SS0221BA0003 / S & H Motor Pte Ltd ENTRY DATE & TIME: 10/11/2021 15:52 (SGT)
SUBMITTED BY: Wong Kee Nyuk VERSION: 1 (10/11/2021 15:52 (SGT))

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 5. Intermitted in provided midst be as it dufficing and accurate as possible. Any white misteries estimation of witholding of material facts may allow insurance companies to reputing 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 10/11/2021 15:52 (SGT) Date of Accident 29/10/2021 09:40 (SGT) Exact Location of Accident Jurong Pier Rd, Singapore Additional Location Information Jurong Pier Road towards Jurong Island Checkpoint Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBC31657

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Edmund Vehilce Rental Pte Ltd Company Reg No 201625244G Email Address edmundevr@gmail.com Mobile Phone No (Phone) +65-93219360 Alternative Phone No (Home) +65-93219360

VEHICLE PARTICULARS

Manufacturer Toyota Model Dyna Variant Exact purpose for which vehicle was being used at time of accident Employment Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Manual 2982

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy Policy Number 5112254195-02-000008 Cover Note Number

DRIVER

Name of Driver Tan Jian Wei NRIC No S9343138C



Date Of Birth 15/11/1993 Occupation Outdoor Date Of Driving Pass 14/05/2015 Driving experience 6 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-97428850 Alt. Phone Number Email Address edmundevr@gmail.com Address 279 Balestier Road Balestier Point #02-27 Address complement Postcode 329727 Is the driver the policyholder? No If No. Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? 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? No Was any injured conveyed to hospital by ambulance? 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 Jurong West Neighbourhood Police Centre Police Station Phone No (Phone) +65-18002689999 Alt. Police Station Phone No (Fax) +65-62672438 Police Station Address 700 Corporation Road Singapore 649818 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT refer attached 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? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SHB6228R Vehicle Manufacturer Vehicle Model

Taxi

Vehicle Variant
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)	_

ASP	ER POLICE REPORT
-	
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SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any will disrepresentation 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.
- Any false reporting may be referred to the Police for investigation.
- 6. The report will be forw arded 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)

Lunderstand, 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

whaviah

Witnessed by Reporting Centre Personnel

Sketch Plan

A-) GBC 31652





150511058i5012

Police Station Of Origin: Jurong West N.P.C

700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

CONTINUATION OF REPORT

3 6t 3 Report No. T/20211029/2015

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 Informant: Signature of Officer Recording The Report Sgt 2 LUI WENG SOON Date/Time: Signature Of Interpreter, 29/10/2021 11:18 Not applicable Classification Of Case: Officer In Charge Of Case. TP / GIT / SI MOHAMMAD ABDILLAH BIN PALII Contact No.: 65476246 SN 126 Authentication Stamp NP168 Signature : Singapore Police Force





Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999 1 of 3 Report No. 1/20211029/2015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/10/2021 11:18			Vide Report No.: D/20211029/0036	Station Diary No. 36		
Informar	nt's Particu	ilars				
Name of Informant: TAN JIAN WEI			Address: APT BLK 290F BUKIT BATOK STREET 24 #14-115 SINGAPORE 655290			
ID Type / ID No.: NRIC NO / S9343138C			Contact No.: Home/Office:	Mobile: 97428850		
Nationali	ty: ORE CITIZ	EN	Email:			
Sex: Male	Age: 27	Date of Birth: 15/11/1993	Type of Informant Driver			
Race: Chinese			Language:	Institution / School Name:		
Occupation: MANPOWER OPERATION			Driving Licence Information: Class: 3	Date of Expiry		

Type of Accident:	Allended Ov Collog		Date/Time of Accident 29/10/2021 09:40	Type of Location Bend	
Location: JURONG PIE	ER ROAD				
vveaurar.		Road Surface: Dry		Road Speed Limit	
100		Dry			
Clear Traffic Flow: Two Way		Dry Traffic Control		Traffic Volume: Heavy Anyone conveyed by	

Details of V Vehicle No.	Transcription Control of the Control	Make	Model	Color	Condition	No of Passenger
GBC3165Z	The state of the s	TOYOTA	DYNA 150 MANUAL 3SEATER	Silver	Slightly Damaged	0
SHB6228R	Car	TOYOTA	PRIUS HYBRID 1.8 CVT	Blue		0



Police Station Of Origin: Jurong West N.P.C

7:10 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

Report No. T/20211029/2015

CONTINUATION OF REPORT

Letails of Perso	n Involved					
Any Pedestrian I	nvolved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
I river						
Name	TAN JIAN WEI			ID No		S9343138C
F slated Vehicle	GBC3165Z (Lorry)			Contact No.		97428850
Fospital/Clinic NIL				Class Drivin Liceni Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL.	Date Dis	charge	NIL		
No. of Days granted Medical Leave NIL		NIL		e of Injury NIL		

Brief Details.

Or 29/10/2021 at about 0940hrs, I am the driver for vehicle GBC3165Z travelling along Jurong Pier Road heading towards Jurong Island Checkpoint Pass Office. I was travelling on the most right lane as I want to turn right into the slip road that leads to the Pass Office.

When the traffic light turns green, I turned right into the slip road and noticed that there was an incoming vehicle SHB6228R travelling against traffic of the road. I immediately stopped at the yellow box of the junction to prevent collision. However, the vehicle still drove forward and collided with my vehicle.

Subsequently, both of us stop and made a check. No one was injured and when I request for his particulars, he refused to provide to me. Thus, I called for police assistance (D/20211029/0036) and was ad ised to lodge this police report. No one ambulance was at scene.

I wish to state that my vehicle do not have in-vehicle recording. No threat and assault took place.