

Date of Accident : 17/11/2021 Accident Time: 13.25 (24-HR-Format)
 Accident Place : Saint Patrick's Rd.
 Vehicle No. (Car Plate No.) : SFH 6018Y Make/Model: Honda Fit
 Insurance Company : Allianz Insurance Policy No: SP200042727-01
 Owner or Company Name / IC No. : Taman Jwong Car Rental 5343300E
 Owner or Company Contact No. : - Owner's Hp _____ Company Tel _____
 DRIVER'S Name/IC No. : Lua wei Lun 59441637Z
 DRIVER'S Date of Birth : 14/11/1994 DRIVER'S License Pass Date: 24 Jul 2014
 Relationship of Owner & Driver : Spouse / Parents / Children / Sibling / Employee / Others: _____

DRIVER'S Address : 39, Yishun st 51 #10-39 (767944)
 DRIVER'S Contact No./ Alt No. : 1) 8922 8002 2) _____
 DRIVER'S Occupation : INDOOR / OUTDOOR (e.g. working inside or outside office)
 Email Address : a66796@gmail.com
 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, Please state): Yes

Other Party Driver's Particular (if any)

Vehicle No	: <u>SFH 488 A</u>	Vehicle No	: _____
Vehicle Make/Model	: <u>Taxi</u>	Vehicle Make/Model	: _____
Name Driver	: _____	Name Driver	: _____
IC No. Driver/Contact:	: _____	IC No. Driver/Contact:	: _____

Passenger's name & gender:

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 willful misrepresentation or withholding of material fact 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:

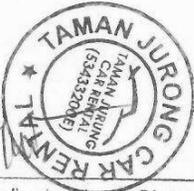
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurers 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:

- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating 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

(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.

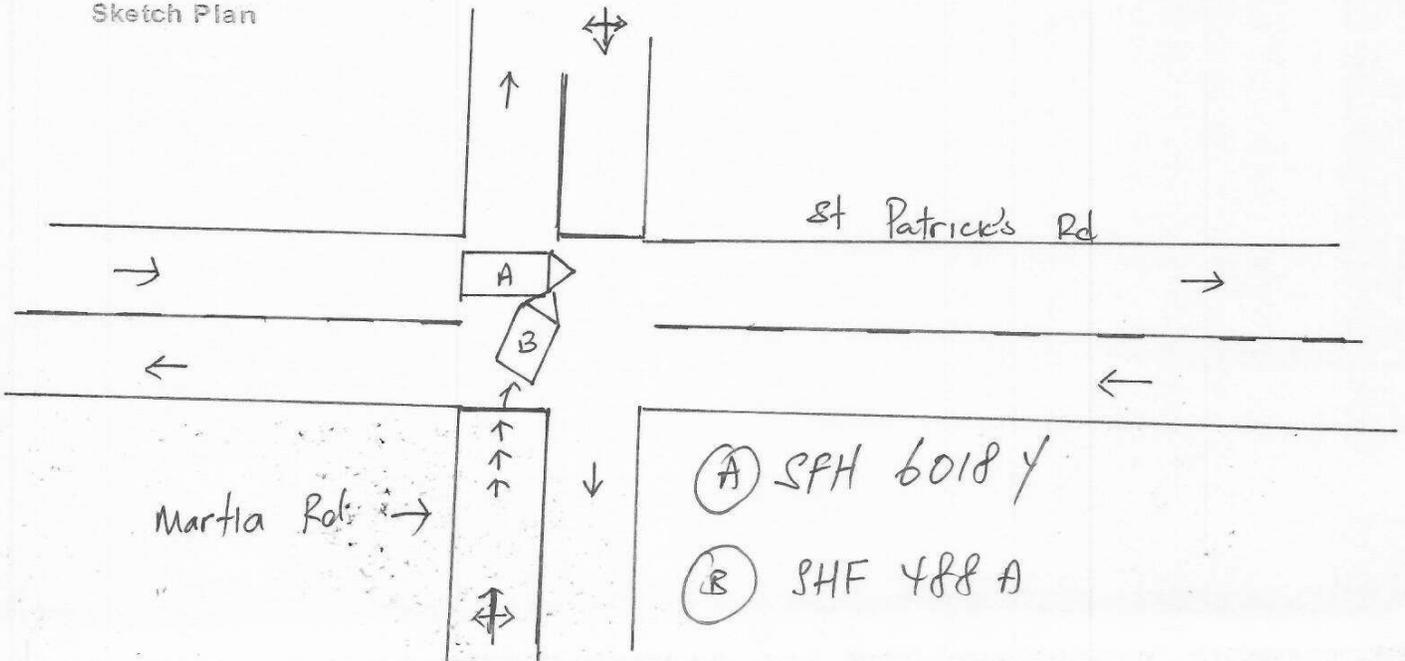


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

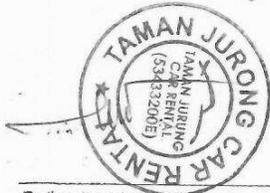
Sketch Plan



As police Report : T/20211117/2081

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

A handwritten signature in black ink, appearing to be "John".

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

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20211117/2081

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

1 of 3

Report No. T/20211117/2081

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/11/2021 19:15	Vide Report No.: G/20211117/0100	Station Diary No.: 80
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Informant's Particulars			
Name of Informant: LUA WEI LUN		Address: 39 YISHUN STREET 51 #10-39 SINGAPORE 767994	
ID Type / ID No.: NRIC NO / S9441637Z		Contact No.: Home/Office: Mobile: 89228002	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 27	Date of Birth: 14/11/1994	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: LOGISTIC DELIVERY PERSONNEL		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 17/11/2021 13:25	Type of Location: X-Junction
Location: SAINT PATRICK'S ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFH6018Y	Car	HONDA	FIT	Pink	Seriously Damaged	0
SHF488A	Taxi	TOYOTA	PRIUS	Maroon		0

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



Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

CONTINUATION OF REPORT

Driver			
Name	LUA WEI LUN	ID No.	S9441637Z
Related Vehicle	SFH6018Y (Car)	Contact No	89228002
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	17/11/2021	Date Discharge	17/11/2021
No. of Days granted Medical Leave	07	Degree of Injury	Serious
Driver			
Name	ONG KIM YONG	ID No.	S8208354E
Related Vehicle	NIL	Contact No	98893961
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

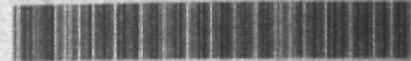
On 17/11/2021 at about 1325hrs, I was driving my vehicle SFH6018Y along St. Patrick Road and was driving straight towards Martia Road. There was a hump just before the cross junction of St. Patrick Road and Martia Road, so I slowed down my vehicle. There was no stop line at my direction, so I proceed to drive through the cross junction, thereafter I felt a strong impact coming from my vehicle's right side. The driver side portion of my vehicle collided with another vehicle SHF488A front left portion which came from Martia Road. My vehicle's airbag was deployed. After the incident, I came out from my vehicle and we exchanged out particulars.

I noticed that there is a stop line at the said cross junction along Martia Road, which indicated that the said taxi is supposed to stop before the stop line before proceeding, but the said taxi did not stop at all. Ambulance and Traffic Police was also at scene. I was conveyed to Raffles Hospital before Traffic Police officer's arrival and I was given 7 days of outpatient sick leave.

I sustained fracture on my right thumb, abrasion on my left wrist, swell on my forehead and felt stiff on my neck region. There are no vehicle cameras installed on my vehicle. I have a witness for this incident as stated within the Police report.



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POLICE FORCE**



T/20211117/2081

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31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

3 of 3

Report No. T/20211117/2081

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 /
Staff Sgt LAU JIXIANG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
17/11/2021 19:15

Officer In Charge Of Case:
TP / GIT /
Sgt 3 MUHAMMAD AFIQ BIN RAHMAT
Contact No.: 65476171

Classification Of Case:

Authentication Stamp
NP168

SN 065

