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.

- 4. The issue and acceptance of the insurance companies.
 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 19:45 (SGT) Date of Accident 05/12/2020 13:40 (SGT) Exact Location of Accident KJE, Singapore Additional Location Information **TOWARDS PIE 5.8KM** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMU2122D

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner LIM WAN JUNG NRIC No SXXXX156A Email Address joe.tanss@yahoo.com.sq Mobile Phone No (Phone) +65-98313321 Alternative Phone No +65-98313321

VEHICLE PARTICULARS

Manufacturer Volvo Model S60 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 Private car

Vehicle Category

INSURANCE COMPANY

Name of Insurance Company **MSIG** Type of Coverage Comprehensive Fleet Policy Policy Number A 80480707 QMX Cover Note Number

DRIVER

Name of Driver TAN SOO SAN (CHEN SHUSHAN) NRIC No SXXXX370H Date Of Birth 28/10/1977 Occupation Indoor

Date Of Driving Pass 05/03/2003 Driving experience 17 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-90273247 Alt. Phone Number Email Address joe.tanss@yahoo.com.sg Address BLK 627 #07-166 Address complement **CHOA CHU KANG STREET 62** Postcode 680627 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse 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 Nanyang Neighbourhood Police Centre Police Station Phone No (Phone) +65-18007929999 Alt. Police Station Phone No (Fax) +65-67912972 Police Station Address No. 2 Jurong West Avenue 5 Singapore 649482 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20201205/2132 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 FBK4265U Vehicle Manufacturer Vehicle Model

Vollidio Middol	-
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 Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	TAN SOO SAN (CHEN SHUSHAN) SLIGHT INJURY SMU2122D Yes No
INJURED 2	
Name of injured person Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn?	- SLIGHT INJURY FBK4265U -
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

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 The report will be forwarded by the insurers of the falls Records Management Centre established by the General Insurance Association of Singapore (GM) 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 sincersaid.
 Consent under the Personal Data Protection Act (PDPA)

- Comment under the Personal Data Protection Act (PDPA)

 Linderstand, Schowdelge, 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 my insurer (collectively the "Personal Information") and disclose and transfer such Personal information to all insurer(s) who have insured vehicles) involved in this accident salls be collectively referred to as the Tiensurer's, live insurer's lawser/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

 - (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, tatements, 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 erwiceper/mila packages); and/or continued to the control cover of external cover of erwiceper/mila packages); and/or processing, handling and/or dealing with my claims (collectively the "Purposes").
- "Furposes")

 (i) all insures(s) who have insured vehicle(s) involved in this accident and the Insures; 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

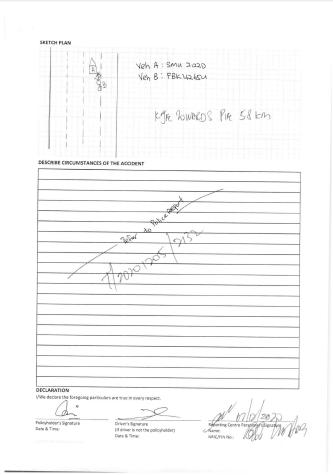
 (c) my Personal Information may(are be disclosed by any of the Insurers and/or Git to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 (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:
- the information so collected under (r) 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.

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

NBIC/FIN No.











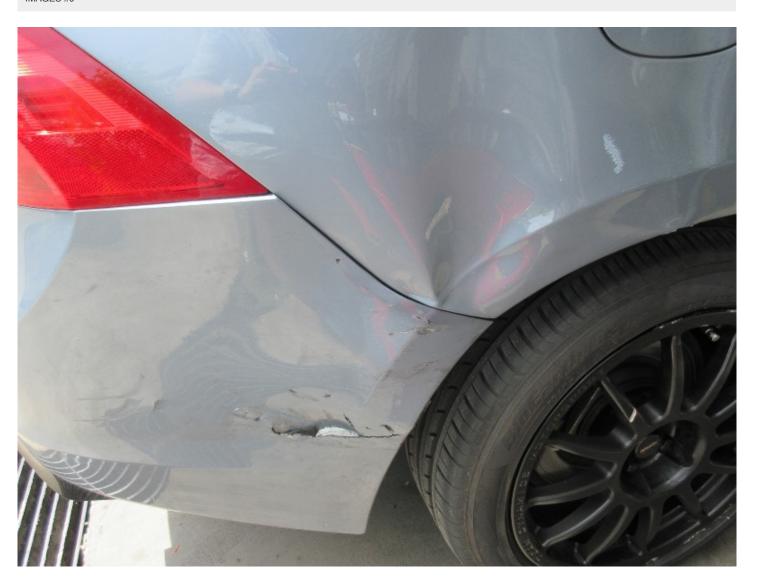
























Police
Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

1 of 3 Report No. T/20201205/2132

Date/Time Report Made: 05/12/2020 22:30		ade:	Vide Report No.: J/20201205/0114	Station Diary No.: 82
Informa	nt's Particu	lars		
Name of TAN SO	Informant: O SAN		Address: APT BLK 627 CHOA CHU KA SINGAPORE 680627	NG STREET 62 #07-166
ID Type / ID No.: NRIC NO / S7732370H			Contact No.: Home/Office:	Mobile: 90273247
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 43	Date of Birth: 28/10/1977	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: SELF-EMPLOYED			Driving Licence Information: Class:	Date of Expiry:

Type of Accident: Conveyed By Ambulance		Drink Drive: No	Date/Time of Accident: 05/12/2020 13:50	Type of Location Straight Road
Location: KRANJI EXPI	RESSWAY			
Weather: Sunny	Ros	ad Surface:		Road Speed Limit: 90 Km/h
Traffic Flow:		ffic Control: Controlled		Traffic Volume: Moderate
Type of Collis				Anyone conveyed by ambulance:

		Model Color Condition	n No of Passenge
Vehicle No. Type	Make	Slightly	I 140 OF F assetige

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





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999

CONTINUATION OF REPORT

Driver		7		Section .	5 10	
Name	TAN SOO SAN			ID No.		S7732370H
Related Vehicle	SMU2122D (Car)			Contac	t No.	90273247
Hospital/Clinic	NIL			Class of Driving Licence Expiry	8	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NII	Degree of	Injury	NIL	

Brief Details.

On 05/12/2020 at around 1350hours at expressway (KJE towards PIE) 5.8km mark, I was driving my car, a Volvo Blue Volvo car bearing the car pites number (SMU 21/22D), on lane 2 when my car was suddenly lit at the rear by one Black motorcycle (Unknown registration plate number). This collision resulted in a dent at the back of the right side of the car, and the rear car bumper and right car rim was damaged. The car plate of the motorcycle was damaged in the accident as such I am unable to verify what is the motorcycle plate number. The motorist was injured and conveyed to hospital. TP officers attended to the case at scene and I was given a report number J/2020/12/5/01/14. I went to Central 24HR Clinic (Jurong West) for back pain issues after the accident and was given 2 days MC (0000151379).

I am making this report today as instructed by the Traffic Police officer.





Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
619482
Tel No: 1800-7929999
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 85474885 stating the <u>report number</u> as reference.

Signature Of Officer Recording The Report J / Sr Staff Sgt HAZMI BIN MOHAMED IBRAHIM	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Fime: 05/12/2020 22:30
Officer in Charge Of Case: TP / GilT / Sr Staff Sqt MOHAMMED FEROZ BIN HUSSIEN Contact No. 664/36206-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0	Classification Of Case: