







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.

- Any false reporting may be referred to the Police for investigation.
 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.
 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 16/06/2021 12:31 (SGT) Date of Accident 16/06/2021 07:30 (SGT) **Exact Location of Accident** Yishun Street 51, Singapore Additional Location Information YISHUN ST 51 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJH9273J

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner QUAN FENG LEASING (S) PTE LTD Company Reg No 2XXXXX907c **Email Address** leasing@quanfenginv.com Mobile Phone No (Phone) +65-91129549 Alternative Phone No. (Office) +65-67429549

VEHICLE PARTICULARS

Manufacturer Honda Model Airwave Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private hire Transmission Auto CC 1496

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy No Policy Number 5116074479-01 Cover Note Number

DRIVER

Name of Driver **ELVIS TAN JINGQIANG** NRIC No SXXXX073C



Date Of Birth 15/06/1989 Occupation Indoor Date Of Driving Pass 16/06/2014 Driving experience 7 YEARS Gender Male Mobile Number (Phone) +65-90215042 Alt. Phone Number Email Address elvi2292@hotmail.com Address BLK 511A YISHUN ST 51 #05-417 Address complement Postcode 761511 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 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Yishun South Neighbourhood Police Centre Police Station Phone No (Phone) +65-18008522999 Alt. Police Station Phone No (Fax) +65-68522239 Police Station Address 32 Yishun Street 81 Singapore 768456 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SMY9277Z

NA / Unknown

Vehicle Manufacturer

Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver	ADIESUTIAN BIN MOHAMED
- AND THE CONTROL OF THE PROPERTY OF THE PROPE	SXXXX978A
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	ELVIS TAN JINGQIANG
Address	-
Address Complement	-
Post Code	*
Approximate Age Years Old	-
Injuries Sustained	BACK & SHOULDER PAIN
Injured person in which vehicle?	SJH9273J
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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- 5. 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
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 interested parties.
- 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:

- (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 passessed 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:
 - 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;
 - (W) 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:
 - 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 policybolder) Date & Time: Reporting Centre Personnel's Signature Name; NRIC/FIN No.:

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Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999

1013 Report No. T/20210616/2006

Commence of the Spirite Commence of	OF A TRAFFK	Constitution of the control of the c			
Date/Time Report Made: 16/06/2021 08:13			Vide Report No.:	Station Diary No.	
Informe	nt's Partice	Mars		not a service entry in year of the enterest of the first of the Court on the Filter (Look) as the enterest	
	i Informant: AN JINGQI	ANG	Address: APT BLK 511A YISHUN STR 761511	EET 51 1/05-417 SINGAPORE	
ID Type / ID No.; NRIC NO / S8920073C			Contact No.: Home/Office: Mobile: 90215042		
National SINGAR	ity: PORE CITIZ	EN	Email:		
Sex: Male	Age: 32	Date of Birth: 15/06/1989	Type of informant: Driver		
Race: Chinese		m (A de grande men en e	Language: English	Institution / School Name:	
Occupation: ASSISTANT ENGINEER		VEER	Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Drive: Academi:			Type of Location: Straight Road
Location: YISHUN STR Weather: Clear	REET 51	Road Surface:		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control:	1	Traffic Volume: Light
Type of Collis Between Mov	sion; ving Vehicles - Head T	o Rear		Anyone conveyed by ambulance: No

Vehicle No.	Type	Make	Model	Color	Condition	No of Passanger
SJH9273J	Car	HONDA	Ainvave	Silver	Slightly Damaged	0
SMY9277Z	Car	TOYOTA	Prius	Silver	Slightly Damaged	0

Vahiola No	Insurance Company	Insurance No	Glicolina	Expiry Date
Marie Commission (Section of Contract of C	NTUC Income Insurance Co-Operative	COMMERCIAL PROPERTY AND THE PROPERTY AND	2110000	1 ampliful y definition



T/20210516/2005

Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999 2 of 3 Report No. T/20210816/2008

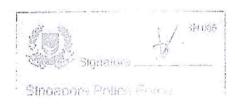
CONTINUATION OF REPORT

No. of Pedestrian	nvolved: No	Use of Ped	etrian	Cross	ing: NA	
Driver	in injurior.	100001100	Contan	01000	arig. 147.	
Name	ELVIS TAN JINGQIANG		ELVIS TAN JINGQIANG ID No.		CHICATON TON	S8920073C
Related Vehicle	SJH9273J (Car)		Contact No		90215042	
Hospital/Clinic	MIL		Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL	
Date Treatment	Charles and the control of the contr			NIL		
No. of Days gran	ted Medical Leave NIL	Degree of I	njury	NIL		
Driver						
Name	Adiesufian Bin Mohamed		ID No.		S7732978A	
Related Vehicle	SMY9277Z (Car)		Contact No.		96382865	
Hospital/Clinic	NIL		Class Driving Licence Expiry	g ce &	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Disch	arge	NIL	CONTRACTOR AND	
No of Days gran	ted Medical Leave NIL	Degree of	niury	MIL	The second secon	

Brief Details.

On 16/05/2021 at 0730am, I was driving vehicle SJH9273J and just exited the carpark located near Blk 506B Yishun. I slowed down as there was a hump in front but the driver behind, namely Adiesulian Bin Mohamed who was driving vehicle SMY9277Z did not slow down when he saw me slowing down and exited the carpark gantry as well. This resulted in his vehicle's head colliding with the rear of my vehicle. The rear of my vehicle was slightly dented with multiple scratches while his vehicle's car plate and logo in front both were dented.

I wish to state that both of us are not injured and no government properties were damaged. We have exchanged particulars and will contact my insurance company regarding this matter.





T/20210616/2006

Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999 3 of 3 Report No. T/20210816/2006

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 Recording The Report: L / SCSGT(1) POH ZI XUAN JOSHUA	Signature Of Informant:
Signature Of Interpreter:	Date/Time:
Not applicable	16/06/2021 08:13
Officer In Charge Of Case: TP / GIA / SI TAN JEOK LENG	Classification Of Case:
Contact No.: 65476151	SN 085
Authentication Stamp NP168 Signan	uw.