© SINGAPORE ACCIDENT STATEMENT

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

 This Form must be <u>completed by the Folicytiques brazel and or provided must be as truthful and accurate as possible.</u> 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

21/04/2021 16:41 (SGT) 20/04/2021 08:20 (SGT) Clementi Rd, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLZ6190R

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner

Company Reg No Email Address

Mobile Phone No Alternative Phone No

AP AUTOMOTIVE SERVICES PTE LTD

2XXXXX890H

SBQ508P@HOTMAIL.COM (Phone) +65-96238822 (Home) +65-96238822

VEHICLE PARTICULARS

Manufacturer

Model 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 Transmission

CC

Honda

Freed

Private hire

No - Claiming third party

NTUC Income Insurance Co-operative Ltd

Private hire Auto

1600

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy **Policy Number**

Cover Note Number

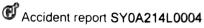
Comprehensive No 5119272968

DRIVER

Name of Driver

NRIC No

SEET YEW KEONG SXXXX854I



Date Of Birth 08/05/1965 Occupation Outdoor **Date Of Driving Pass** 25/04/1987 Driving experience 34 YEARS Gender Male Mobile Number (Phone) +65-96238822 Alt. Phone Number **Email Address** SBQ508P@HOTMAIL.COM APT BLK 146 BUKIT BATOK WEST AVE 6 #10-347 Address Address complement 650146 Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer 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 2 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) 2 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name **ANDREW TAN** Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Traffic Police Police Station Name 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 ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?

Yes No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer SGL9604C

-



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	SEET YEW KEONG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLZ6190R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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- 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
- 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)

funderstand, acknowledge, agree and consent that

- (a) My insurer, my w orkshop 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.



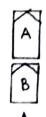
Policyholder's Signature / Date &

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

Personnel

Sketch Plan

Clementi Road 1 march Commonwealth ANE West



S126190R S619604C

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Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Or.

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

Witnessed by Reporting Centre Personnel





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 Report No. T/20210420/7008

REPORT OF	A TRAFFIC	ACCIDENT					
Date/Time Report Made: 20/04/2021 11:50			Vide Report No.:	Station Diary No.:			
Informant	's Particu	ars					
Name of Informant: SEET YEW KEONG			Address: 146 BUKIT BATOK WEST AVENUE 6 #10-347 SINGAPORE 650146				
ID Type / ID No.: NRIC NO / S16958541			Contact No.: Home/Office: Mobile: 96238822				
Nationality: SINGAPORE CITIZEN			Email: sbq508p@hotmail.com				
Sex: Male	Age: 55	Date of Birth: 08/05/1965	Driver				
Race: Chinese			Language: English	Institution / School Name:			
Occupation: PHV Driver			Driving Licence Information: Class: 2B,3,4,5	Date of Expiry:			

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/04/2021 08:20	Type of Location Straight Road
Location: CLEMENTI R	COAD			
			D,	
Weather: Clear		Road Surface: Dry		oad Speed Limit: Km/h
Weather: Clear Traffic Flow: One Way		1.000	50 Tr	•

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SGL9604C	Car	TOYOTA		Red	Slightly Damaged	0
SLZ6190R	Car	HONDA	FREED HYBRID	Red	Slightly Damaged	1





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

2 of 3 Report No. 1/20210420/7008

CONTINUATION OF REPORT

Details of V	ehicle Insurance	1	Lee and	Cuntar Date
Vahida Na		I II I G C I I C C I I C C C C C C C C C	Effective	Expiry Date
SLZ6190R	NTUC Income Insurance Co-Operative	511927296800003	01/10/2020	30/09/2021

Any Pedestrian I	nvolved: No				_	1 AIA	
No. of Pedestrian	ns Injured: NIL		Use of Pedestrian Crossing: NA				
Driver	自 3 一、中国 3 和 和 的	(Barriery)				010050541	
Name	SEET YEW KEONG			ID No.		S1695854I	
Related Vehicle	SLZ6190R (Car) OUR FAMILY PHYSICIAN CLINIC & SURGERY			Contact No.		96238822	
Hospital/Clinic				Class of Driving Licence Expiry		Class: 2B,3,4,5 Date of Expiry: NIL	
Date	20/04/2021		Date		20/04		
	ted Medical Leave	05	Degree of		Slight		

Brief Details.

ON 20/04/2021 AT ABOUT 0820HRS, I WAS TRAVELLING ALONG CLEMENTI ROAD TOWARDS COMMONWEALTH AVE WEST WITH A PASSENGER. AHEAD OF ME THERE'S A VEHILCE SLOW DOWN AND STOP, I FOLLOW AND STOP. ALL OF A SUDDEN, I FELT AN IMPACT FROM THE REAR. THEN I REALISED A CAR SGL9604C HAD COLLIDED ONTO MY REAR. THE IMPACT WAS STRONG, I FELT PAIN AT MY NECK AND BACK AFTER, I WENT TO OUR FAMILY PHYSICIAN CLINIC & SURGERY AND WAS GIVEN 5 DAYS MC.





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

3 of 3 Report No. T/20210420/7008

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: 20/04/2021 11:50
Officer In Charge Of Case: TP / TPIB / MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:
Authentication Stamp	

NP168