

Date Of Birth	28/03/1972
Occupation	Outdoor
Date Of Driving Pass	14/12/1994
Driving experience	27 YEARS
Gender	Male
Mobile Number	(Phone) +65-87812577
Alt. Phone Number	-
Email Address	dav.biztekleasing@gmail.com
Address	BLK 634 VEERASAMY ROAD #03-140
Address complement	-
Postcode	200634
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Drizzling
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	AMAN (H/P: 82579233)
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bishan Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005529999
Alt. Police Station Phone No	(Fax) +65-65561905
Police Station Address	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT.

NOTE: VEHICLE REPAIR AT OWNER W/SHOP.

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	SNC2169C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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	TAN LEE BOON
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKR8909B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

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.

B. 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' 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 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' 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.

BIZTEK LEASING
UEN: 533298518

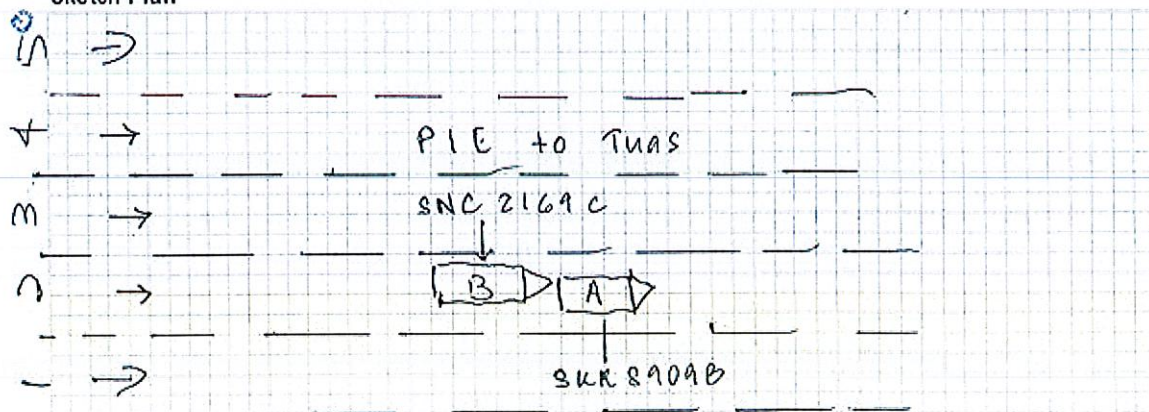
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



Sketch Plan



Describe Circumstances of the Accident

Refer to police report

Declaration

We declare the foregoing particulars are true in every respect.

BIZTEK LEASING
TEL: 53329851B

Policyholder's Signature / Date &
Time

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



Witnessed by Reporting Centre
Personnel







**SINGAPORE
POLICE FORCE**



T/20211217/2050

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

1 of 3
Report No. T/20211217/2050

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/12/2021 13:14		Vide Report No.:		Station Diary No.: 76
Informant's Particulars				
Name of Informant: TAN LEE BOON		Address: APT BLK 634 VEERASAMY ROAD #03-140 SINGAPORE 200634		
ID Type / ID No.: NRIC NO / S7211109E		Contact No.: Home/Office: Mobile: 87812577		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 49	Date of Birth: 28/03/1972	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: GOJEK DRIVER		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/12/2021 07:35	Type of Location: Flyover
Location: PAN-ISLAND EXPRESSWAY				
Lamp Post Number: 1779				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKR8909B	Car	HONDA	VEZEL 1.5X AUTO	White	Slightly Damaged	1
SNC2169C	Car	TOYOTA	PRIUS PLUS (AUTO)	Black	Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20211217/2050

2 of 3

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20211217/2050

CONTINUATION OF REPORT

Brief Details.

On the above mentioned date, time and location, I was driving along PIE toward Tuas on the 2nd lane. As I observed the car in front of me had stopped, I managed to brake in time as well.

Suddenly, I felt an impact from the rear of my vehicle and I proceeded to make a check. I noticed that one vehicle (SNC2169C) had hit the rear of my vehicle.

The impact caused the rear of my vehicle to be dented. I also wish to state that I sustain neck and back injury and had seen the doctor. I was given 4 days MC.

I wish to state that I am lodging this report for insurance claims.



**SINGAPORE
POLICE FORCE**



T/20211217/2050

3 of 3

Report No. T/20211217/2050

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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
E /

Sgt 2 EMILY CHAN MUN YI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
17/12/2021 13:14

Officer In Charge Of Case:
TP / AEIT /
Insp (1) BOON YEN KIAN
Contact No.: 65476172

SINGAPORE
POLICE FORCE

Classification Of Case:
SN 061

Authentication Stamp
NP168

SIGNATURE



Enquire Vehicle's Insurance Particulars

Enquire Vehicle's Insurance Particulars (As At 17 Dec 2021 / 07:35:00)

Vehicle Insurance Details



Vehicle No.:

SNC2169C

Make Description/Model:

TOYOTA / PRIUS PLUS (AUTO)

Insurance Company Name:

INDIA INT'L INS PTE LTD

Business Transaction Reference No.:

20220105114114337636

Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).

Save as PDF

OK →

Print



Thank you

Mariah Bte Mahmood has successfully logged out.

Your last login date and time was 05 Jan 2022, 11:40:53.

To return to ONE.MOTORING, please click [here](#)

For security reasons, please **CLEAR YOUR CACHE** after each session.

Session Transaction History

S/No.↓	Asset Type↕	Asset ID↕	Asset Owner ID↕	Transaction Type↕	Transaction Amount(\$\$)↕	Log Date/Time↕
1	Vehicle	SNC2169C -		18.19 Enquire Veh Owner Info (Others) by Law Firm	7.49	05 Jan 2022 / 11:41:14