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 09/12/2020 17:10 (SGT) Date of Accident 08/12/2020 17:45 (SGT) Exact Location of Accident 173 Ang Mo Kio Ave 3, Singapore 560701 Additional Location Information junction with amk ave 4 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGY6315M

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner CARLANCE PRIVATE LIMITED Company Reg No 2XXXXX919Z Email Address 2939489@gmail.com Mobile Phone No (Phone) +65-89999999 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Honda Model Airwaye 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 - Reporting only Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy Policy Number 5119466013 Cover Note Number

DRIVER

Name of Driver ANG KWEE HOCK NRIC No SXXXX462B Date Of Birth 28/02/1959 Occupation Outdoor

Date Of Driving Pass 04/09/1980 Driving experience 40 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-98341178 Alt. Phone Number Email Address 2939489@gmail.com Address BLK 174 ANG MO KIO AVENUE 4 Address complement #05-651 Postcode 560174 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 - Cross Junction 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? No PASSENGER 1 Name LOH KIU ENG Gender Female **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/20201208/2111 & T/20201209/7008. 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 **UNKNOWN**

Vehicle Model

Vehicle Manufacturer

Vehicle Variant

Vehicle Colour	_
Vehicle Category	Motorcycle
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 Address	LOH KIU ENG
Address Complement	_
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SGY6315M
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.
- This Form must be completed 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 facts 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 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
- 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)

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 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 (all insurer(s) who have insured Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
 - 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
- 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.

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Sig

NRIC/FIN No.

				ofe
venicle A. Saybare Venicle B: MICHON	sm dn		3	
DESCRIBE CIRCUMSTANCES OF TH	E ACCIDENT	4 4 p	AII I	**************************************
	- Refer to	Police Report -		
				7
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		_/		
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		+		3
DECLARATION I/We declare the foregoing particulars ar	re true in every respect.			78.20
UEN No. 22020229132	Jun 1		Ma	4
Policyholder Signatur Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Name: NRIC/FIN	Centre Personnel's Sign	ature
comment of the first land of the M.S.		•		. 3











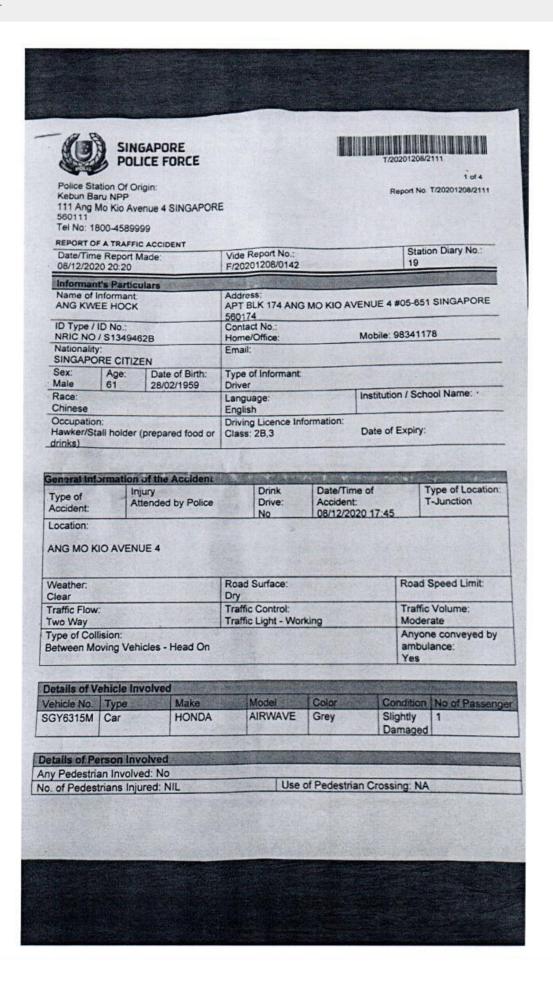














Police Station Of Origin: Kebun Baru NPP 111 Ang Mo Kio Avenue 4 SINGAPORE 560111

Tel No: 1800-4589999



2 of 4

Report No. T/20201208/2111

CONTINUATION OF REPORT

Driver			ID No.		S1349462B	
Name	ANG KWEE HOCK		ID No.			
			Conta	rt No.	98341178	
Related Vehicle	SGY6315M (Car)					
				of	Class: 2B,3	
Hospital/Clinic	NIL		Driving Licence & Expiry Date		Date of Expiry: NIL	
Date Treatment	NIL	Date Disch	narge	NIL		
	ted Medical Leave NIL	Degree of	Injury	NIL		
Passenger		学 上版的公司	10.11		S1519024H	
Name	LOH KIU ENG		ID No		3131802411	
Related Vehicle	SGY6315M (Car)		Contact No.		96265479	
	NIL		Class	of	Class: NIL	
Hospital/Clinic	NIL		Drivin	g	Date of Expiry: NIL	
Date Treatment	NIL	Date Disc	harge	NIL	See Handware to the	
	ted Medical Leave NIL	Degree of	Injury	NIL		

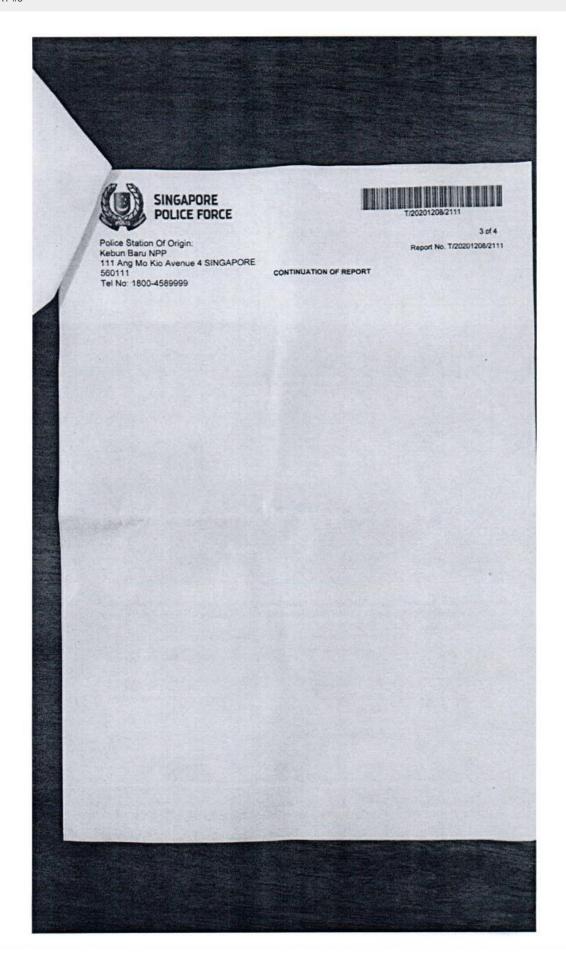
Brief Details.

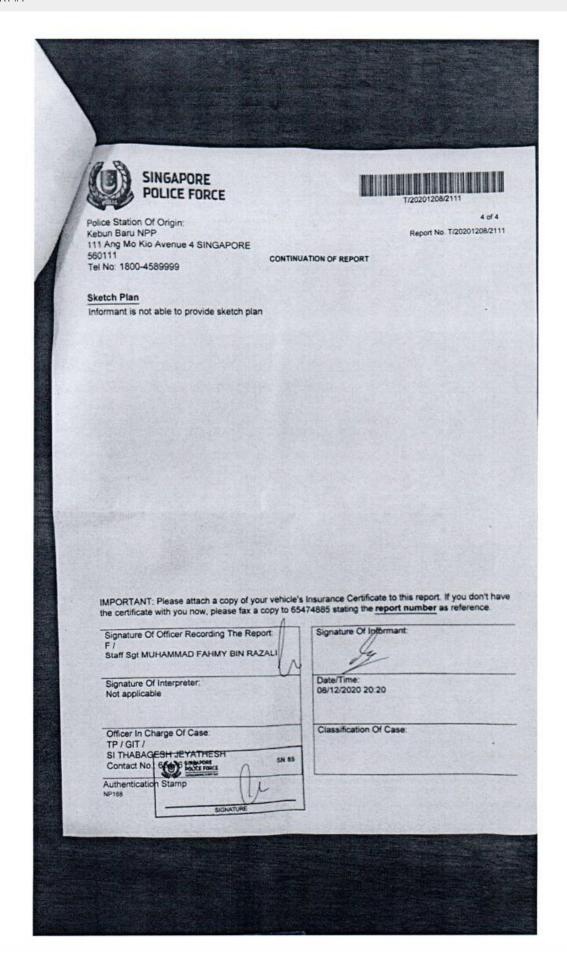
On 08/12/2020 at about 5.45pm, whilst driving my rented car (Reg Plate No: SGY6315M), I stopped at the junction of Ang Mo Kio Avenue 3 and Avenue 4 where I was stationary for about 2 to 3 seconds. Although, the light was green and I was allowed to make a discretionary right turn, I waited for the green arrow to appear just to be safe. There were no other vehicles in front of me and I was first in the queue.

When the green right turn arrow appeared, I proceeded to perform a right turn. At this juncture, a motorcycle came from the opposite direction (Ang Mo Kio Avenue 3 towards Ang Mo Kio Hub) and collided into the front of my vehicle. The collision sent the nder flying forward before landing on the road initially, I stopped my car but when I realized that I may be obstructing traffic, I drove forward and stopped along Ang Mo Kio Avenue 4 near Blk 258 Ang Mo Kio. Both my wife; who was seated at the front passenger seat, and I alighted from the vehicle. I then rendered assistance to the rider and some pedestrians assisted to call for the ambulance.

During the incident, I observed that the rider was semi-conscious. I also noticed that he was bleeding on both of his legs and was unable to move at the time. The ambulance later arrived and the rider was conveyed to the hospital. The traffic police was also present at the location and I was advised to file a traffic accident report before meeting the IO at Traffic Police HQ.

I wish to state that at the material time, my wife and I do not have any visible injuries. However, we intend to check for any injuries at the clinic at a later time. I also state that I was unsure of the traffic light signal from the opposite traffic as I had not seen it and only know that the signal on my end was a green right turn arrow. I wish to state that the car has an in-car camera but it is faulty and not working.









Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Report No. T/20201209/7008

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 09/12/2020 12:46		Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars	Control of the Contro		
	f Informant: VEE HOCK		Address: 174 ANG MO KIO AVENUE 4	#05-651 SINGAPORE 560174	
	/ ID No.: O / S13494	62B	Contact No.: Home/Office:	Mobile: 98341178	
National SINGAF	lity: PORE CITIZ	EN	Email: 2939489@gmail.com		
Sex: Male	Age: 61	Date of Birth: 28/02/1959	Type of Informant: Driver		
Race: Chinese	13		Language: English	Institution / School Name:	
Occupation: Hawker/Stall holder (excluding prepared food or drinks)			Driving Licence Information: Class:	Date of Expiry:	

Type of Accident: Injury Attended by Police		Drink Drive: No	Date/Time of Accident: 08/12/2020 17:45	Type of Location T-Junction	
Location: ANG MO KIO	AVENUE 3				
Weather:		Road Surface: Dry		Road Speed Limit:	
Clear					
Clear Traffic Flow: One Way		Traffic Control: Traffic Light - Wor	The Manager of the Control of the Co	Traffic Volume: Moderate	

	ehicle Invo					
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SGY6315M	Car	HONDA	AIRWAVE	G	Seriously Damaged	

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





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20201209/7008

CONTINUATION OF REPORT

Passenger	BOOK SERVICE		Water State		APPENDED.	ALEMAN AND THE RESERVE AND ADDRESS OF THE PARTY AND ADDRESS OF THE PART
Name	LOH KIU ENG		ID No).	S1519024H	
Related Vehicle	SGY6315M (Car)			Conta	act No.	96265479
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL
Date	09/12/2020 Date		09/12		2/2020	
No. of Days granted Medical Leave 04			Degree o	Degree of Slight		
Driver	THE PARTY OF THE PARTY OF	Contract of	STATE OF THE STATE OF		L. Strice	AND THE PARTY OF
Name	ANG KWEE HOCK			ID No).	S1349462B
Related Vehicle	SGY6315M (Car)		Conta	act No.	98341178	
Hospital/Clinic	NIL		Class Drivin Licen Expin	g ce &	Class: NIL Date of Expiry: NIL	
Date	NIL	-/X	Date		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	of	NIL	

Brief Details.

FURTHER TO MY POLICE REPORT THAT WAS LODGED ON 08/12/2020 AT TRAFFIC POLICE HQ, I WOULD LIKE TO STATE THAT MY WIFE - WHO WAS THE PASSENGER IN MY VEHICLE HAD SEEK MEDICAL ATTENTION ON 09/12/2020 AT INTEMEDICAL 24HR CLINIC @ AMK, AND WAS GIVEN 4 DAYS MC.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20201209/7008

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.

Date/Time:
09/12/2020 12:46

Officer In Charge Of Case:
TP / TPIB /
THABAGESH JEYATHESH
Contact No.: 65476178

Authentication Stamp

NP168