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.

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 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 02/03/2022 17:04 (SGT) Date of Accident 01/03/2022 17:51 (SGT) Exact Location of Accident Singapore CTĒ TOWARDS SLE/TPE LANE 2 BEFORE TIONG BAHRU Additional Location Information **ROAD EXIT 1B** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Kia

Vehicle Registration Number SMC9657B

Manufacturer

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **GOH TECK HONG PAUL** NRIC No SXXXX569A Email Address JERLYN@EDNC.WM.SG Mobile Phone No (Phone) +65-97960577 Alternative Phone No (Home) +65-97960577

VEHICLE PARTICULARS

Model Sorento Variant Exact purpose for which vehicle was being used at time of accident Private use Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto CC 2200

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy Nο Policy Number 5123125963 Cover Note Number

DRIVER

Name of Driver TAN WEE LIN (CHEN WEILING) NRIC No SXXXX613F Date Of Birth 22/12/1977 Occupation Indoor Date Of Driving Pass 11/03/2002 Driving experience 20 YEARS Gender Female Mobile Number (Phone) +65-97960577 Alt. Phone Number Email Address JERLYN@EDNC.WM.SG Address 517 BEDOK RESERVOIR ROAD #05-68 Address complement Postcode 479275 Is the driver the policyholder? Nο If No, Relationship of the Driver with the Insured WIFE 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 Chain Collision Weather Conditions **HEAVEY RAIN** Road Surface 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 ATTACHED ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident VIDEO SIZE MB TOO LARGE. Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1**

GZ2054L

Accident report SY0922320002

Vehicle Registration Number

Vehicle Manufacturer
Vehicle Model
Vehicle Variant

Vehicle Colour Vehicle Category Commercial vehicle Name of Driver TAN CHIN SENG NRIC No SXXXX425F Contact Number (Phone) +65-93866456 Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBB7296H Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle 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 WEE LIN (CHEN WEILING) Gender Female Phone No (Phone) +65-97960577 Address 517 BEDOK RESERVOIR ROAD #05-68 Address Complement Post Code 479275 Approximate Age Years Old Injuries Sustained REFER TO POLICE REPORT. Injured person in which vehicle? SMC9657B Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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 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 hoursers law years/law firms, the Monetary Audionity of Singapore and any relevant government agency/authority (such as the police), for the purposet(s) of :
- (ii) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to
- (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 parmitted 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 (F driver is not the policyholder) / Date & Time

Sketch Plan

A SMC 9657B

B GZ 2054L

C 988 72 96H

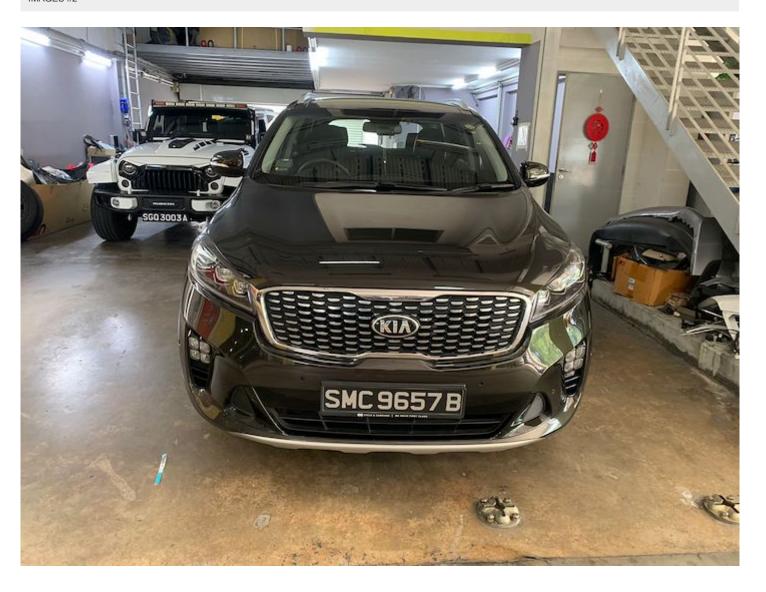
I WAS DRIVING ALONG CTE TOWARDS SLE/TPE ON LAWE 2 BEFORE TIONG BAHRU EXIT IB ON 01/03/2022 AROUND
LANE 2 BEFORE TIONG BAHRY THIT I BON BUILDED AND AND
THE MAN DISTRICT BENT TO BENT OF TO STATE OF THE STATE OF
17:51 pm. IT WAS RAINING HEAVILY AND DUE TO TRAFFIC JAMME
IN FRONT, THE VEHICLE WAS SLOWING DOWN AND STOPPED. I AL
BEAKE AND STOPPED WITH THE DISTANCE IN MY LAND. SUDDENLY
I HEARD A LOUD BANG! FROM MY VEHICUE BACK & I WAS
VERY SHOCKED AFTER A WHILE I DOOP OUT TO CHECK MY VAHIO
IT WAS A LODER VEHICLE HUMBBR. GZ 2054L COUNDN'T BEAKE
IN "TIME AMS IMPACT TO MY VIETICUE VIEWS SERIOUSLY &
DAMAGED. I ALSO NOTICED THAT ANOTHER VEHICLE NUMBER
GBB 72964 ALSO HIT TO LORRY VEHICLE CAUSE THIS CHAIN
COLLISION ACCIDENT.
WE EXCHONGED OUR PARTICELIARS AND I DROVE MY CAR TO
THE WORKSHOP TO MAKE REPORTING AND WENT TO SEE DOCTO
IN THE NIGHT BECAUSE I FEEL NOT COMFORTABLE AT MY
BOCK.
eclaration
We declare the foregoing particulars are true in every respect.
110/00

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

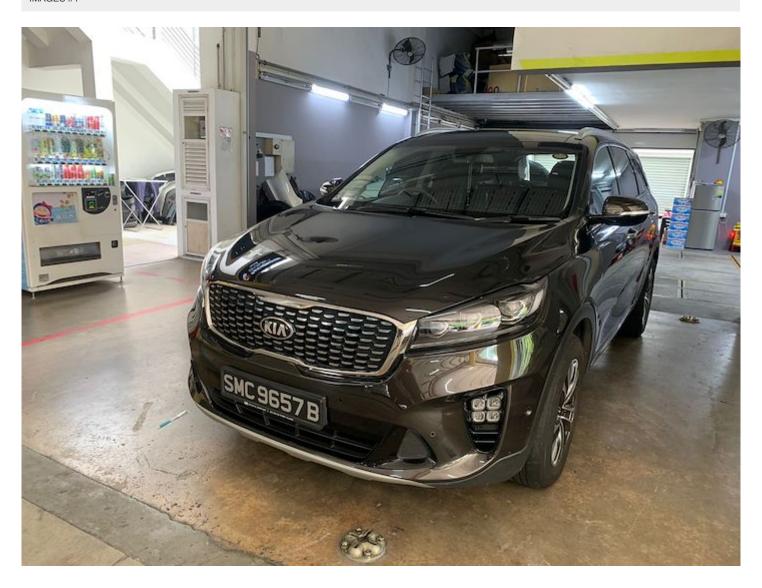
Witheseed by Heporling Centre Personnel

Policyholder's Signature / Date & Time



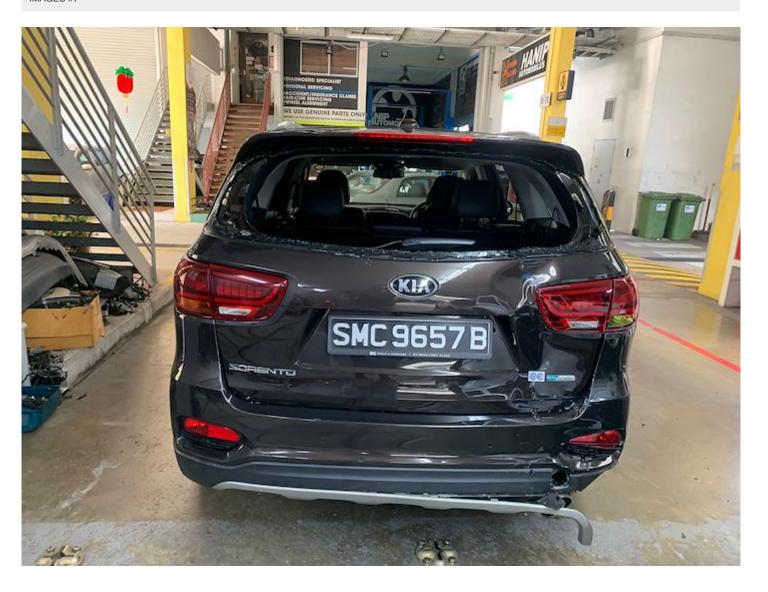




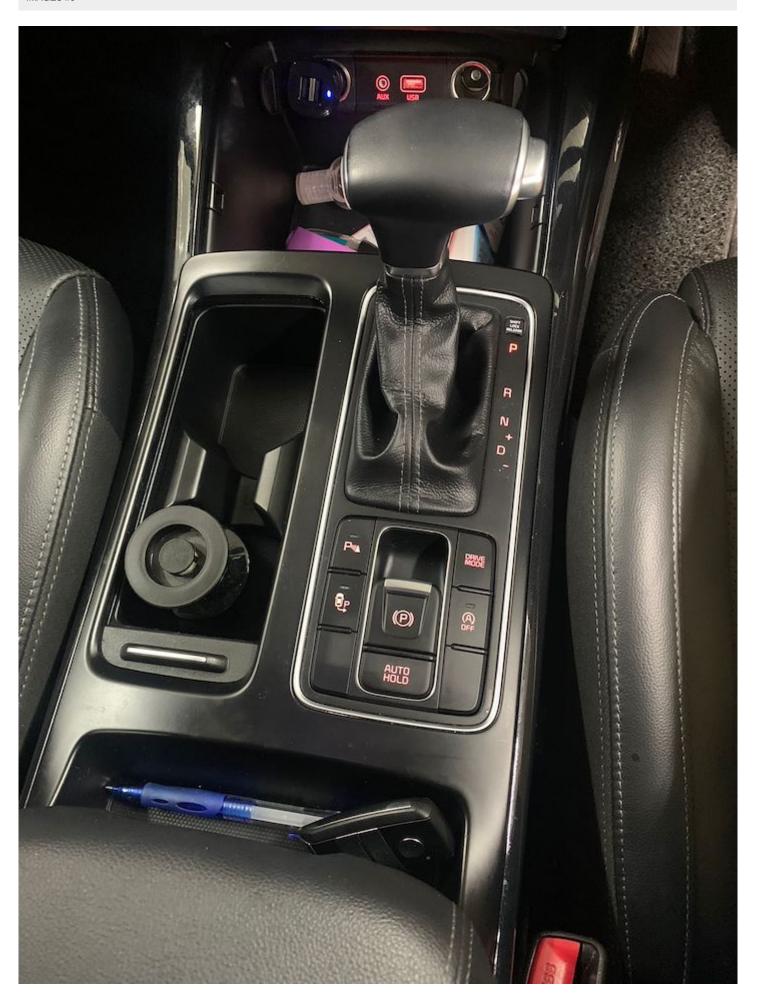




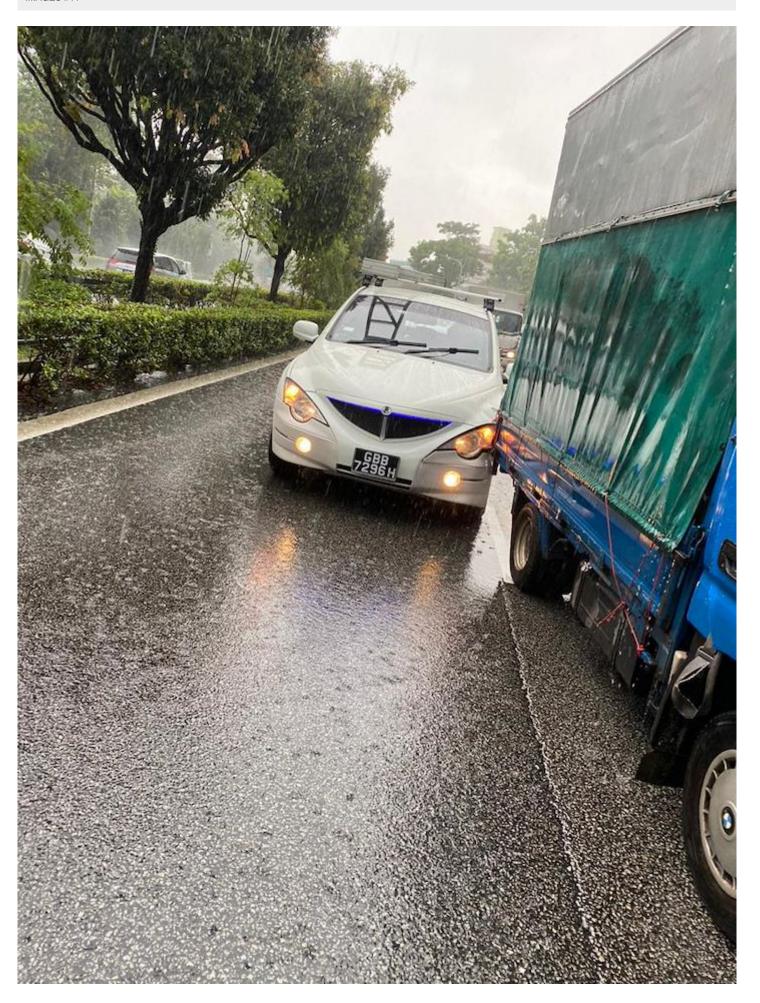


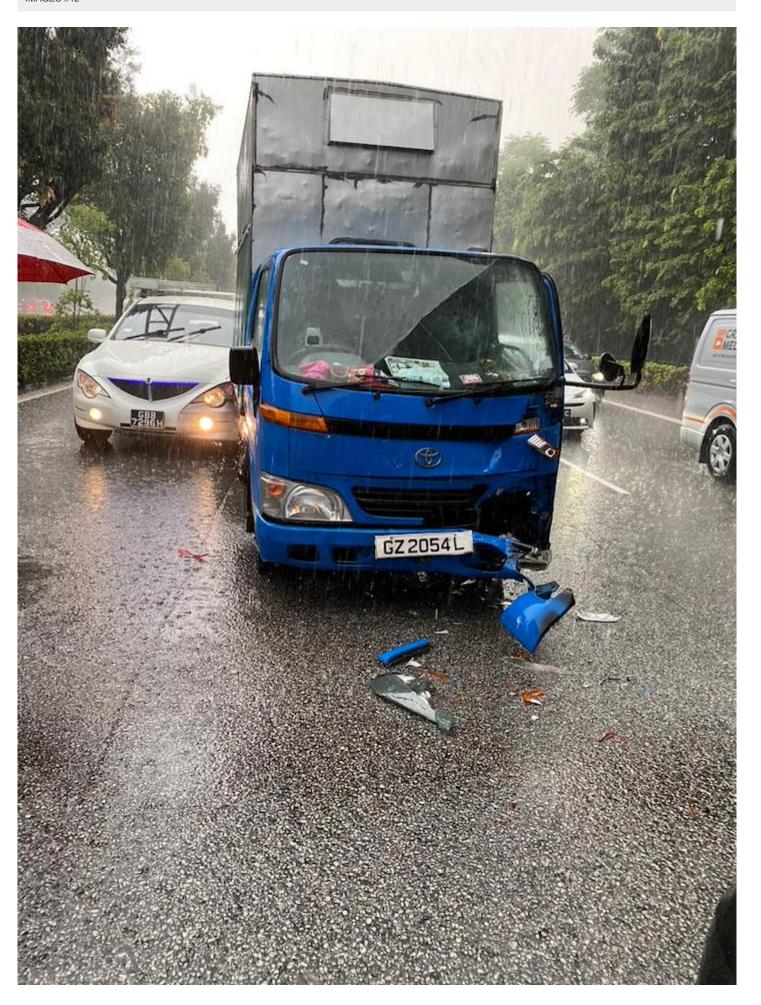


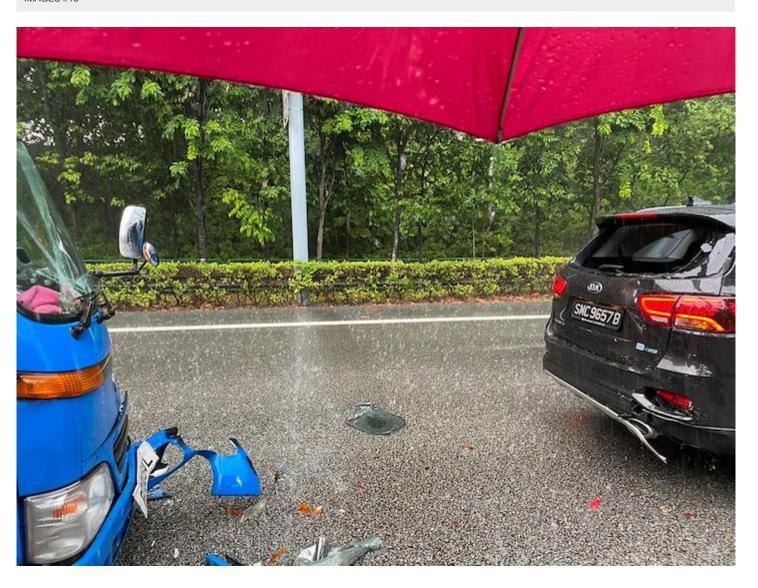


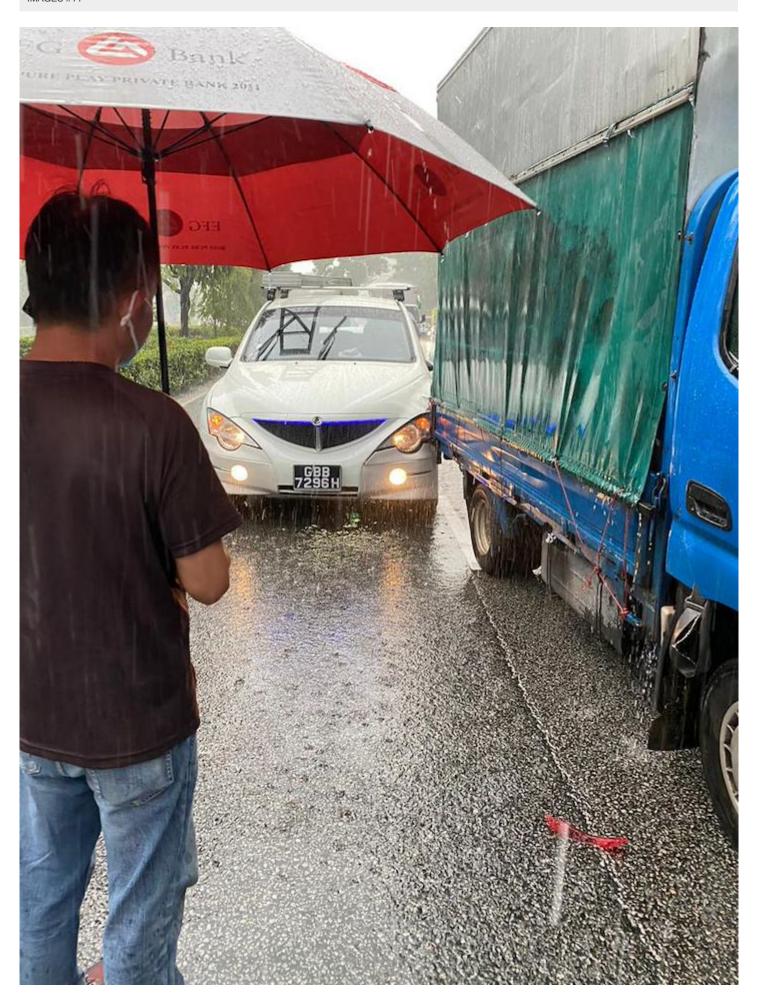


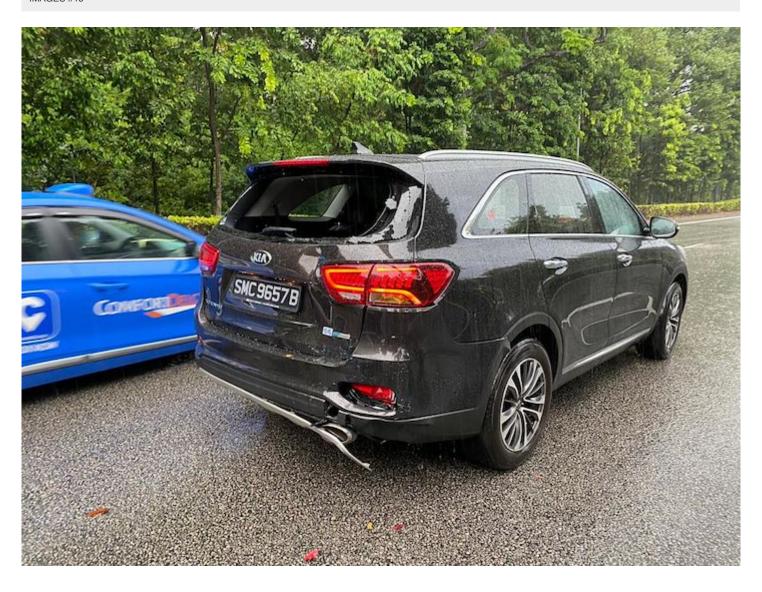
















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20220302/7024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/03/2022 15:07			Vide Report No.:	Station Diary No.:	
Informan	t's Partic	ulars	SHIFA		
Name of Informant: TAN WEE LIN			Address: 517 BEDOK RESERVOIR ROAD #05-68 SINGAPORE 479275		
ID Type / ID No.: NRIC NO / S7737613E			Contact No.: Home/Office: Mobile: 97960577		
Nationality: SINGAPORE CITIZEN		'EN	Email: jerlyn@ednc.com.sg		
Sex: Female	Age:	Date of Birth: 22/12/1977	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Advertising/Public relations manager			Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/03/2022 17:50	Type of Location CTE towards SLE/TPE
Location: CTE towards	SLE/TPE			
		Road Surface: Wet		Road Speed Limit: 90 Km/h
Weather: Heavy rain Traffic Flow: One Way		4.1.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.	9	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SMC9657B	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/20220302/7024

CONTINUATION OF REPORT

Driver	9			lis.	
Name	TAN WEE LIN			ID No.	S7737613E
Related Vehicle	SMC9657B (Car)			Contact No	o. 97960577
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	01/03/2022 Date			01/	03/2022
No. of Days granted Medical Leave 05			Degree of	Slig	iht

Brief Details.

I was driving along CTE towards SLE/TPE on lane 2 before Tiong Bahru Exit 1B on 01 Mar 2022 around 17:51pm. It was raining heavily and due to traffic jammed in front, the vehicle was slowing down and stopped. I also braked and stopped with the distance in my lane. Suddenly, I heard a loud 'BANG' from the back of my vehicle. I was very shocked. After a while, I drop out of my vehicle to check and realised that it was a lorry vehicle number GZ 2054L which couldn't brake in time. The impact on my vehicle was huge and it was serious damage to my car. I also noticed that any vehicle number GBB 7296H also hit onto the lorry and thus caused this chain of collision accident.

We exchanged our particulars and I drove my car to the workshop to make a report and went to see a doctor at night because of the strain of my neck and lower backache.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20220302/7024

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.		
Signature Of Interpreter: Not applicable	Date/Time: 02/03/2022 15:07		
Officer In Charge Of Case: TP / TPIB / INTAN WULANDARI BUDDY SANTOSO Contact No.: 65476415	Classification Of Case:		
NP168	<u> </u>		