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 11:16 (SGT) Date of Accident 07/12/2020 11:50 (SGT) Exact Location of Accident Kaki Bukit, Singapore Additional Location Information 8 KAKI BUKIT AVE 4 PREMIER BUILDING Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJG2341Y

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN JUN JIE, ROY NRIC No. SXXXX469B Email Address tanroy9@gmail.com Mobile Phone No (Phone) +65-91288101 Alternative Phone No +65-91288101

VEHICLE PARTICULARS

Manufacturer Toyota Model Vios 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 Comprehensive Fleet Policy Policy Number 5114578170 Cover Note Number

DRIVER

Name of Driver TAN JUN JIE, ROY NRIC No SXXXX469B Date Of Birth 06/03/1992 Occupation Outdoor

Date Of Driving Pass 24/01/2014 Driving experience 6 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-91288101 Alt. Phone Number +65-91288101 Email Address tanroy9@gmail.com Address **BLK 843 TAMPINES STREET 83** Address complement #07-136 Postcode 520843 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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 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? 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 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 PLS REFER TO THE POLICE REPORT: T/20201208/7009 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 GBG3076B Vehicle Manufacturer Vehicle Model

Commercial vehicle

Vehicle Variant
Vehicle Colour
Vehicle Category

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)	_

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN JUN JIE, ROY
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SJG2341Y
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 completely by the Policyholder and/ or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material fact may allow insurance companies to <u>repudiate policy liability</u>.
- 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 as 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.
- By the lodgment of this report to 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) in this accident shall be collectively referred to as the "Insurers"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring delivery of the same as well as on the external cover of envelopes/ mail packages; and/ or
 - Complying with applicable law in administering, processing, handling and/ or dealing with my claims.
 (Collectively the "Purposes")
- all insurer(s) who have insured vehicle(s) involved in this accident and the Insurer's lawyers/ law firms, may/ are
 permitted to collect, use or disclose and/ or process my Personal Information for one or more of the above Purposes;
- 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 lawyer/ 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 purposed stated, or;
 - ii. For complying with the requirements under any regulations, law or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/ FIN No:

	SKETCH P	LAN	
18 20			
->	AD		
<u></u>	(B)		
Stop Line	1	venice A: SJG	
		velvice B: GBG	3076B
Please refer to pe	like report. 7/20201	208/7009	
DECLARATION	eulare ara trua in avanurament		
I/ We declare the foregoing part	culais are true in every respect	ř.	
Y has	Vh	show .	08/12/20
Policyholder's Signature	Driver's Signature	Reporting Centre	Personnel's Signature
Date & Time:	(If driver is not policyhold Date & Time:	er) Name: NRIC/ FIN No:	





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

2 of 3 Report No. T/20201208/7009

CONTINUATION OF REPORT

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SJG2341Y	NTUC Income Insurance Co-Operative Limited	5114578170	03/12/2019	24/12/2020	

Details of Perso	n Involved			A STATE OF THE PARTY OF THE PAR	SERVICE AND DESCRIPTION OF THE PERSON OF THE
Any Pedestrian I	nvolved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Driver		13E/24		PARTY NAMED IN	
Name	TAN JUN JIE, ROY			ID No.	S9207469B
Related Vehicle	SJG2341Y (Car)			Contact N	No. 91288101
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		L	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	07/12/2020		Date		/12/2020
No. of Days gran	ted Medical Leave	05	Degree of		ght

Brief Details.

On 7/12/20 at around 1150am, I was driving my vehicle SJG2341Y inside Premier building at 8 Kaki Bukit Ave 4 going straight. Suddenly I felt a huge impact on my right, a van bearing vehicle number GBG3076B dash out from my right and collided onto my driver's door area. I alighted and realised that the van did not stop at the stop line and driver mention he did not check his left side for clearance before moving off the stop line. We took photos and exchange particulars and proceed to file a report to insurance.





















Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20201208/7009

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 120 10:34	Made:	Vide Report No.:	Station Diary No.:
Informa	nt's Partic	ulars	CAUTACHA TAIRE	
	Informant: N JIE, ROY		Address: 843 TAMPINES STRE	ET 83 #07-136 SINGAPORE 520843
	/ ID No.: D / S92074	69B	Contact No.: Home/Office:	Mobile: 91288101
National SINGAP	ity: ORE CITIZ	EN	Email: TANROY9@GMAIL.C	OM
Sex: Male	Age: 28	Date of Birth: 06/03/1992	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: driver		Driving Licence Inform Class:	ation: Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/12/2020 11:50	Type of Location T-Junction
KAKI BUKIT /	AVENUE 4			
Weather:		Road Surface:	11000	
Clear		Dry	15	ad Speed Limit: Km/h
Clear Traffic Flow: Two Way		Traffic Control: Not Controlled	1000	Km/h affic Volume:

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
GBG3076B	Van	TOYOTA	HIACE		Slightly Damaged	0
SJG2341Y	Car	ТОУОТА	VIOS E AUTO	Silver	Seriously Damaged	0





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

2 of 3 Report No. T/20201208/7009

CONTINUATION OF REPORT

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Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
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Details of Perso	n Involved			A STATE OF THE PARTY OF THE PAR	SERVICE AND DESCRIPTION OF THE PERSON OF THE
Any Pedestrian I	nvolved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Driver		13E/24		PARTY NAMED IN	
Name	TAN JUN JIE, ROY			ID No.	S9207469B
Related Vehicle	SJG2341Y (Car)			Contact N	No. 91288101
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		L	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	07/12/2020		Date		/12/2020
No. of Days gran	ted Medical Leave	05	Degree of		ght

Brief Details.

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

3 of 3 Report No. T/20201208/7009

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 08/12/2020 10:34
Officer In Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:

Authentication Stamp