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.

- 4. The issue and acceptance 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 06/12/2021 17:46 (SGT) Date of Accident 04/12/2021 21:40 (SGT) Exact Location of Accident Singapore CTE TOWARDS WOODLANDS BEFORE ANG MO KIO AVE 1 Additional Location Information **EXIT** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBB2860L

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner TAN SOON MUI PTE LTD Company Reg No 202038693H Email Address ryantan988@gmail.com Mobile Phone No (Phone) +65-86868988 Alternative Phone No +65-86868988

VEHICLE PARTICULARS

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

INSURANCE COMPANY

Name of Insurance Company ERGO Insurance Pte. Ltd. Type of Coverage ThirdParty Fleet Policy Nο Policy Number DMCG21013524 Cover Note Number 03/11/2021-02/11/2022

DRIVER

Name of Driver TAN SWEE SANG RYAN NRIC No S9921874F Date Of Birth 07/07/1999 Occupation Indoor Date Of Driving Pass 11/03/2019 Driving experience 2 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-90683636 Alt. Phone Number Email Address ryantan988@gmail.com Address 17 WAKHASSAN DRIVE Address complement Postcode 757263 Is the driver the policyholder? Nο If No, Relationship of the Driver with the Insured Child 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 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? Nο Was any other vehicle 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? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH PLAN DRAFT AND POLICE REPORT T/20211206/718 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**

SHA217S

Vehicle Manufacturer-Vehicle Model-Vehicle Variant-Vehicle Colour-

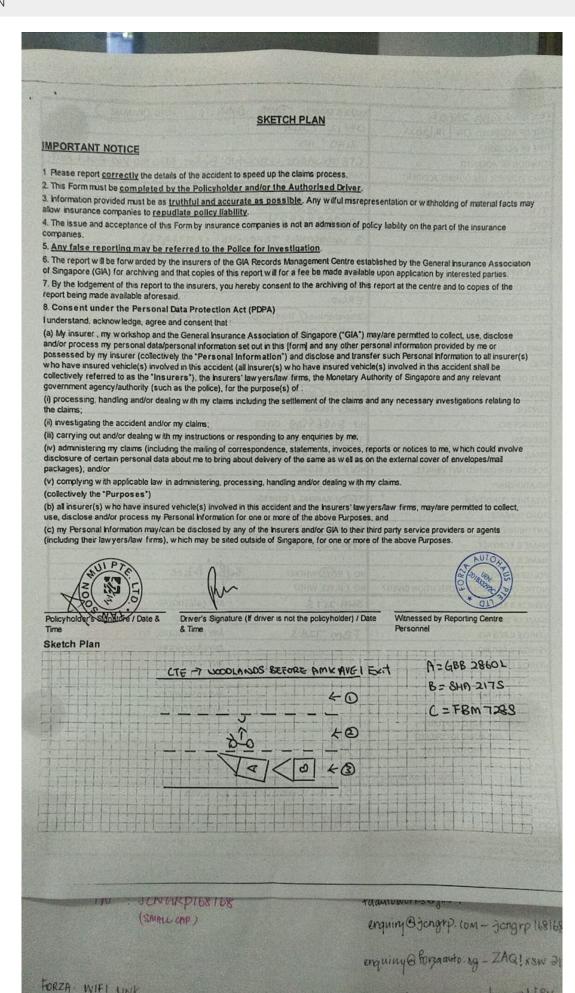
Vehicle Registration Number

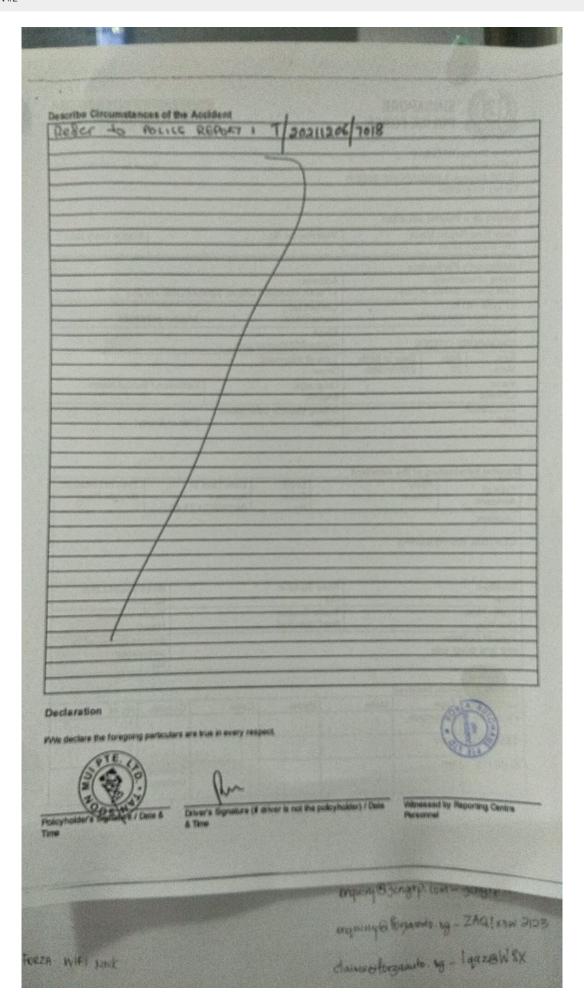
Vehicle Category	Taxi
Name of Driver	_
Contact Number	_
Address	_
Address complement	_
Postcode	_
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender	TAN SWEE SANG RYAN Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBB2860L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No









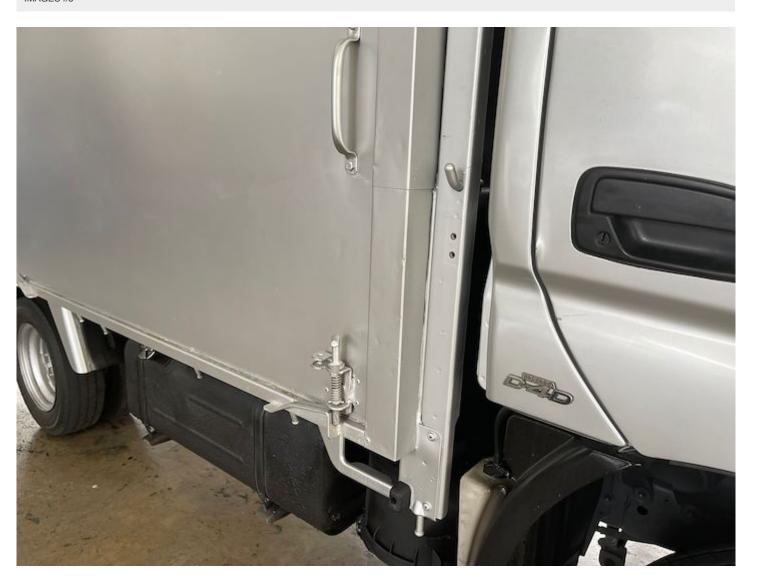










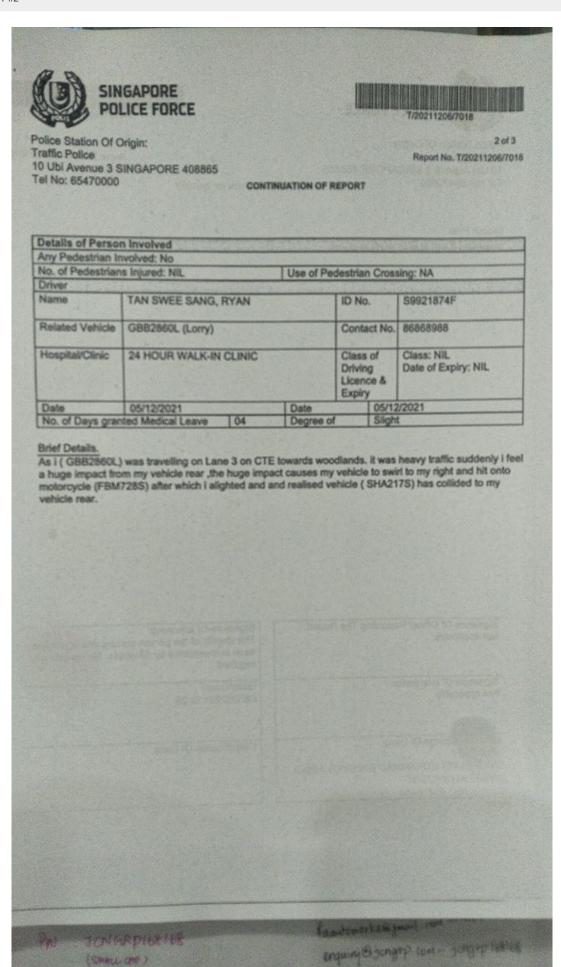








elice Station affic Police Ubi Avenuel No: 65470							A T	/202112		
Ubi Avenu	3 CINIC	n:							1 of 3	
110.00410		APORE	408865					Report	No. T/20211206/70	18
	000									
PORT OF A 1			T	1.01 -						
6/12/2021 1		ue.		Vide F	Report No.:			St	ation Diary No.:	
nformant's		ars		10.24	20					
Name of Info		RYAN		Addre 17 W		N DRIVE SIN	NGAPORE	75720	63	
D Type / ID		1F			ct No.: /Office:	A	Mobile:	86868	1088	
Nationality:				Email			Mobile.	00000	1300	
SINGAPORI	E CITIZE Age:	A Company of the Lot o	of Birth:		n988@gma of Informan					
Male	22	07/07/		Driver		1	Inchient	n / C-	hool Name:	
Race: Chinese				Langu	h	-	institutio	on 7 Sc	noor Name:	
Occupation: NSF				Drivin Class	g Licence li	nformation:	Date of	Expiry		
							Access			
					S. St. Division			4-7-5		
General Info		of the	Accident	20.00	Drink	Date/Tir			Type of Location	:
General Info Type of Accident:	lr		Accident	20.00	Drink Drive: No	Acciden			Type of Location Straight Road	:
Type of	lr	njury	Accident		Drive:	Acciden	t:			:
Type of Accident:	lr C	njury Others	Accident		Drive:	Acciden	t:			<u> </u>
Type of Accident:	lr C	njury Others	Accident		Drive: No	Acciden	it: 021 21:40		Straight Road	1:
Type of Accident: Location: CENTRAL Weather:	lr C	njury Others	Accident	Road	Drive:	Acciden	t: 021 21:40		Straight Road Speed Limit:	
Type of Accident: Location: CENTRAL Weather: Clear	EXPRES	njury Others	Accident	Road Dry	Drive: No	Acciden	t: 021 21:40	Road S	Speed Limit: //h Volume:	12
Type of Accident: Location: CENTRAL Weather: Clear Traffic Flov One Way	EXPRES	njury Others	Accident	Road Dry	Drive: No	Acciden	t: 021 21:40	Road S 90 Km Traffic Heavy Anyon	Speed Limit: //h Volume:	12
Type of Accident: Location: CENTRAL Weather: Clear Traffic Flov	EXPRES	njury Others	Accident	Road Dry	Drive: No	Acciden	t: 021 21:40	Road S 90 Km Traffic Heavy	Speed Limit: //h Volume:	1
Type of Accident: Location: CENTRAL Weather: Clear Traffic Flov One Way Type of Corear and di	Ir C	njury Others		Road Dry	Drive: No	Acciden	t: 021 21:40	Road S 90 Km Traffic Heavy Anyon ambul	Speed Limit: //h Volume:	
Type of Accident: Location: CENTRAL Weather: Clear Traffic Flov One Way Type of Corear and di	EXPRES v: llision: iver side	njury Others		Road Dry	Drive: No	Acciden	t: 021 21:40	Road S 90 Km Traffic Heavy Anyon ambul	Speed Limit: //h Volume: e conveyed by ance:	
Type of Accident: Location: CENTRAL Weather: Clear Traffic Flov One Way Type of Corear and di	EXPRES /: Illision: iver side	njury Others	d	Road Dry	Drive: No Surface: c Control: Controlled	Acciden 04/12/20	t: 021 21:40	Road S 90 Km Traffic Heavy Anyon ambul No	Speed Limit: //h Volume: e conveyed by ance:	
Type of Accident: Location: CENTRAL Weather: Clear Traffic Flov One Way Type of Corear and di	r: Illision: iver side Vehicle Motor	ijury others SSWAY	d	Road Dry	Drive: No Surface: c Control: Controlled	Acciden 04/12/20	t: 021 21:40	Road 3 90 Km Traffic Heavy Anyon ambul No	Speed Limit: //h Volume: e conveyed by ance: No of 1	
Type of Accident: Location: CENTRAL Weather: Clear Traffic Flov One Way Type of Corear and di Details of Vehicle No FBM728S	r: Illision: iver side Vehicle Motor	ijury others SSWAY	d	Road Dry	Drive: No Surface: c Control: Controlled	Acciden 04/12/20	t: 021 21:40 Con	Road S 90 Km Traffic Heavy Anyon ambul No	Speed Limit: //h Volume: e conveyed by ance:	



(SHELL ON)

