

Date of Accident

: 07/10/2021 Accident Time: 1530hrs (24-HR-Format)

Accident Place

Jln Masjid To Changi Rd

Vehicle No. (Car Plate No.)

: SMR 6410L Make/Model: Honda Shuttle

Insurance Company

: NTUC Income Policy No: 5115554754-01

Owner or Company Name IC No.

: WANLI 5333890B

Owner or Company Contact No.

: 8822-9900 Owner's Hp Company Tel

DRIVER'S Name / IC No.

: Tan RuShen S 8137579H

DRIVER'S Date Of Birth

: 20/11/1981 DRIVER'S License Pass Date 09/12/2008

Relationship of Owner & Driver

: Spouse / Parents ☒ Children / Sibling / Employee / Others:

DRIVER'S Address

: Apt B1K 635A Senja Road #34-255 S 671635

DRIVER'S Contact No./ Alt No.

: 1) 8822-9900 2)

DRIVER'S Occupation

: INDOOR ☒ OUTDOOR (e.g. working inside or outside office)

Email Address

: Hello@wanli.com.sg

Weather & Road Surface

: ☒ CLEAR & DRY ☐ RAINING & WET ☐ AFTER RAIN & WET

Reporting Type

: Reporting Only ☒ Claim Other Party ☐ Claim Own Insurance

Number of Passengers (Including Driver): 1

Was there any video Captured by car camera: YES ☒ NO

Exact purpose for which vehicle was being used at the time of accident: ☒ Private use ☐ Work purpose

Any Injury (If YES, Pls state): YES

Other Party Driver's Particular (if any)

Vehicle No:

GBK 1398P

Vehicle No:

Vehicle Make/Model:

Toyota Dyna

Vehicle Make/Model:

Name Driver:

Name Driver:

IC No. Driver Contact:

IC No. Driver Contact:

* NEW - Passenger's name & gender:

Describe Circumstances of the Accident

Traffic light was red my car stopped in front traffic light. Suddenly an strong impact collided to my car rear portion. A lorry carplate GRK1398P bang to my car SMR6410L due to the impact my rear dashcam was missing.



Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

SKETCH PLAN

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 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 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)

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 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.

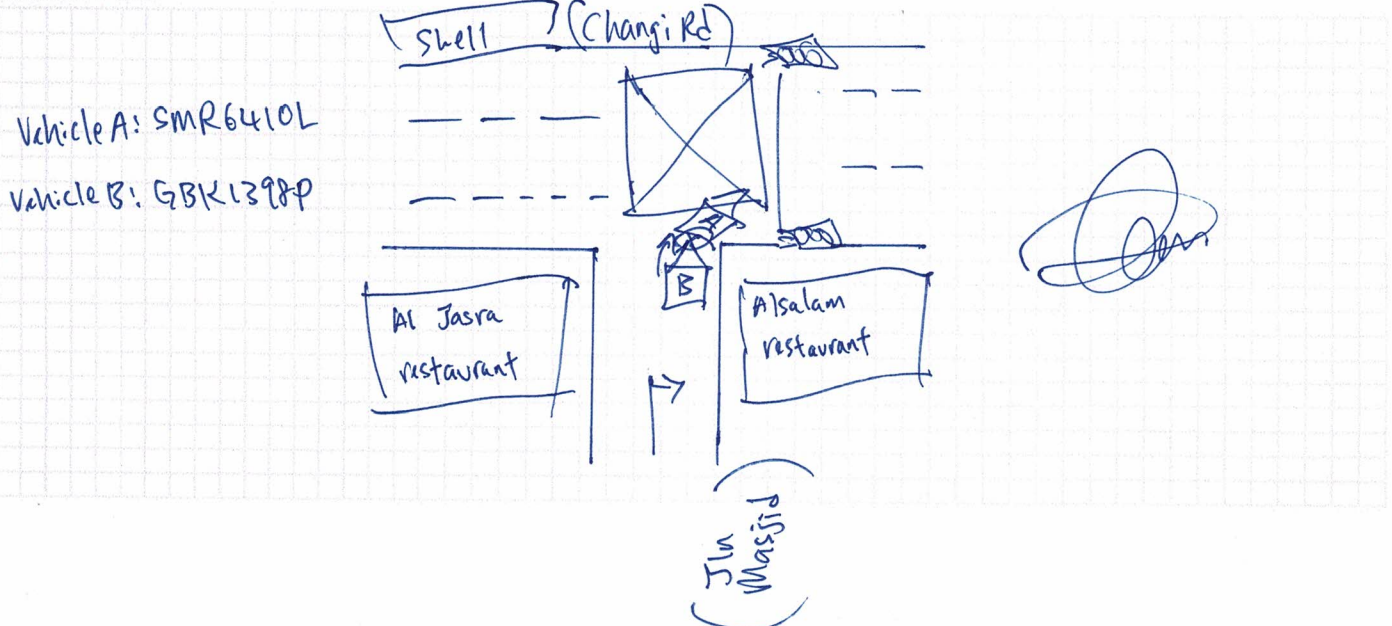


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan





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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/10/2021 10:46		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAN RUSHEN			Address: 635A SENJA ROAD #34-255 SINGAPORE 671635		
ID Type / ID No.: NRIC NO / S8137579H			Contact No.: Home/Office: Mobile: 88229900		
Nationality: SINGAPORE CITIZEN			Email: Hello@wanli.com.sg		
Sex: Male	Age: 39	Date of Birth: 20/11/1981	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Sales supervisor			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/10/2021 15:30	Type of Location:
Location: CHANGI ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBK1398P	Lorry	TOYOTA	DYNA			0
SMR6410L	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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

2 of 3
Report No. T/20211008/7004

CONTINUATION OF REPORT

Driver			
Name	TAN RUSHEN	ID No.	S8137579H
Related Vehicle	SMR6410L (Car)	Contact No.	88229900
Hospital/Clinic	PROHEALTH 24-HOUR MEDICAL CLINIC	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	07/10/2021	Date	NIL
No. of Days granted Medical Leave	04	Degree of	Slight

Brief Details.

Traffic light was red my car bearing carplate no : SMR6410L stopped infront traffic light, suddenly a strong impact collided to my car rear portion. A lorry bearing carplate no: GBK1398P bang to my car due to the impact my rear dashcam went missing. After the accident at night 07.10.2021 I feel my back & arm was painful so I visit PROHEALTH 24-HR MEDICAL CLINIC to have a check-up 4days MC was given by them.



**SINGAPORE
POLICE FORCE**



T/20211008/7004

3 of 3

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

Report No. T/20211008/7004

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
SYED ZAYID MUHAMMAD BIN SYED ABDUL
WAHID ALHINDUAN
Contact No.: 65476404

NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
08/10/2021 10:46

Classification Of Case: