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 this is form by instrained 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 08/03/2021 17:48 (SGT) Date of Accident 07/03/2021 18:10 (SGT) Exact Location of Accident Race Course Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GT1010B

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner **GALLANT EVENTS PTE LTD** Company Reg No 2XXXXX958E Email Address NG WEI SEN@HOTMAIL.COM Mobile Phone No (Phone) +65-97395302 Alternative Phone No +65-97395302

VEHICLE PARTICULARS

Manufacturer

Model Nv350 Variant Exact purpose for which vehicle was being used at time of **Employment** accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category

No - Claiming third party Commercial vehicle

Nissan

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance Type of Coverage Comprehensive Fleet Policy Policy Number DMCVSNW00109122000 Cover Note Number

DRIVER

Name of Driver NG WEI SEN NRIC No SXXXX557H Date Of Birth 03/01/1995 Occupation Indoor

Date Of Driving Pass 24/05/2017 Driving experience 3 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-97395302 Alt. Phone Number Email Address NG_WEI_SEN@HOTMAIL.COM Address BLK 660C JURONG WEST ST 64 #05-368 Address complement Postcode 643660 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** 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 - Change/cross lane 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 Bishan Neighbourhood Police Centre Police Station Phone No (Phone) +65-18005529999 Alt. Police Station Phone No (Fax) +65-65561905 Police Station Address 20 Bishan Street 23 Singapore 579757 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT T/20210308/2042 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 SMT7589M

Vehicle Registration Number SMT7589N
Vehicle Manufacturer Vehicle Model 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	NG WEI SEN
Address	-
Address Complement	-
Post Code	_
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	GT1010B
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.
- 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 withholding 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.
- Any false reporting may be referred to the Police for investigation.
- 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.
- Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

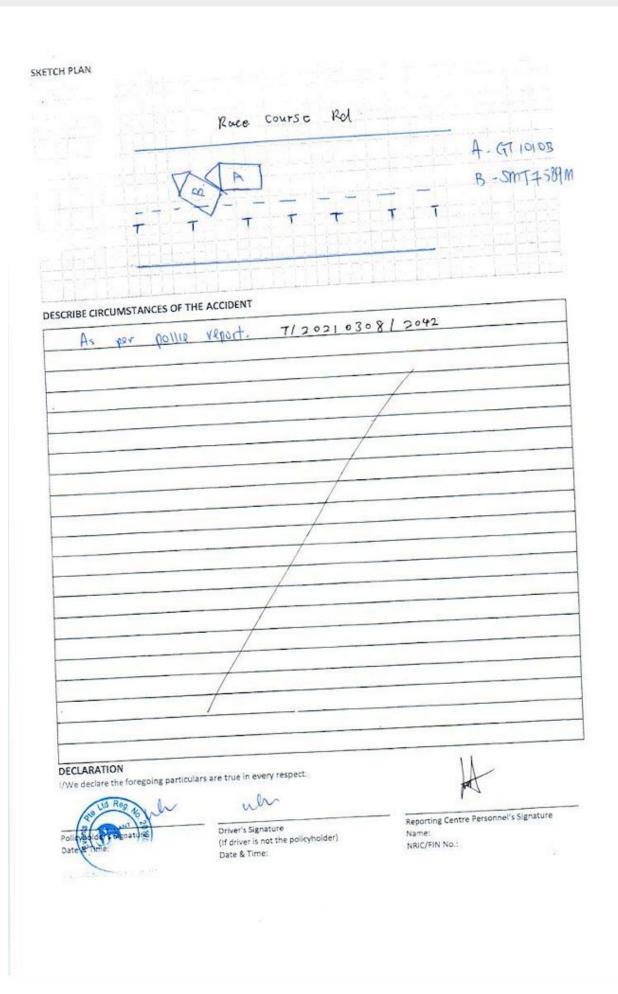
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' 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 daims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (lv, 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.

vooldees Signature

Date & Time

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

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:























Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999 1 of 4 Report No. T/20210308/2042

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/03/2021 12:49			Vide Report No.:	Station Diary No.: 68		
Informa	nt's Partic	ulars				
Name of Informant: NG WEI SEN			Address: APT BLK 660C JURONG WEST STREET 64 #05-368 SINGAPORE 643660			
ID Type / ID No :: NPIC NO / S9500557H			Contact No.: Home/Office:	Mobile: 97395302		
Nationality: SINGAPORE CITIZEN		EN	Email:			
Sex: Male	Age: 26	Date of Birth: 03/01/1995	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: Events Coordinator			Driving Licence Information: Class: 3	Date of Expiry:		

General Inform	mation of the Acci	dent			
Type of Ac sident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/03/2021 18:10	Type of Location Straight Road	
RACE COUR	SE ROAD	Road Surface:	1	Road Speed Limit:	
Traffic Flow:		Dry Traffic Control:		Traffic Volume:	
One Way	PO 1900	Not Controlled		Moderate	
Type of Collis Between Mov		Swipe - Same Direction		Anyone conveyed by ambulance: No	

Dutails of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
GT1010B	Van	NISSAN		Grey	Seriously Damaged	
SMT7589M	Car	HONDA		Silver	Seriously Damaged	1

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
GT1010B	CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.	DMCVSNW001091 22000	15/11/2020	14/11/2021		





Police Station Of Origin: Bishan N.F.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999

Report No T/20210308/2042

CONTINUATION OF REPORT

Details of Person	n Involved				
Any Pedestrian In	volved: No				CONTRACT.
No. of Pedestrian	s Injured: NIL	Use of Ped	estnan	Cross	ing: NA
Driver					0050055711
Name	NG WEI SEN		ID No.		S9500557H
Related Vehicle	GT1010B (Van)		Contact No.		97395302
Hospital/Clinic	SIN MIN CLINIC		Class Driving Licence Expiry	e &	Class: 3 Date of Expiry: NIL
Date Treatment	08/03/2021 Date Dis		scharge 08/03/2021		3/2021
No of Days gran	ted Medical Leave 07	Degree of	Injury	Serio	us
Driver					
Name	TAN TIEN SEK		ID No.		S0161325A
Related Vehicle	SMT7589M (Car)		Contact No.		97638012
Hospital/Clinic	NIL		Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc			
No of Days gran	nted Medical Leave NIL	Degree of	Injury	NIL	

Brief Details.

On 07/03/2021 at about 1810hrs, I was driving my vehicle along Race Course Rd towards Bukit Timah Road at the utmost right lane when suddenly, a vehicle which was parked in a parallel position on the left lane of the road decided to turn out onto my lane without due consideration. I was travelling at a safe speed but the accident happened too abruptly thus even though I honked and high-beamed the driver, we still collided into each other. As far as I know, no parties were injured or conveyed to the hospital.

My vehicle suffered damages on the left headlight and lower left bumper while the other party suffered a dery on the right rear frame of his vehicle. We then exchanged particulars and left the scene.

However, the next day, on 08/03/2021, I woke up with a stiff neck which I believe was due to the accident as such, I made a visit to Sin Min Clinic and was given 7 days of medical leave.

I have a dash cam unfortunately, it was not working due to a faulty SD card.

I am making this report for record and investigation purposes.





Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999 3 of 4 Report No. T/20210308/2042

CONTINUATION OF REPORT





Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999

4 of 4 Report No T/20210308/2042

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 65474885 stating the report number as reference.

Signature Of Officer Reco E / SCSGT(1) CHEN JUNSO	//	Signature Of Informant:		
Signature Of Interpreter: Not applicable	V	Date/Time: 08/03/2021 12:49		
Officer In Charge Of Case: TP / AEIT /		Classification Of C	ase:	
SSI TAY CHUN KEEN Contact No.: 65476229	SINGAPORE POLICE FORCE	SN 06	1	
Authentication Stamp NP168 SIG		TIRE	_	