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 15/03/2021 18:53 (SGT) Date of Accident 15/03/2021 08:30 (SGT) Exact Location of Accident Lower Delta Rd, Singapore Additional Location Information SLIP RD TO JLN BUKIT MERH Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

Vehicle Registration Number SI X7056A

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LEE SONG JOO NRIC No. SXXXX785Z Email Address SONG_JOO_LEE@YAHOO.COM.SG Mobile Phone No (Phone) +65-84884232 Alternative Phone No +65-84884232

VEHICLE PARTICULARS

Manufacturer

Model Shuttle Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party

Vehicle Category Private hire

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy Policy Number 5099600446-02 Cover Note Number

DRIVER

Name of Driver LEE SONG JOO NRIC No SXXXX785Z Date Of Birth 28/08/1970 Occupation Outdoor

Date Of Driving Pass 06/07/1996 Driving experience 24 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-84884232 Alt. Phone Number +65-84884232 Email Address SONG_JOO_LEE@YAHOO.COM.SG Address 39 CARLISLE ROAD Address complement #04-01 Postcode 219604 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 YOSOI SATOSHI Gender Male **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Kampong Java Neighbourhood Police Centre Police Station Phone No (Phone) +65-18002959999 Alt. Police Station Phone No (Fax) +65-63913442 Police Station Address 21 Kampong Java Road Singapore 228892 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE POLIOCE REPORT:T/20210315/2018 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**

SLK3771M

CAccident report SN09213F000S

Vehicle Model

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Variant

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN CHANG YUH
NRIC No	SXXXX009H
Contact Number	(Phone) +65-91712633
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	LEE SONG JOO
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK & NECK
Injured person in which vehicle?	SLX7056A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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>.
- 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.
- 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 the purpose of the pu
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to
- (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
- (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.

Shu 15/3/21

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

BUKIT MEROH

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PIS	ref.	70	the.	notice	report:	7 /20 - 100	/ 2 -
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declare th	e foregoing particular	ulars are	true in eve	ery respect.			
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						10/100	10105111





2 of 4 Report No. T/20210315/2018

Tel No: 1800-2959999

CONTINUATION OF REPORT

Any Pedestrian	Involved: No			S AMERICA	CONTRACTOR OF THE PARTY OF THE	和我们的发展了
No. of Pedestria	ns Injured: NIL		Use of D	n al a a 4 a 1	-	
Driver	LOT LITERAL TO	USE OF P	edestria	an Cros	ssing: NA	
Name	TAN CHANG YUH	1		IDN	0.	S8073009H
Related Vehicle	SLK3771M (Car)			Cont	act No	91712633
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o			
Driver	学·基础	274	2000		TAIL	MARSHALL I
Name	LEE SONG JOO		ID No.		S7029785Z	
Related Vehicle	SLX7056A (Car)		Contact No.		84884232	
Hospital/Clinic	NIL		Class Drivin Licend	g	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disc		NIL	7
No. of Days grant	ed Medical Leave	NIL	Degree of	Injury	NIL	
Passenger		State par	AND DESCRIPTION	jurj	Total Inch	Sept and the second second
Name	YOSOI SATOSHI			ID No.		S6969346F
Related Vehicle	SLX7056A (Car)			Contact No.		98230908
lospital/Clinic	NIL		Class Driving Licenc	e &	Class: NIL Date of Expiry: NIL	
	NIL		Date Disch	Expiry	-	
	d Medical Leave	NIL		njury	NIL	

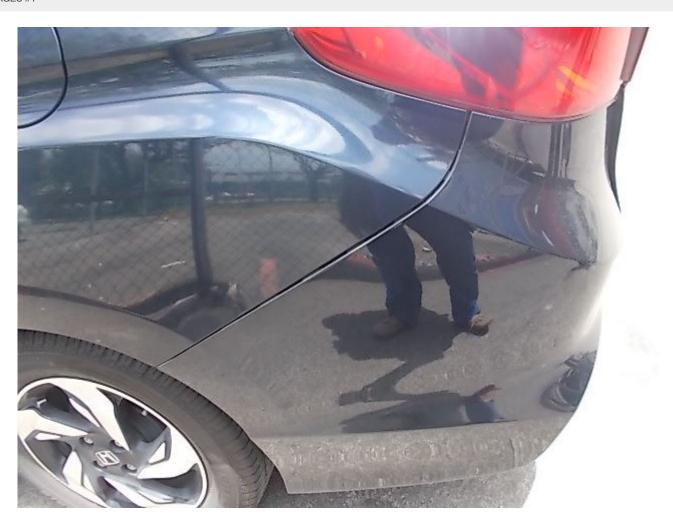
Brief Details.

On 15/03/2021 at about 08.06am in the morning, I picked up my passenger from Seventy Street to head to Inno Centre. While I was on my way there, I was driving along Lower Delta Road Junction of Jalan Bukit Merah wanting to turn left. While I was at the stop Line waiting for the road to be clear to make a left turn, a car hit onto my rear bumper causing a dent on my rear bumper and my rear door was unable to close fully. There were no one injured, no government property damaged and no foreign vehicle involved. I also have enquired with my passenger if he is injured however he informed that he is fine. I am lodging this report as my Grab policy informed that we required to lodge a police report as there is a passenger involved.



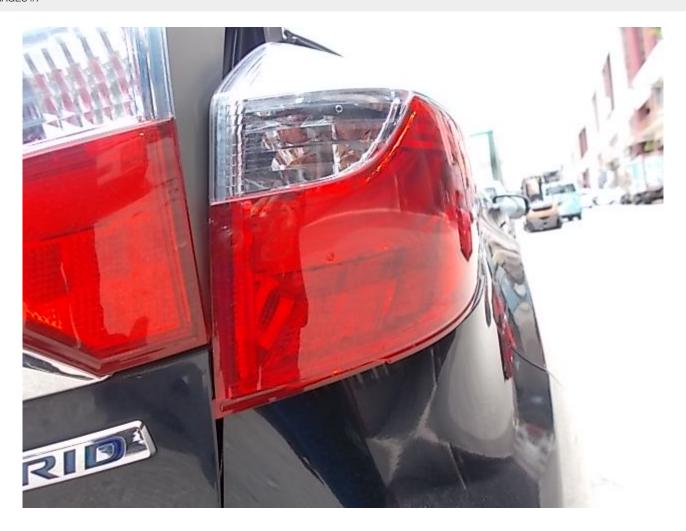


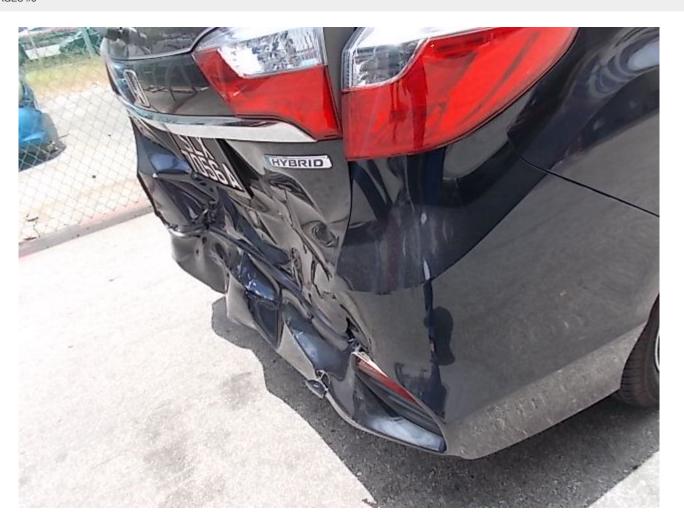




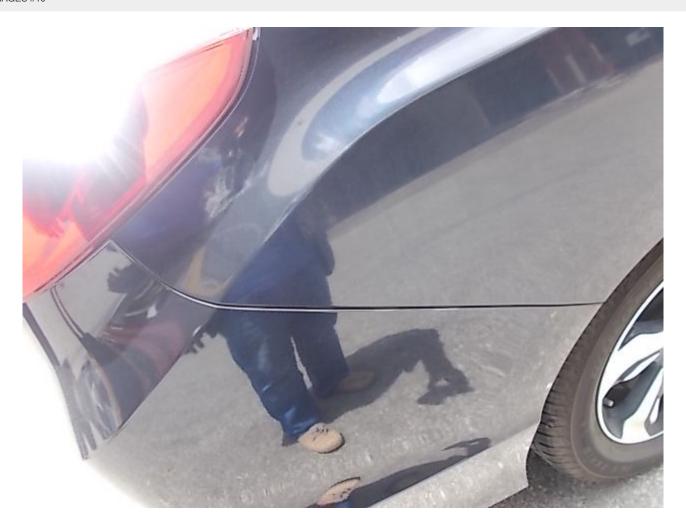




















1 of 4 Report No. T/20210315/2018

Tel No: 1800-2959999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/03/2021 10:24		//ade:	Vide Report No.:	Station Diary No.: 29	
Informa	nt's Partic	ulars		(C) (25% (B) (10 (10 (10 (10 (10 (10 (10 (10 (10 (10	
A PARTY SERVICE AND ADDRESS OF	f Informant: NG JOO		Address: 39 CARLISLE ROAD #04-01	SINGAPORE 219604	
ID Type / ID No.: NRIC NO / S7029785Z		85Z	Contact No.: Home/Office: Mobile: 84884232		
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 50	Date of Birth: 28/08/1970	Type of Informant:		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: GRAB DRIVER			Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 15/03/2021 08:30	Type of Location T-Junction	
JALAN BUKI Weather: Clear	T MERAH	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by	

Details of V	ehicle Invo	lved	BUILDING THE			Article Inc.
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SLK3771M	Car				Slightly Damaged	0
SLX7056A	Car	HONDA	SHUTTLE HYBRID 1.5 AUTO	Blue	Slightly Damaged	1

Details of Vehicle Insurance							
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date			
SLX7056A	NTUC Income Insurance Co-Operative Limited	5099600446-02	06/04/2020	05/04/2021			





2 of 4 Report No. T/20210315/2018

Tel No: 1800-2959999

CONTINUATION OF REPORT

Any Pedestrian	Involved: No	110		to Contract	Equipment of the last	阿尔斯斯斯斯
No. of Pedestria	ns Injured: NIL		lice of D	ade di	_	
Driver	LOCAL DE	USE OF P	eaestria	an Cros	ssing: NA	
Name	TAN CHANG YUF	1		ID No.		S8073009H
Related Vehicle	SLK3771M (Car)		Cont	act No	91712633	
Hospital/Clinic	NIL .		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	(T-75-76)	Date Dis		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	finiury	NIL	
Driver	半、15年 日本 218年	2.7	2444	injury	LIVIL	La Maria de la Carta de la Car
Name	LEE SONG JOO		ID No.		S7029785Z	
Related Vehicle	SLX7056A (Car)		Contact No.		84884232	
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disc		NIL	17
No. of Days grant	ed Medical Leave	NIL	Degree of	Injury	NIL	
Passenger		WAY THE	MARKETTANIA IN	mjury	Design Livering	DE CONTROL D
Name	YOSOI SATOSHI			ID No.		S6969346F
Related Vehicle	SLX7056A (Car)			Contact No.		98230908
lospital/Clinic	NIL		Class of Driving Licence	e &	Class: NIL Date of Expiry: NIL	
	NIL		Date Disch	Expiry	-	
o of Dave grante	d Medical Leave	NIL	Date Discr		NIL	

Brief Details.

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Tel No: 1800-2959999



3 of 4 Report No. T/20210315/2018

CONTINUATION OF REPORT





Police Station Of Origin: Kampong Java N.P.C 21 Kampong Java Road SINGAPORE 228892 Tel No: 1800-2959999

4 of 4 Report No. T/20210315/2018

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 Informant:
Date/Time: 15/03/2021 10:24
Classification Of Case:
SN 72

