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.

 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 22/01/2021 14:33 (SGT) Date of Accident 22/01/2021 07:50 (SGT) Exact Location of Accident Singapore Additional Location Information ALONG UPPER SERANGOON ROAD

Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKP8415U

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN HONG LIM

NRIC No. SXXXX784A

Email Address specialist@spec-electric.com.sq Mobile Phone No (Phone) +65-96929063

Alternative Phone No +65-96929063

VEHICLE PARTICULARS

Manufacturer Mazda Model

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 Type of Coverage Comprehensive Fleet Policy No

Policy Number

Cover Note Number

DRIVER

Name of Driver TAN HONG LIM NRIC No SXXXX784A Date Of Birth 17/11/1950 Occupation Indoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	07/07/1969 51 YEARS AND 6 MONTHS Male (Phone) +65-96929063 +65-96929063 specialist@spec-electric.com.sg 190B RIVERSDALE DRIVE #15-974 SPORE 542190 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Side Swipe Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 Yes No Yes 2
PASSENGER 1	
Name Gender	GWAY JWEE HOON Female
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No
CIRCUMSTANCES OF ACCIDENT	
REFER TO SKETCH PLAN/POLICE REPORT	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant	GBE9338S - - -

Vehicle Colour	-
Vehicle Category	Goods vehicle
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?	TAN HONG LIM SKP8415U
Injured person in which vehicle?	SKP8415U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	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? Was this injured conveyed to hospital by ambulance?	GWAY JWEE HOON SKP8415U Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Formmust be <u>commisted by the Policyholder and/or the Authorised Driver.</u>
 Stripmotor provided must be as <u>transferral and accurate as possible</u>, New Yord unser persentation or withholding of material facts may allow insurance companies to <u>respect to provide and to the part of the results.</u>

- allow insurance companies to <u>resurdate notice</u> <u>habitity</u>.

 A. The issue and acceptance of the Tomby insurance companies is not an admission of policy liability on the part of the insurance companies.

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 8. Consent under the Personal Data Protection Act (PDPA)

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 9. Insurer: my workshop and the General Insurance Association of Singapore ("QIA") may/are permitted to collect, use, disclose (in) the surer is according to the protection of the p

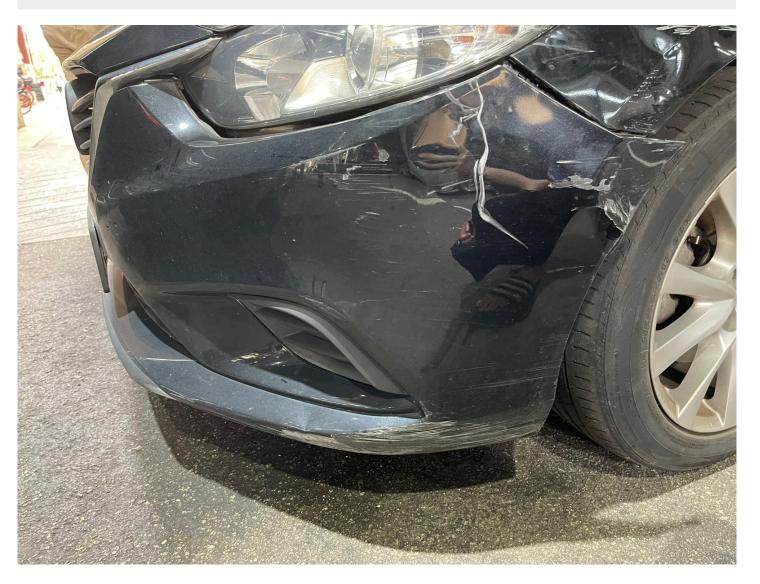
Policyholder's Signature / Date & Driver's Signature (it diver is not the policyholder) / Date Personel

Time

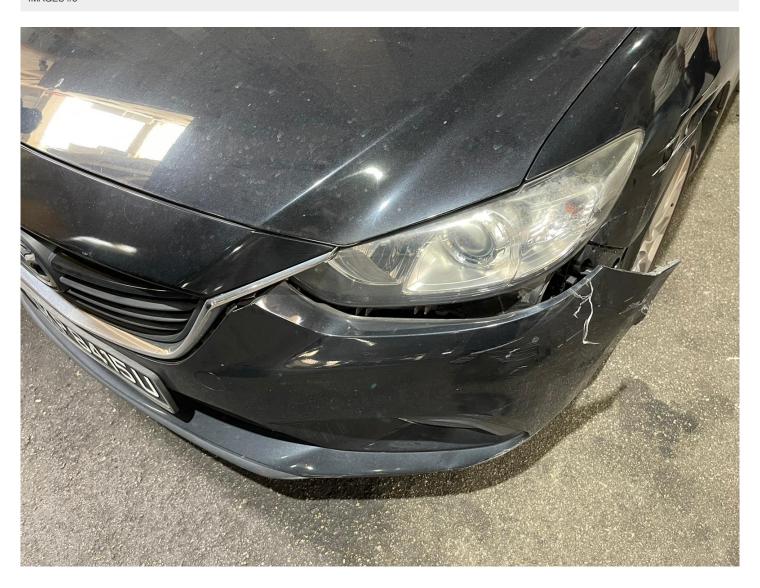
8 Time

Witnessed by Reporting Centre Personel B: GBE 9338S

scribe Circumstances of	the Accident	
	Refer to police report	
	Kerei 10 police report	
laration		
declare the foregoing particular	rs are true in every respect	
	- and many reoppose	
16	Va	
-19nd/k	X447X	///

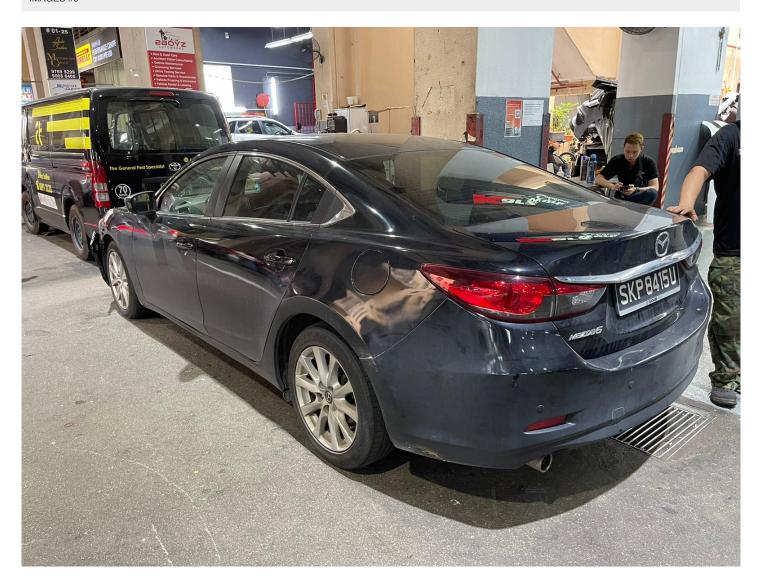




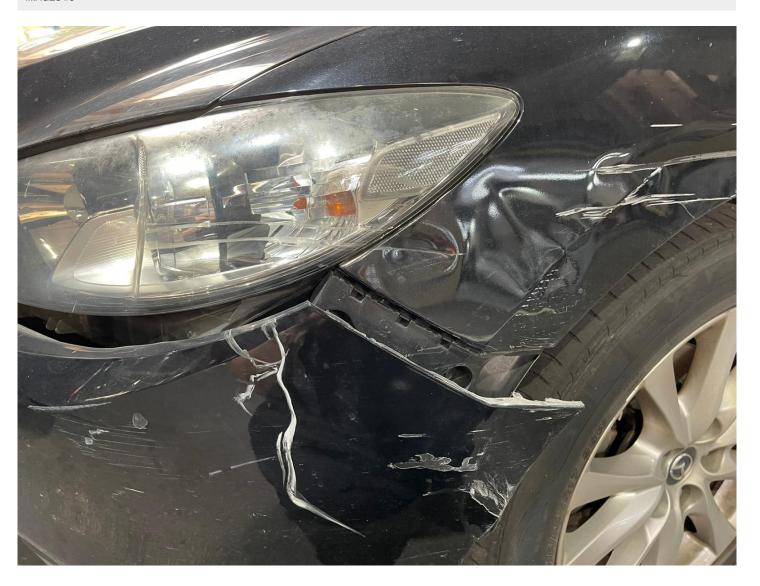






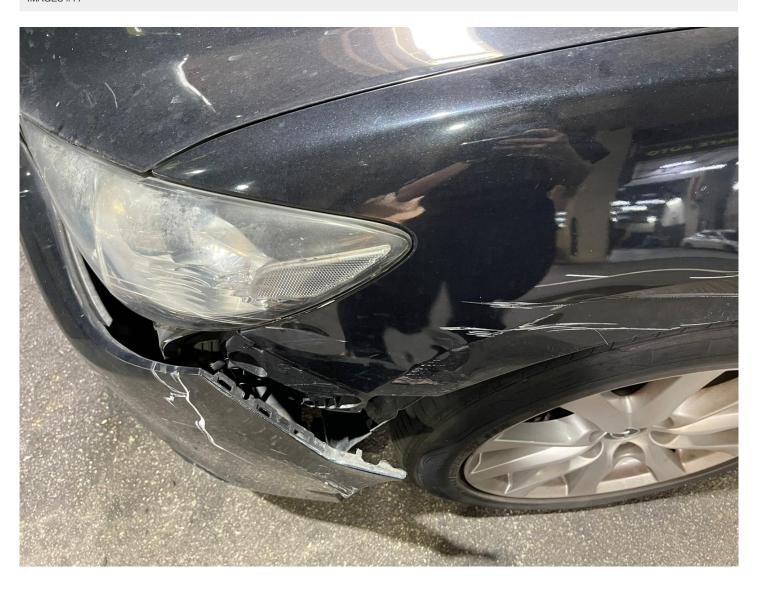


















Date/Time Report Made: 22/01/2021 12:54			Vide Report No.: Station Diary N			
Informa	nt's Particu	lars .				
Name of	Informant:		Address:			
TAN HO	NG LIM		190B RIVERVALE DRIVE #15-974 SINGAPORE 542190			
ID Type / ID No.:			Contact No.:			
NRIC NO / S0170784A			Home/Office:	Mobile: 96929063		
Nationali SINGAP	ty: ORE CITIZ	ΞN	Email: specialist@spec-electric.com.	sg		
Sex:	Age:	Date of Birth:	Type of Informant:			
Male	70	17/11/1950	Driver			
Race:			Language:	Institution / School Name:		
Chinese			English			
Occupat	ion:		Driving Licence Information:			
DIRECTOR			Class: 3	Date of Expiry:		

Type of Accident:	Injury Others	dent Drink Drive: No	Date/Time of Accident: 22/01/2021 07:50	Type of Location:	
Location:					
	ANGOON ROAD				
Weather:		Road Surface:	R	oad Speed Limit:	
TTOURIST.					
Traffic Flow:		Traffic Control:	Tı	raffic Volume:	

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBE9338S	Lorry					0
SKP8415U	Car	MAZDA	MAZDA6 4- DOOR SEDAN 2.0L	Black		2





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

CONTINUATION OF REPORT

Vehicle No.	Insurance Company		Insuranc	e No	19	Effective	Expiry Date
SKP8415U	AXA INSURANCE SING/ LTD	(A INSURANCE SINGAPORE PTE				15/10/2020	14/10/2021
	rson involved	AND THE	1412	4.50		and here a	
	an Involved: No						
No. of Pedes	trians Injured: NIL		Use of Ped	lestrian	Cross	ing: NA	TO SECTION SPORTS
	Company of the second		STATE STATE	ID No.		Told State	
Name	GWAY JWEE HOON	GWAY JWEE HOON				S1308334C	
Related Vehi	cle SKP8415U (Car)	SKP8415U (Car)			et No.	94699677	
Hospital/Clini	c NIL	NIL		Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL	
Date	NIL		Date		NIL		
	granted Medical Leave	NIL	Degree of		Sligh		
Driver		F 23 84					4 4 7 4
Name	TAN HONG LIM			ID No.		S0170784A	
Related Vehi	cle SKP8415U (Car)	SKP8415U (Car)		Contact No.		96929063	
Hospital/Clin	ic NIL	NIL		Class Driving Licence Expiry	e &	Class: 3 Date of Exp	oiry: NIL
Date	NIL		Date		NIL		
	granted Medical Leave	NIL	Degree of		Sligh	t	

Brief Details.

On the stated time and venue, I was driving my vehicle SKP8415U travelling along the middle lane of Upper Serangoon Road and the traffic was heavy all vehicle were moving slowly. While I was travelling, a vehicle GBE9338S travelling from the left lane started to cut into my lane and I tried to swerve slowly to my right to avoid the collision. I sounded my horn to warn the vehicle but the vehicle continued to proceed to cut into my lane and collided onto the left portion of my vehicle.



T/20210122/7015

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

3 of 3 Report No. T/20210122/7015

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case: TP / TPIB / MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204

Authentication Stamp NP168 Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time: 22/01/2021 12:54

Classification Of Case:

