO		NAME OF TAXABLE PARTY.
Name	SIOW SHI JIN		ID No.		G3863047X	
Related Vehicle	GZ3496M (Van)		Contact No.		94206090	
Hospital/Clinic	NIL		Class Drivin Licen Expir	g ce &	Class: NIL Date of Expiry: NIL	
Date	NIL	0	Date	CAT TO STATE OF THE PARTY OF TH	NIL	
	ted Medical Leave	NIL	Degree	of	NIL	

Brief Details.

Dear Officer, according the situation of collision between car. I was the driver who head moving the car(GZ3496M) under Company car (Acclaim System Pte Ltd) and the car was hitting behind side by other vehicle which is one of vehicle number GBF7798E which that time my car was completed stop due the traffic area was jam at around KPE area and it was underground and cannot move on. After move a bit distance and stop the car in few seconds, the collision was occur. Without to interference the traffic flow, i was moved on in another road (beside the road white line). With the confuse in situation, i see there have another one vehicle which also hitting the GBF7798E car behind by GBD6562K. Outstanding the situation is the one of the driver's wife (GBF7798E) was involve due feeling unwell and the driver who the name MR SHAWN GOH JING FA was called SCDF ambulance to come assist for his wife. When the SCDF coming, they coming for the MR Shawn'wife the give the guide and instruction for each of the driver ensure all the driver was under no injury condition. After the the LTA police and traffic police officer also coming to check the situation and give instruction for checking the all the Driver Identity (IC), all vehicle collision photo, and collection information. Another LTA police was give the diagram of vehicle type to check all correction. After half an hour, the traffic police officer confirm all the driver physical and mentally was ok and after that dismissed the collision area.

Remarks*the no any landmarks, around Airport Rd with KPE area, and no accident take place at a pedestrian crossing





3 of 3 Report No. T/20201204/7019

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Informant: Signature Of Officer Recording The Report: The identity of the person making this report has been authenticated by SingPass. No signature is Not applicable required. Signature Of Interpreter: Date/Time: 04/12/2020 12:00 Not applicable Classification Of Case: Officer In Charge Of Case: TP / TPIB / ABDUL MUHAIMIN BIN HUSSAIN Contact No.: 65476090

NP168

Authentication Stamp