SY09219A0008 / YEW TEE AUTOMOBILE TECH PTE LTD [737856] ENTRY DATE & TIME: 10/09/2021 15:56 (SGT) SUBMITTED BY: TOH TZE CHANG

VERSION: 1 (10/09/2021 15:56 (SGT))



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
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

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

10/09/2021 15:56 (SGT) 09/09/2021 12:30 (SGT) Singapore TAMAN SIREH Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMA4248S

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No Alternative Phone No

Yes ADEN AUTOMOBILE 5XXXX923L DERRICK21TAN@HOTMAIL.COM (Phone) +65-98334443 (Home) +65-98334443

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

Employment

Honda

Shuttle

No - Claiming third party

Private car Auto 1500

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number

Cover Note Number

ECICS Limited ThirdParty

QAM21A00001700

DRIVER

Name of Driver NRIC No

TAN TECK HENG SXXXX586F



Accident report SY09219A0008

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Date Of Birth 21/05/1984 Occupation Outdoor Date Of Driving Pass 11/12/2002 Driving experience 18 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-98334443 Alt. Phone Number **Email Address** DERRICK21TAN@HOTMAIL.COM Address 92 PUNGGOL DRIVE #11-07 Address complement Postcode 828795 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Employee 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 Side Swipe 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 vehicle or property damaged? Yes Number of Passengers (Including Driver) 1 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? Yes Police Station Name Ang Mo Kio Division Headquarters Police Station Phone No. (Phone) +65-18002180000 Alt. Police Station Phone No. (Fax) +65-64814246 Police Station Address 51 Ang Mo Kio Avenue 9 Singapore 569784 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? Yes Was there any video captured by Car Camera? No Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number YN9162L Vehicle Manufacturer Vehicle Model Vehicle Variant

Commercial vehicle

Vehicle Colour Vehicle Category 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)

THANGAVEL RAMU

-

-

-

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INJURED PERSONS DETAILS

INJURED 1

Name of injured person
Gender
Phone No
Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

TAN TECK HENG

Male

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-

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SMA4248S

Yes

No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or willholding 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.
- 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 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)

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 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
- (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.

A DE N
A UT O M O B I L E
R O C 532 0 3 0 2 2 1

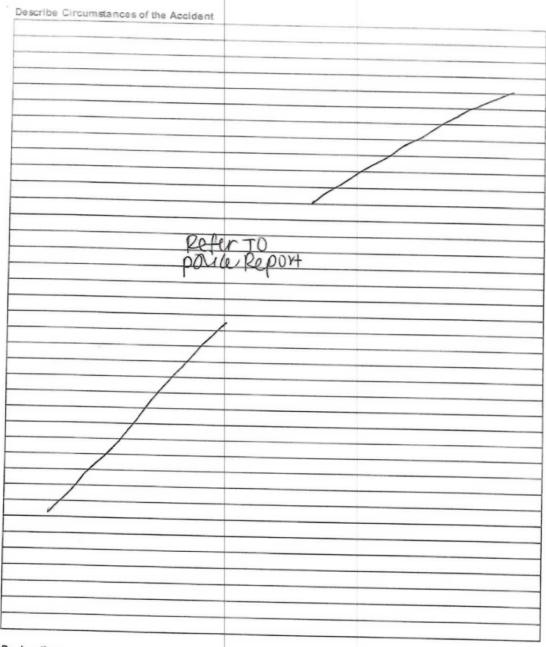
Policyholder's Signature / Date & Time

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

Sketch Plan

Velicle A SMA 4248 S

Velicle B : YN 9162 L



Declaration

We declare the foregoing particulars are true in every respect.

ADEN AUTOMOBILE ROC 53203023

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20210909/7037

NRIC NO Male	ID No	
	AND DESCRIPTION OF THE PARTY OF	S8414586F
The state of the s	Age	37
	Language	English
	Address	92 PUNGGOL DRIVE #11-07
98334443	Is Informant A	SINGAPORE 828795 Yes
	Victim?	
AN TECK HENG (Informant)		
		Sales and related associate Address professional nec 98334443 Is Informant A

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: 09/09/2021 16:07 Classification Of Case:	
Officer In-Charge Of Case:		



1 of 2

POLICE REPORT (NP299)

Police Station Of Origin Ang Mo Kio Division HQ 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

Tel No:1800-2180000

Report No. F/20210909/7037

Date/Time Report Made	Vide Report No.			Station Diary No
09/09/2021 16:07				- many rec
Name Of Informant	Address			
TAN TECK HENG	92 PUN	GGOL DRIVE	E #11-07 SINGA	DODE 939705
ID Type / ID No. NRIC NO / S8414586F	Contact No. Home/Office:		Mobile: 98334443	ONE 028/93
Nationality SINGAPORE CITIZEN	Email Address DERRICK21TAN@H			
Occupation	Sex	Age	Date of Birth	Race
Sales and related associate professional nec	Male	37	21/05/1984	Chinese
Institution/School Name	Language English		12 11 001 1004	Offinese
Date/Time Of Incident 09/09/2021 12:45 - 09/09/2021 13:15	Location Of Incident TAMAN SIREH			-
Brief details.				

I was drive along Taman Sireh and I say the Lorry YN9162L park at the middle of the road and I over take from the right and suddenly the Lorry driver open the driver door so fast and hit on my left side mirror and left side of my car SMA4248S. I have video to submit and I have injured my right hand and also see doctor with 3 days MC.

Signature Of Informant:		
The identity of the person making this report has been authenticated by Singpass. No signature is required.		
Date/Time: 09/09/2021 16:07		
Classification Of Case:		