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 25/01/2021 09:40 (SGT) Date of Accident 23/01/2021 13:15 (SGT) Exact Location of Accident Balestier Rd, Singapore Additional Location Information Country/State of Loss

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SI H1585M

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner STANLEY TAN CHOR SENG NRIC No SXXXX741I Email Address

57GREENTARA@GMAIL.COM Mobile Phone No (Phone) +65-96881418

Alternative Phone No +65-96881418

VEHICLE PARTICULARS

Manufacturer Hyundai Model Elantra Variant

Exact purpose for which vehicle was being used at time of

accident Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Private hire

No - Claiming third party

Private hire

Outdoor

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage ThirdParty Fleet Policy

Policy Number 5119706352

Cover Note Number

DRIVER

Name of Driver STANLEY TAN CHOR SENG NRIC No SXXXX741I Date Of Birth 21/04/1959 Occupation

Date Of Driving Pass 06/05/1980 Driving experience 40 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-96881418 Alt. Phone Number +65-96881418 Email Address 57GREENTARA@GMAIL.COM Address BLK 635A PUNGGOL DR #11-611 Address complement Postcode 821635 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 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? No PASSENGER 1 Name Gender Male **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/20210123/7016 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 SKA6990S

Vehicle Model

Vehicle Manufacturer

Vehicle Variant

Vehicle Colour	-
Vehicle Category	Private car
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	STANLEY TAN CHOR SENG
Address Complement	_
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SLH1585M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 <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>.
- 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.
- 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

BALESTIFR RD

VEHICLE

A: SLH 158CM

B! SKA 6990S

Describe	Circumstances	of	the	Accident
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	ON	THE	STATED	DATE	, Time	AND	LOCATIO	N . 1	WAS	TRAVELING
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Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

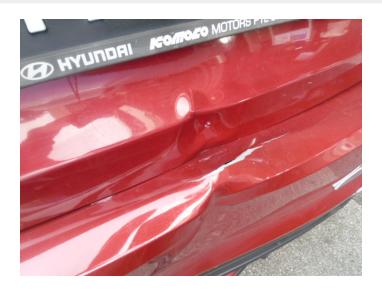
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel



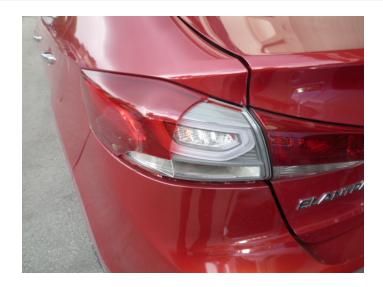


















1 of 3

Report No. T/20210123/7016

Date of Expiry:

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

REPORT OF A TRAFFIC ACCIDENT

Chinese

Occupation:

Grab Driver

Date/Time Report Made: 23/01/2021 15:45		Vide Report No.: Station Diary N		
Informa	nt's Partic	ulars		
	f Informant: Y TAN CH		Address: 635A PUNGGOL DRI	VE #11-611 SINGAPORE 821635
ID Type / ID No.: NRIC NO / S1382741I		Contact No.: Home/Office: Mobile: 96881418		
National SINGAP	lity: PORE CITIZ	'EN	Email: 57GREENTARA@GM	MAIL.COM
Sex: Male	Age: 61	Date of Birth: 21/04/1959	Type of Informant: Driver	
Race:			Language:	Institution / School Name:

Driving Licence Information:

English

Class: 3

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/01/2021 13:15	Type of Location Straight Road
Location:				
BALESTIER	ROAD			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
				Road Speed Limit: Traffic Volume: Moderate

Details of V	enicle invo	iveu				
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SKA6990S	Car				Slightly Damaged	0
SLH1585M	Car	HYUNDAI	ELANTRA AD 1.6 GLS AT	Red	Slightly Damaged	1





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20210123/7016

CONTINUATION OF REPORT

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
SLH1585M	NTUC Income Insurance Co-Operative Limited	5119706352	05/11/2020	04/11/2021		

Any Pedestrian Ir	n Involved			
No. of Pedestrian		Use of Ped	destrian Cr	ossing: NA
Driver				
Name	STANLEY TAN CHOR SENG	STANLEY TAN CHOR SENG ID No.		S1382741I
Related Vehicle	cle SLH1585M (Car) Contact No.		No. 96881418	
Hospital/Clinic	NIL	Class of Driving Licence Expiry	Class: 3 Date of Expiry: NIL	
Date	23/01/2021	Date	2	3/01/2021
No. of Days gran	Degree of	S	light	
Passenger				
Name	MALE		ID No.	NIL
Related Vehicle	NIL		Contact	No. NIL
Hospital/Clinic	NIL	Class of Driving Licence Expiry	Date of Expiry: NIL	
Date	NIL	Date		IL
No. of Days gran	ted Medical Leave NIL	Degree of	N	IIL

Brief Details.

On the stated date, time and location i vehicle (A) SLH1585M was traveling at Balestier Road towards CTE, I slowed down and came to a stop due to heavy traffic. All of a sudden vehicle (B) SKA6990S collided onto my rear there was an impact, we exchange particular and move on, i have a passenger (Male) on board and asked if his alright. He claim that he is fine. I myself felt a bit of pain on my back body, neck area and chest due to wearing seat belt. I went to consult doctor and was given 2 days MC.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20210123/7016

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: 23/01/2021 15:45
Officer In Charge Of Case: TP / TPHQ / WONG SIEU LUI Contact No.: 65476151	Classification Of Case:

NP168

