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 11:33 (SGT) Date of Accident 05/12/2020 13:25 (SGT) Exact Location of Accident 229 Jln Besar, Singapore 208905 Additional Location Information JALAN BESAR KITCHENER ROAD JUNCTION Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLC8070L

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner RYAN SIM GUAN JIE NRIC No. S8822550C Email Address RYANSIM5@YAHOO.COM Mobile Phone No (Phone) +65-96913989 Alternative Phone No (Office) +65-96913989

VEHICLE PARTICULARS

Manufacturer

Hyundai Model Avante 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 Sompo Type of Coverage ThirdParty Fleet Policy Policy Number D20MTPV01007657 Cover Note Number 29/05/2020 TO 29/05/2021

DRIVER

Name of Driver SIM YONG NAM NRIC No S0160681F Date Of Birth 16/12/1950 Occupation Indoor

Date Of Driving Pass 06/07/1971 Driving experience 49 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-96987828 Alt. Phone Number Email Address ynsim@yahoo.com.sg Address 33 CLUB STREET #04-22 Address complement Postcode 069415 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Parent 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? Yes Was any other material or property damaged?

DETAILS OF POLICE ACTION

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

Was the accident reported to the police? Yes Police Station Name Central Division Headquarters Police Station Phone No (Phone) +65-18002240000 Alt. Police Station Phone No (Fax) +65-62200877 391 New Bridge Road #03-112 Police Cantonment Complex Block Police Station Address A Singapore 088762 Was notice of intended Prosecution given? If yes, against whom?

Yes

Nο

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN AND POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? Nο

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FBR77651 Vehicle Manufacturer Yamaha Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Motorcycle Name of Driver **SRAVAN**

Contact Number	_
Address	_
Address complement	_
Postcode	_
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	PASSAGER
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	LEG
Injured person in which vehicle?	FBR7765L
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

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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.
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- 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 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)

Lunderstand, 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 :
 - (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' 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.

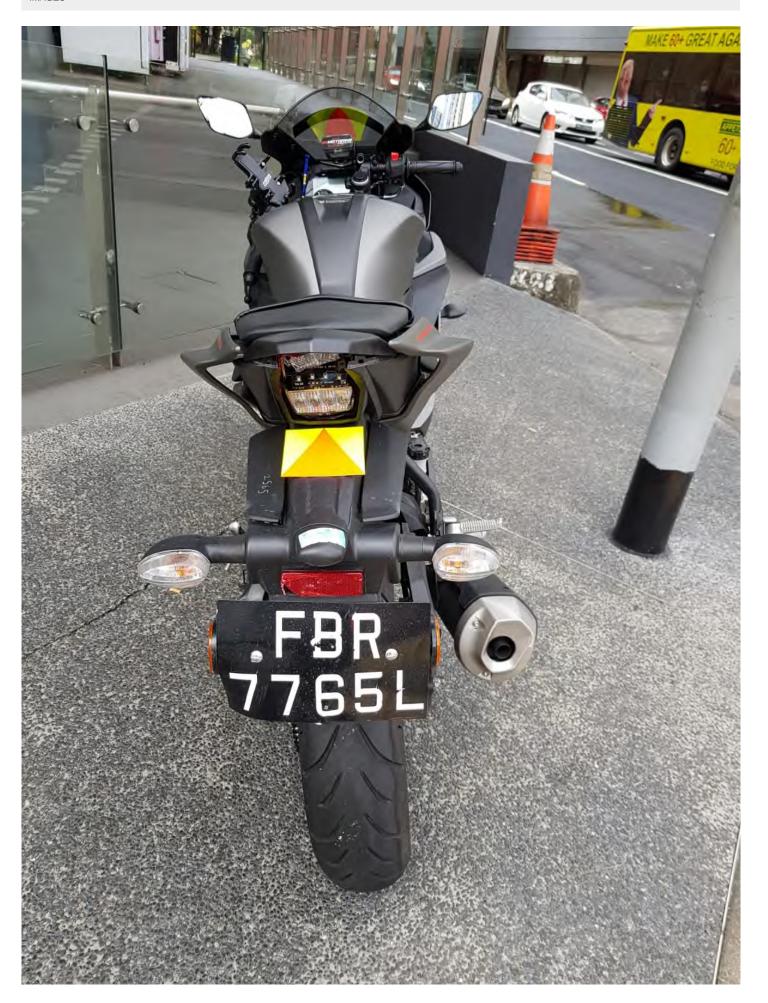
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name:

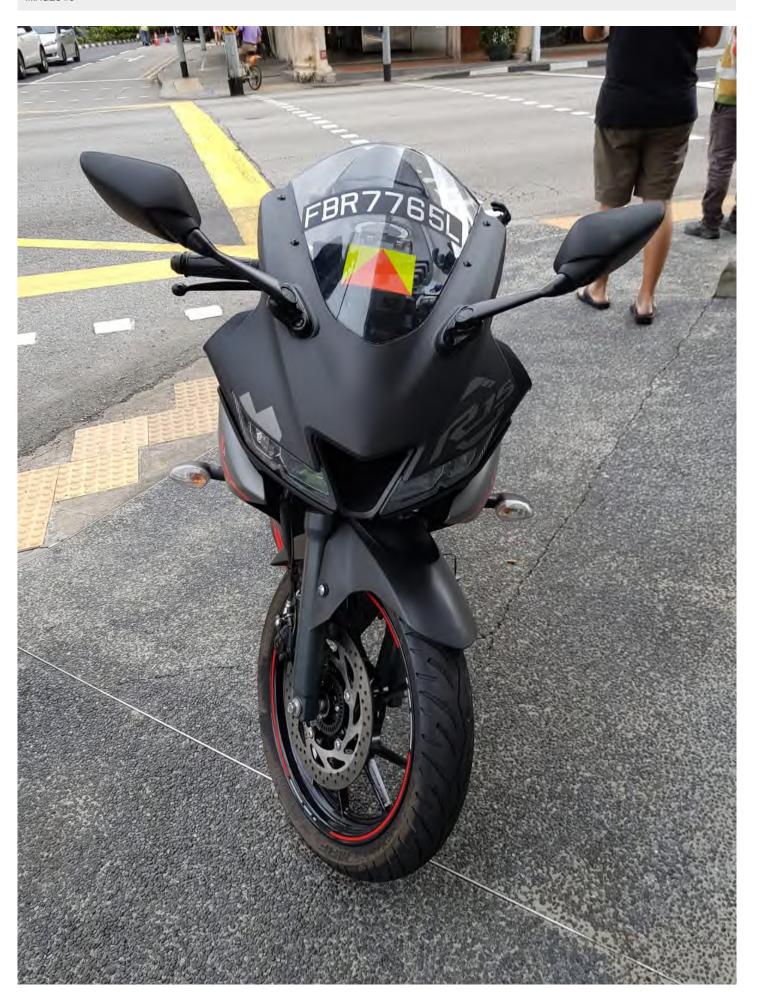
NRIC/FIN No .:

04/15/ 3050

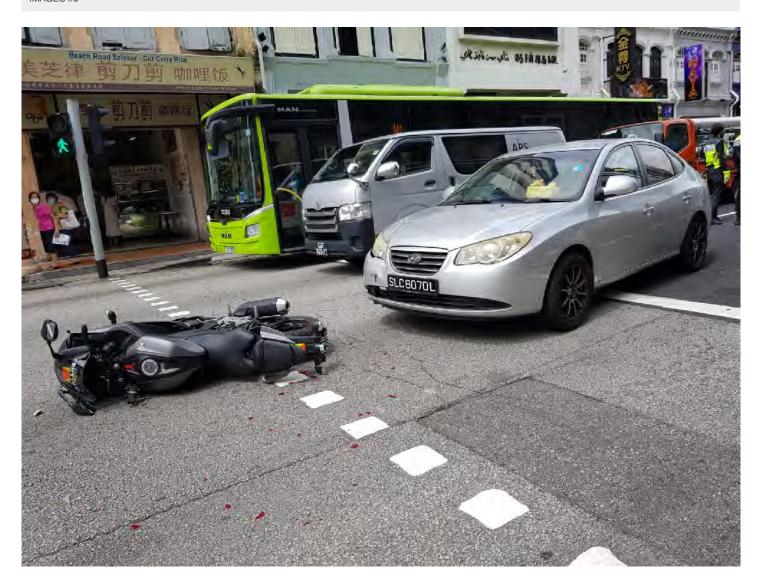
Vehicle A: SLC 8070 L	Time: 13.25 HPLocation: Vehicle B: FBR 7765L	Vehicle C:
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*	Bus land	
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SCRIBE CIRCUMSTANCES OF TH	E ACCIDENT	
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Claim OD/TP at Ah Lim M	otor Claim OD/TP at other wor	kshop Reporting Only
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	ur insurer have 14 days timeframe for you ith your own insurer for more informatio	
DECLARATION	and the last and the second second	TUM MON
/We declare the foregoing particulars	are true in every respect.	
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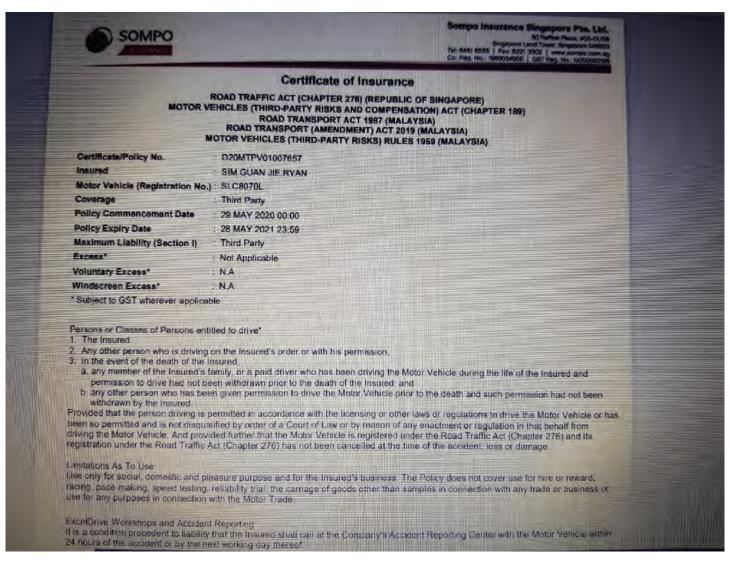












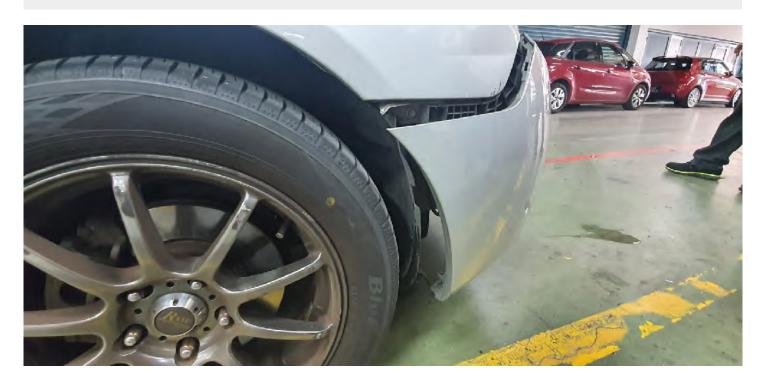




























1 of 2

POLICE REPORT (NP299)

Police Station Of Origin Central Division HQ A 391 New Bridge Road #03-112 Police Cantonment Complex SINGAPORE 088762 Tel No:1800-2240000 Report No. A/20201206/7002

Vide Re	port No.		Station Diary No
Address			
Contact	No.	Mobile: 96987828	NE 000410
Email Address			
Sex	Age	Date of Birth	Race
Male	69	16/12/1950	Chinese
Language English			
Location Of Incident			
Jalan Besar Kitchener Road juntion			
	Address 33 CLUI Contact Home/O Email Ad ynsim@ Sex Male Languag English Location	33 CLUB STREET Contact No. Home/Office: Email Address ynsim@yahoo.com. Sex Age Male 69 Language English Location Of Inciden	Address 33 CLUB STREET #04-22 SINGAPO Contact No. Home/Office: Mobile: 96987828 Email Address ynsim@yahoo.com.sg Sex Age Date of Birth Male 69 16/12/1950 Language English Location Of Incident

At about 1.25pm on 5 Dec 2020, I was driving SLC8070L Hyundai Avante along Jalan Besar approaching Kitchener Road traffic lights junction. Traffic lights suddenly turned amber and motor cycle FBR7765L which already crossed stop line stopped suddenly after stop line instead of crossing junction in lane 3 from the right (second left lane). I applied emergency brake when I saw traffic lights turning amber but my car front right bumper hit motorcycle rear tyre and motorcycle passenger fell to the right of the motorcycle and his right leg was injured while motorcycle was lying on its left. Motorcyclist Sravan was apparently

not injured and telephoned for ambulance. Traffic Police Motorcycle Police Sgt arrived, took photo, measured accident spot, interviewed Sravan, injured passenger and me and provided Traffic Police

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.	
Date/Time: 06/12/2020 10:01	
Classification Of Case:	

Authentication Stamp





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20201206/7002

Report No. A/20201205/0080, requested Sravan and me to contact Traffic Police Investigating Officer Fida Lo and returned my NRIC & QDL, and advised us to make separate police report of this accident.

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: 06/12/2020 10:01	
Officer In-Charge Of Case:	Classification Of Case:	
Authentication Stamp		