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.

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 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 21/06/2021 11:40 (SGT) Date of Accident 18/06/2021 17:30 (SGT) Exact Location of Accident 146A Lor 2 Toa Payoh, Singapore 310146 Additional Location Information DECK 1B Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Subaru

Vehicle Registration Number SI A1710F

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN BOON TECK NRIC No SXXXX361C Email Address ANATOR77@YAHOO.COM Mobile Phone No (Phone) +65-97955973 Alternative Phone No +65-97955973

VEHICLE PARTICULARS

Manufacturer

Model Forester Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to

your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto CC 2000

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMPCSNW00006412104 Cover Note Number

DRIVER

Name of Driver TAN BOON TECK NRIC No SXXXX361C

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? 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	30/03/1977 Indoor 13/04/2000 21 YEARS AND 2 MONTHS Male (Phone) +65-97955973 +65-97955973 ANATOR77@YAHOO.COM BLK 147 LOR 2 TOA PAYOH #25-344 310147 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 3
PASSENGER 1	
Name Gender PASSENGER 2	MEGAN TAN Female
Name Gender	DECLAN TAN Male
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	
PLS REFER TO THE POLICE REPORT:T/20210619/7006	
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	SLP9543P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	HUANG WOOI TEIK
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	TAN BOON TECK
Address Complement	- -
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SLA1710E
Were seat belts worn?	Yes
Was this injured conveved to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- 1. 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 most be as truthful and accurate as possible. Any wildul misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
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- 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
- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (ii) 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)
 - (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, vestigation 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.

Policyholder's Signature Date & Time:

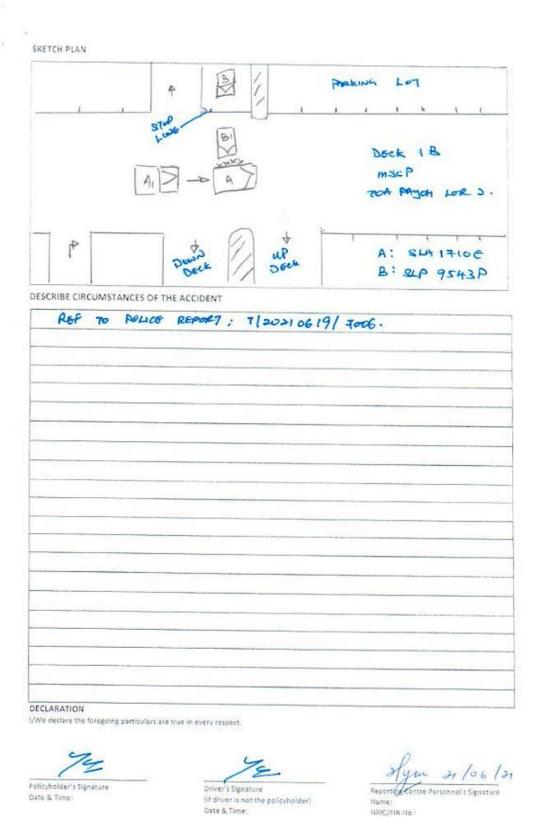
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporture Centre Personnel's Signature

NRIC/FIN No.:

21588) Senall inform VI







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

2 of 3 Report No. T/20210619/7006

CONTINUATION OF REPORT

Details of V	ehicle Insurance	THE WAR IN STREET		
	Insurance Company	Insurance No	F# .:	
SLA1710E CHINA TAIPING INSURANCE		Effective	Expiry Date	
	(SINGAPORE) PTE, LTD.	DMPCSNW000064 12104	22/01/2021	21/01/2022

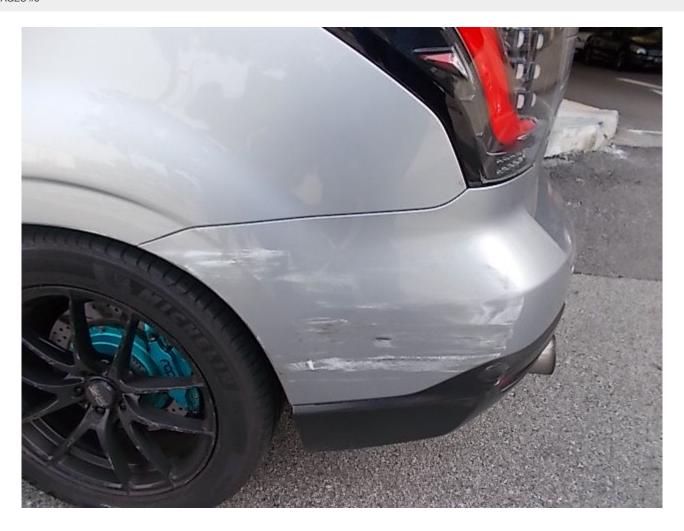
Details of Person	on Involved				
Any Pedestrian I	nvolved: No				
No. of Pedestria	ns Injured: NIL		Hoo of De	deeds 0	NATIO WATER AND ADDRESS OF THE PARTY OF THE
Driver			Use of Pe	edestrian Cro	ossing: NA
Name	TAN BOON TECK		ID No.	S7709361C	
Related Vehicle	SLA1710E (Car)		Contact N	o. 97955973	
Hospital/Clinic	E MEDICAL CLINIC & SURGERY		ERY	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	19/06/2021		Date		20/2004
No. of Days grant	ed Medical Leave	03	Degree of	Slig	06/2021 ht

Brief Details.

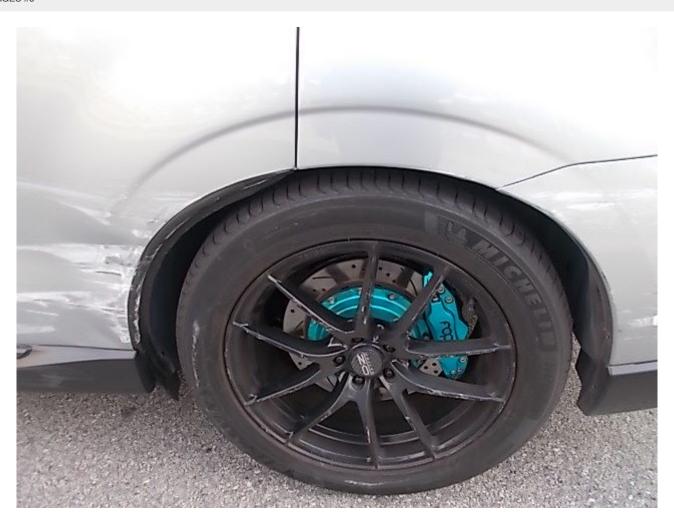
I WAS TRAVELLING ALONG DECK 1B OF TOA PAYOH LOR 2, BLK 146A MSCP. AS I WAS TRAVELLING STRIAGHT AND WANTED TO TURN RIGHT UP TO THE UPPER DECK, SUDDENLY ONE M/CAR SLP9543P CAME FROM MY LEFT WITHOUT STOPPING AT THE STOP LINE FROM THE SIDE ROAD AND THUS COLLIEDED ONTO THE LEFT SIDE OF MY VEHICLE AND CAUSED DAMAGE. AFTER THE COLLISION THE SAID M/CAR SLP9543P REVSERED BACK BEHIND THE STOP LINE. WE THEN EXCHANGE PARTICULARS. AS THE RESULT OF THE ACCIDENT, I SUSTAINED PAIN ON MY NECK, CONSULTED DOCTOR AT E MEDICAL CLINIC & SURGERY AND WAS GIVEN 3 DAYS OF MC.



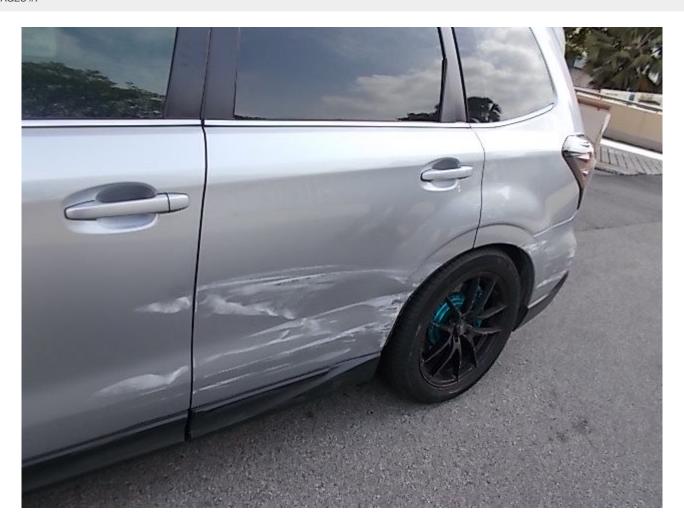


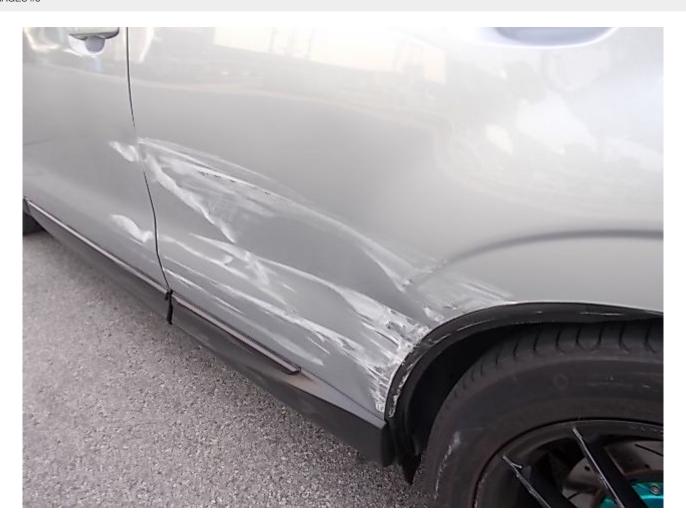






















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20210619/7006

REPORT OF A TRAFFIC ACCIDENT

19/06/2	ate/Time Report Made; 9/06/2021 10:55		Vide Report No.:	Station Diary No.	
Informa	nt's Partic	ulars			
Name o	f Informant OON TECK		Address: 147 LORONG 2 TOA PAYOR	H #25-344 SINGAPORE 310147	
	/ ID No.: O / S77093	61C	Contact No.: Home/Office:		
Nationality: SINGAPORE CITIZEN		EN	Email: anator77@yahoo.com		
Sex: Male	Age: 44	Date of Birth: 30/03/1977	Type of Informant:		
Race: Chinese Occupation:			Language: English	Institution / School Name:	
			Driving Licence Information: Class: 3 Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive:	Date/Time of Accident:	Type of Location: CARPARK
Location:		No	18/06/2021 17:30	
LORONG 2 T	OA PAYOH			
		Road Surface:	Ro	ad Speed Limit:
Clear		Dry	Ro 40	ad Speed Limit: Km/h
Weather: Clear Traffic Flow: One Way Type of Collisi			40	Km/h affic Volume:

Vehicle No.	Туре	Make	Model	Color	0 1111	
SLA1710E	Car	CUDADU			Conditio	No of
	(570) 703/11	SUBARU	FORESTER 2.0XT CVT AWD SR	Silver	Seriously Damaged	2
SLP9543P	Car	VOLVO			Slightly Damaged	1



T/20210619/7006

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

2 of 3 Report No. T/20210619/7006

CONTINUATION OF REPORT

Details of V	ehicle Insurance	De Vertiles Patrices		
Vehicle No.	Insurance Company	Insurance No	F#	T-
SLA1710E CHINA TAIPING INSURANCE		Effective	Expiry Date	
	(SINGAPORE) PTE. LTD.	DMPCSNW000064 12104	22/01/2021	21/01/2022

Details of Person	on Involved				
Any Pedestrian I	involved: No	and the same of th			
No. of Pedestria	ns Injured: NII		Hos of D	1 11 0	
Driver			Use of Pe	edestrian Ci	rossing: NA
Name	TAN BOON TECK		ID No.	S7709361C	
Related Vehicle	SLA1710E (Car)		Contact N	No. 97955973	
Hospital/Clinic	E MEDICAL CLINIC & SURGERY		EDV		a Man
	E MEDIONE CENTIC & SURGERY		-KT	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	19/06/2021		Date		10010004
No. of Days grant	ted Medical Leave	03	Degree of		/06/2021 ght

Brief Details.

I WAS TRAVELLING ALONG DECK 1B OF TOA PAYOH LOR 2, BLK 146A MSCP. AS I WAS TRAVELLING STRIAGHT AND WANTED TO TURN RIGHT UP TO THE UPPER DECK, SUDDENLY ONE M/CAR SLP9543P CAME FROM MY LEFT WITHOUT STOPPING AT THE STOP LINE FROM THE SIDE ROAD AND THUS COLLIEDED ONTO THE LEFT SIDE OF MY VEHICLE AND CAUSED DAMAGE. AFTER THE COLLISION THE SAID M/CAR SLP9543P REVSERED BACK BEHIND THE STOP LINE. WE THEN EXCHANGE PARTICULARS. AS THE RESULT OF THE ACCIDENT, I SUSTAINED PAIN ON MY NECK, CONSULTED DOCTOR AT E MEDICAL CLINIC & SURGERY AND WAS GIVEN 3 DAYS OF MC.





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

3 of 3 Report No. T/20210619/7006

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: 19/06/2021 10:55
Officer In Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:

NP168