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 29/03/2021 20:18 (SGT) Date of Accident 26/03/2021 16:30 (SGT) Exact Location of Accident Kian Teck Ave, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGY2923J

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner SIM TECK NGEE (SHEN DEYI) NRIC No. SXXXX684J

Email Address darrensim87@gmail.com Mobile Phone No (Phone) +65-96992804

Alternative Phone No +65-96992804

VEHICLE PARTICULARS

Manufacturer Honda Model Stream

Variant

Exact purpose for which vehicle was being used at time of **Employment**

Are you claiming under your own insurance policy for repair to

your vehicle? No - Claiming third party Vehicle Category Private car

Transmission Auto 1799

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.

Type of Coverage ThirdPartyFireTheft

Fleet Policy

Policy Number DMPCSNW00128572000

Cover Note Number

DRIVER

Name of Driver SIM TECK NGEE (SHEN DEYI)

NRIC No. SXXXX684J Date Of Birth 21/10/1987 Occupation Outdoor Date Of Driving Pass 03/07/2019 Driving experience 1 YEAR AND 8 MONTHS Gender Mobile Number (Phone) +65-96992804 Alt. Phone Number +65-96992804 Email Address darrensim87@gmail.com Address **BLK 411 TAMPINES STREET 41 #07-259** Address complement Postcode 520411 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 - Cross Junction 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? No 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 PASSENGER 1 Name **UNKNOWN** Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Tampines Neighbourhood Police Centre Police Station Phone No (Phone) +65-18005871999 Alt. Police Station Phone No (Fax) +65-65871699 Police Station Address 6 Tampines Ave 4 Singapore 529682 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20210327/2037 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**

YJ3232D

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial 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	SIM TECK NGEE (SHEN DEYI)
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SGY2923J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

IMPORTANT NOTICE

- Please report-correctly 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.
- 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 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.
- 3. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, niv 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
- 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.

der's Signature Date & Time:

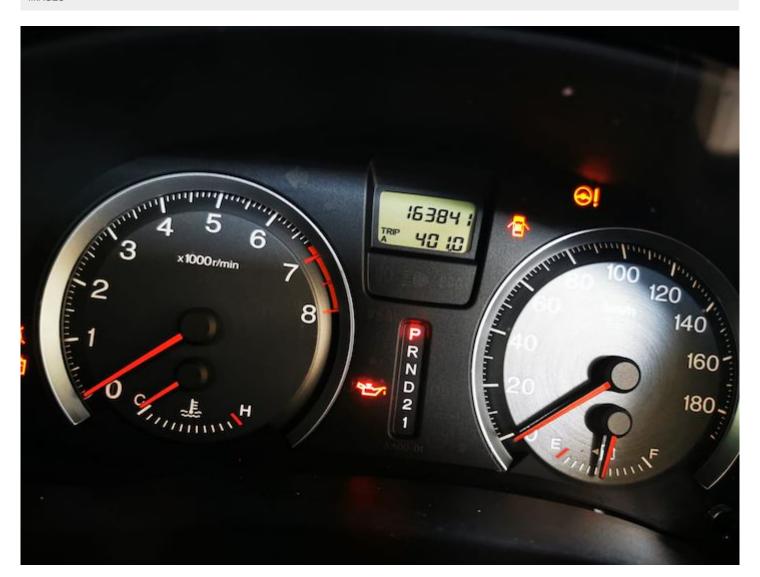
river's Signature

(If driver is not the policyholder)

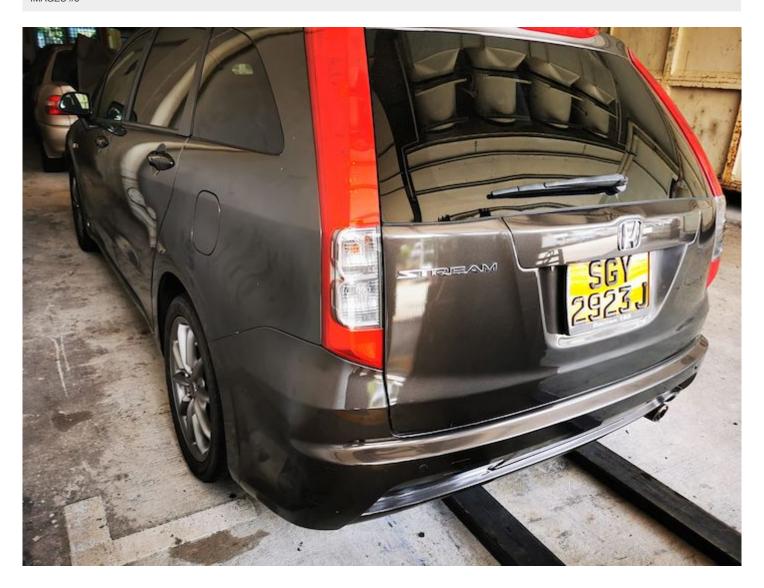
Date & Time:

NRIC/FIN No.:

ŠKETCH PLAN		KIAN TECK AVE	BYJ3232D KIANTECK drive
DESCRIBE CIRCUMSTANC			0210327/2037
DECLARATION We declare the foregoing pa	rricular \ are true in every i	respect.	

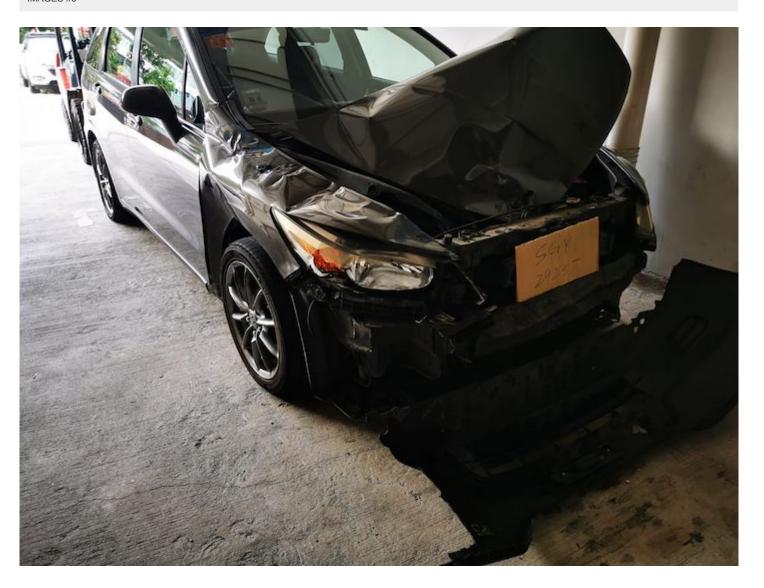


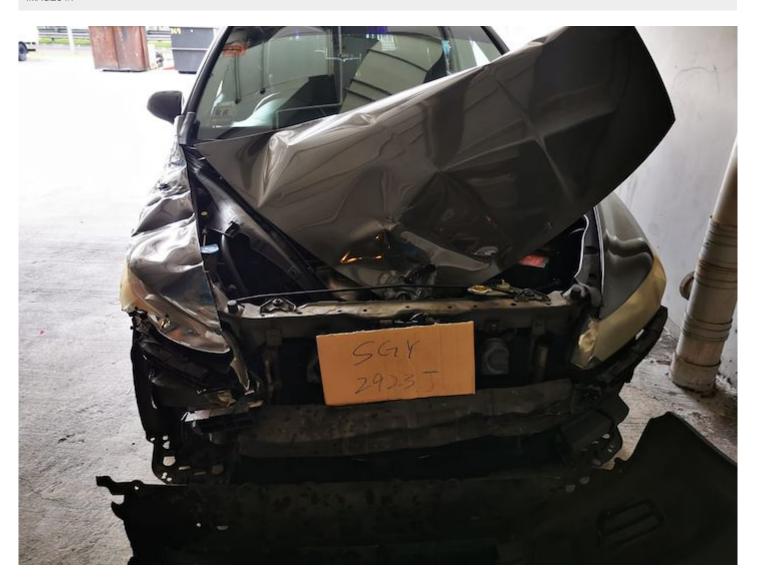


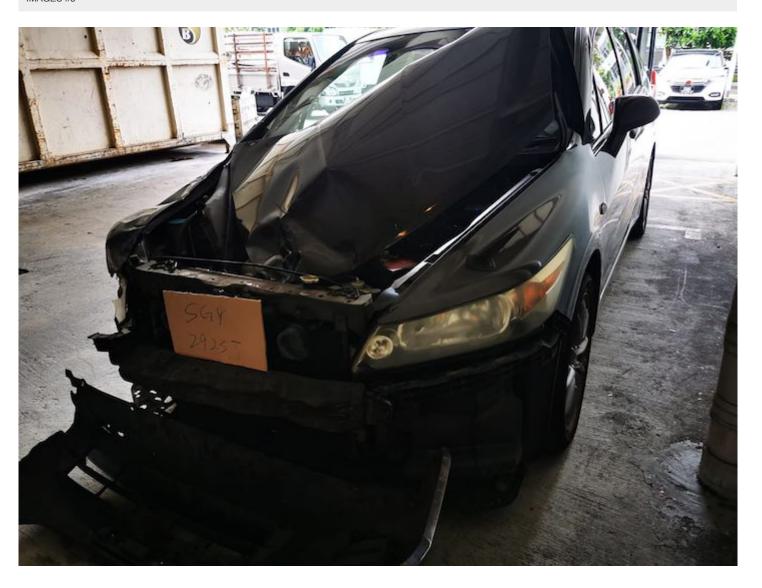














YGAPORE 'CE FORCE ,



Report No. T/20210327/2037

Avenue 4 SINGAPORE 529682 .d00-5871999

. EPORT	OF A TRAFFI	C ACCIDENT			
Date/Time Report Made: 27/03/2021 11:12		Made;	Vide Report No.: J/20210326/0098	Station Diary No.: 55	
Informa	nt's Partic	ulars	CARROLL SECTION OF CONTRA	Contract to the second of the second	
SIM TE	f Informant: CK NGEE		Address: APT BLK 411 TAMPINES ST 520411	REET 41 #07-259 SINGAPORE	
ID Type / ID No.; NRIC NO / \$8733684J		84J	Contact No.: Home/Office:	Mobile: 96992804	
National SINGAR	lity: PORE CITIZ	:EN	Email:	WODIE. 30332004	
Sex: Male	Age: 33	Date of Birth: 21/10/1987	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Sales			Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/03/2021 16:3	Type of Location X-Junction	
KIAN TECK A	AVENUE				
Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Light	
	ion:			Anyone conveyed by	

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SGY2923J	Car	HONDA	STREAM 1.8	Brown	Seriously Damaged	1
YJ3232D	Lorry				Damayeu	0

LONG THE STATE OF	ehicle Insurance	Control of the second	2.00	
	Insurance Company	Insurance No	Effective	Expiry Date
SGY2923J	CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.	DMPCSNW001285 72000	15/09/2020	21/09/2021



T/20210327/2037

Police Station Of Origin: Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

2 of 4 Report No. T/20210327/2037

CONTINUATION OF REPORT

Details of Perso	n Involved	A A	60 TO SEC.		
Any Pedestrian I	nvolved: No	an - Management -			
No. of Pedestriar	ns Injured: NIL	Use of Pedestrian Crossing: NA			
Driver			103-63	William	N 1994 F. SAN BEERS VOL
Name	SIM TECK NGEE				S8733684J
Related Vehicle	SGY2923J (Car)			ct No.	96992804
Hospital/Clinic	NEPTUNE HEALTHCARE MEDICAL & SURGERY			of g ce & Date	Class: 3 Date of Expiry: NIL
Date Treatment	27/03/2021 Date Disc			-	3/2021
			of Injury Slight		
Driver	建筑是1000000000000000000000000000000000000	Section in	BON RELACE	10600	
Name	RAJENDIRAN BALAJI				G3394125R
Related Vehicle	NIL			ct No.	81481417
Hospital/Clinic	NIL			of g ce & Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc		NIL	
No. of Days gran	ted Medical Leave NIL	Degree o		NIL	

Brief Details.

On the 26/03/2021 at around 1630hrs, I was driving my vehicle SGY2923J, with one passenger seated on the front left, along Kian Teck Ave. It was a two lanes road and I am travelling on the right lane. While approaching the cross junction of Kian Teck Ave and Kian Teck Drive, one lorry, YJ3232D suddenly drove out of the Kian Teck Drive. It is not traffic light controlled at the Kian Teck Drive, however, the lorry did not stop at the stop line. It then collided onto the right side of my vehicle. After colliding onto my vehicle, he did not stop his vehicle immediately and continued to drive on, thus causing my vehicle to be dragged a distance by his vehicle.

Subsequently, he then stopped his vehicle and both of us came down of the vehicle to make a check and exchanged our particulars. He admitted that he did not stop at the stop line as he was going straight. My vehicle was badly damaged as the whole front and right side was dented in. Soon after, patrol police came across and attended to us and gave us the advices accordingly.

After the police left, I started to feel giddy and was vomiting. I waited for the tow truck to move my vehicle away and subsequently, I went home afterwards. I then seek medical assistance at Neptune Healthcare Medical & Surgery afterwards as I felt pain and stiffness on the neck area and was still feeling giddy. I was given 4 days of medical leave from 27/03/2021 to 30/03/2021.

There is in-car camera inside my vehicle, however I have checked that it did not managed to capture the accident and the last footage recorded in was about a month ago.



Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999 CONTINUATION OF REPORT

T/20210327/2037

3 of 4 Report No. T/20210327/2037





Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999 CONTINUATION OF REPORT

4 of 4 Report No. T/20210327/2037

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 Recording The Report: G / Sgt 2 LAM XUE TING	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 27/03/2021 11:12
Officer In Charge Of Case: TP / GIT / Sgt 3 MUHAMMAD AFIQ BIN RAHMAT Contact No.: 65476171	Classification Of Case:
Authentication Stamp NP168	

RAJENDIRAN BALAJI G3394125R

DID NOT STOP AT THE STOP LINE,

AND I HAVE TOLD THE POLICE ABOUT IT.

ACCIDENT 26/03/2021 4:30PM AT KIAN TECK DRIVE/AVENUE JUNCTION.

di di

A ji