

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 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. 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	07/03/2022 13:27 (SGT)
Date of Accident	04/03/2022 06:30 (SGT)
Exact Location of Accident	Yio Chu Kang, Singapore
Additional Location Information	ANG MO KIO AVENUE 5
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK8634T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CARZ HAVEN PTE. LTD.
Company Reg No	2XXXXX429D
Email Address	cleavontan@gmail.com
Mobile Phone No	(Phone) +65-87824933
Alternative Phone No	+65-87824933

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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	Private hire
Transmission	Auto
CC	1797

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MFL0005038
Cover Note Number	-

DRIVER

Name of Driver	CLEAVON TAN MING FU
NRIC No	SXXXX059B

Date Of Birth	22/07/1996
Occupation	Outdoor
Date Of Driving Pass	02/03/2015
Driving experience	7 YEARS
Gender	Male
Mobile Number	(Phone) +65-90483848
Alt. Phone Number	-
Email Address	cleavontan@gmail.com
Address	BLK 402A FERNVALE LANE
Address complement	#16-215
Postcode	791402
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	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	3
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)	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	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT: F/20220304/7046.

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	FX8265C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle

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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	JRC3776
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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	CLEAVON TAN MING FU
Gender	Male
Phone No	(Phone) +65-90483848
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK, BACK, SHOULDER, AND KNEE.
Injured person in which vehicle?	SLK8634T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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 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.

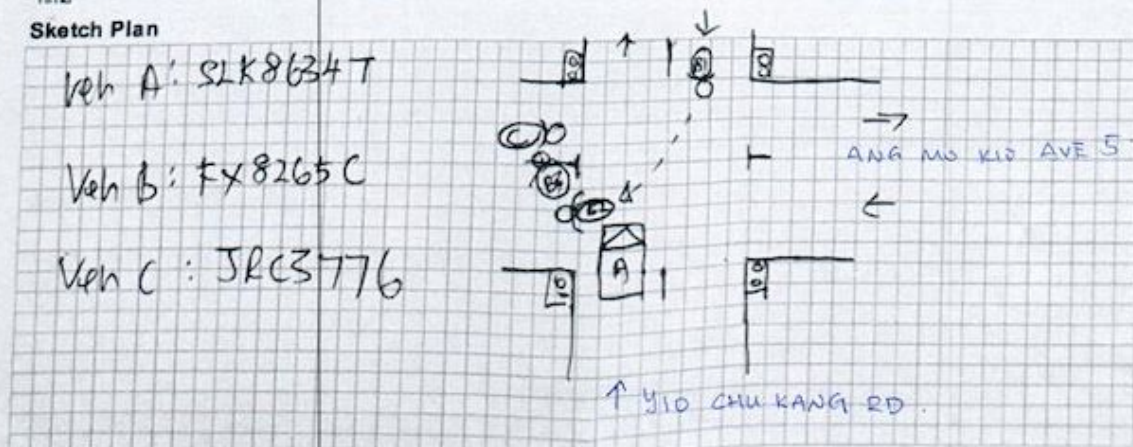


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

* P/s Refer to Police Report.

F/20220304/7046.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

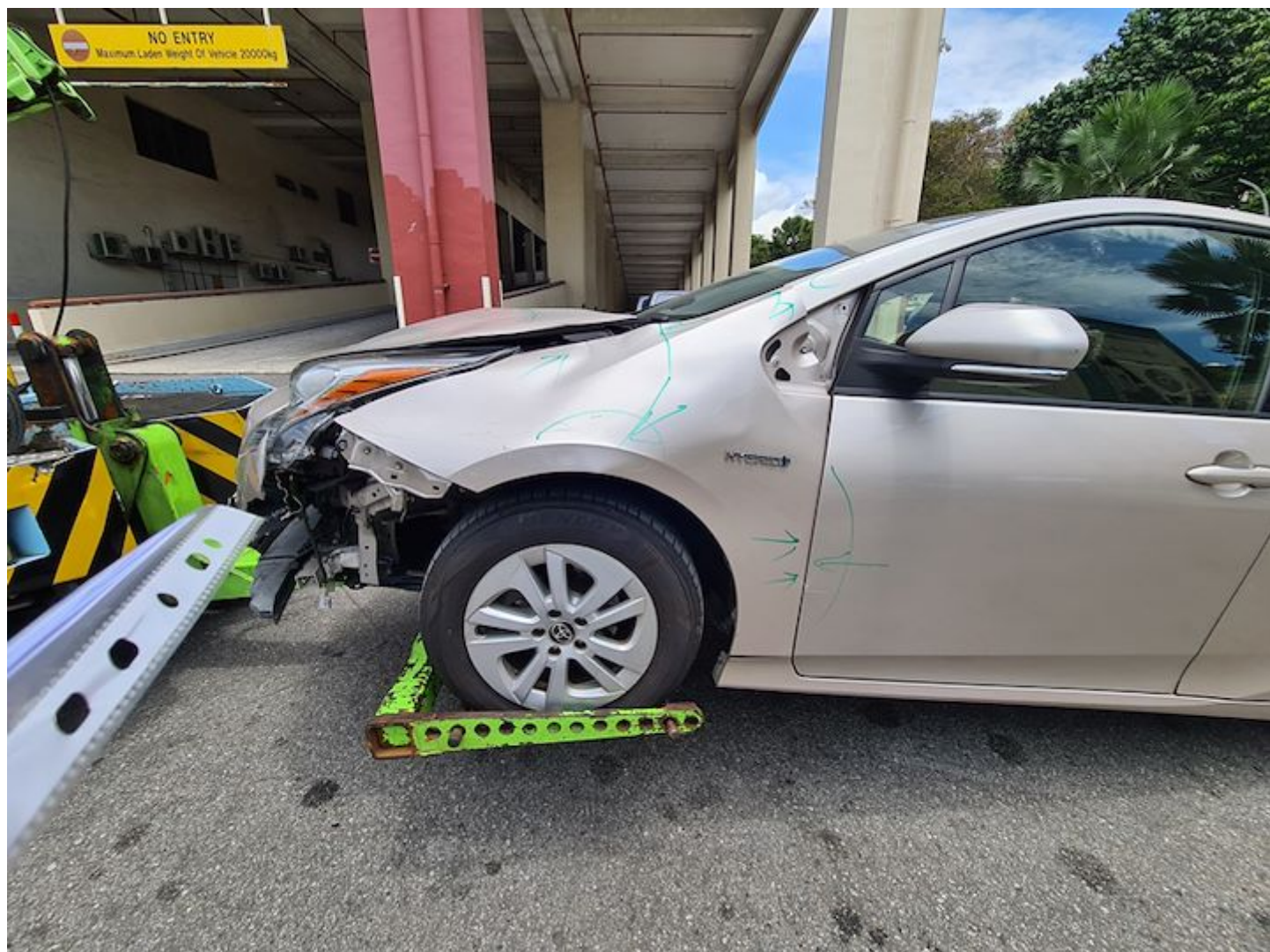
[Signature] 07/03/22

Witnessed by Reporting Centre Personnel



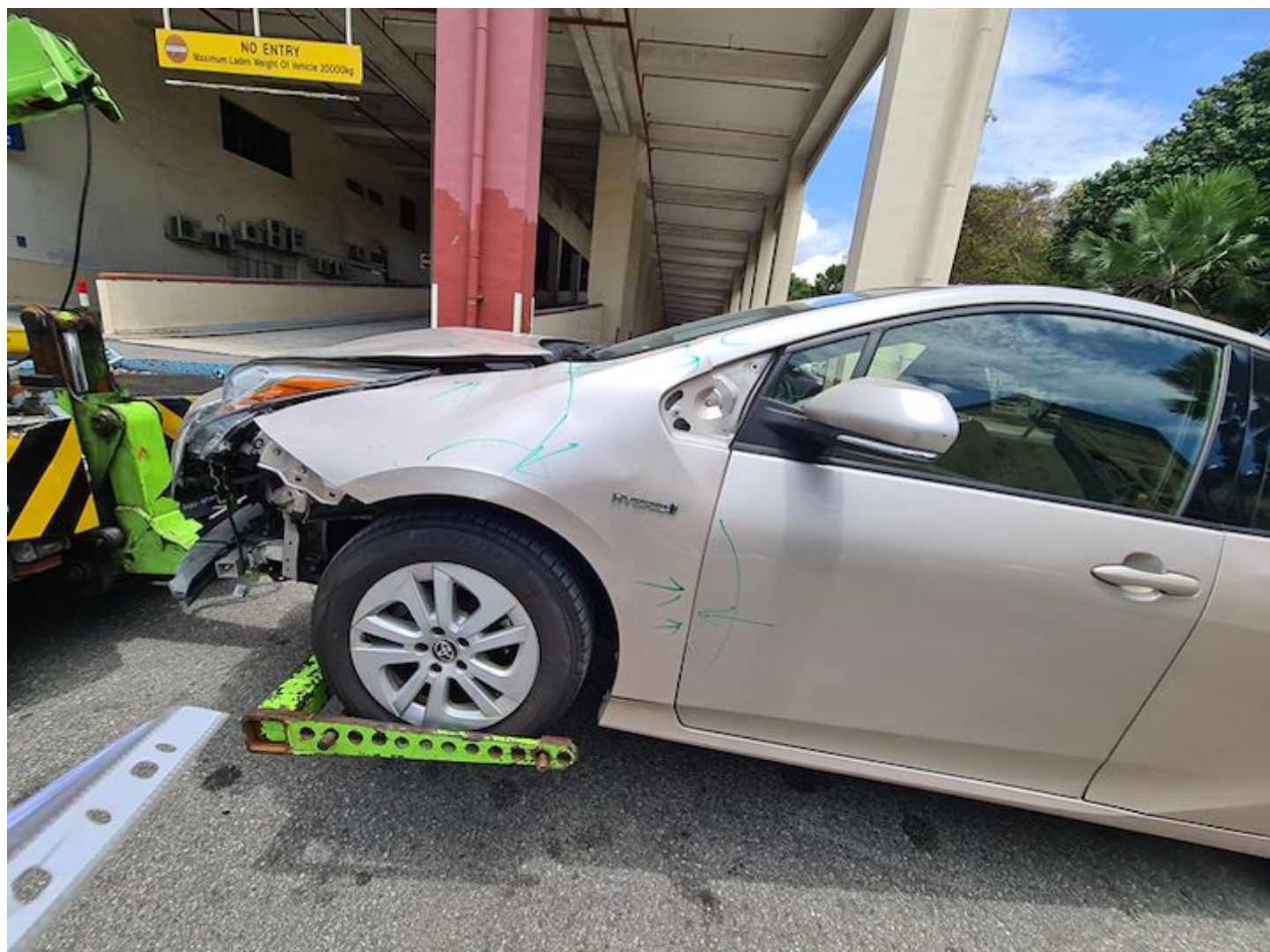








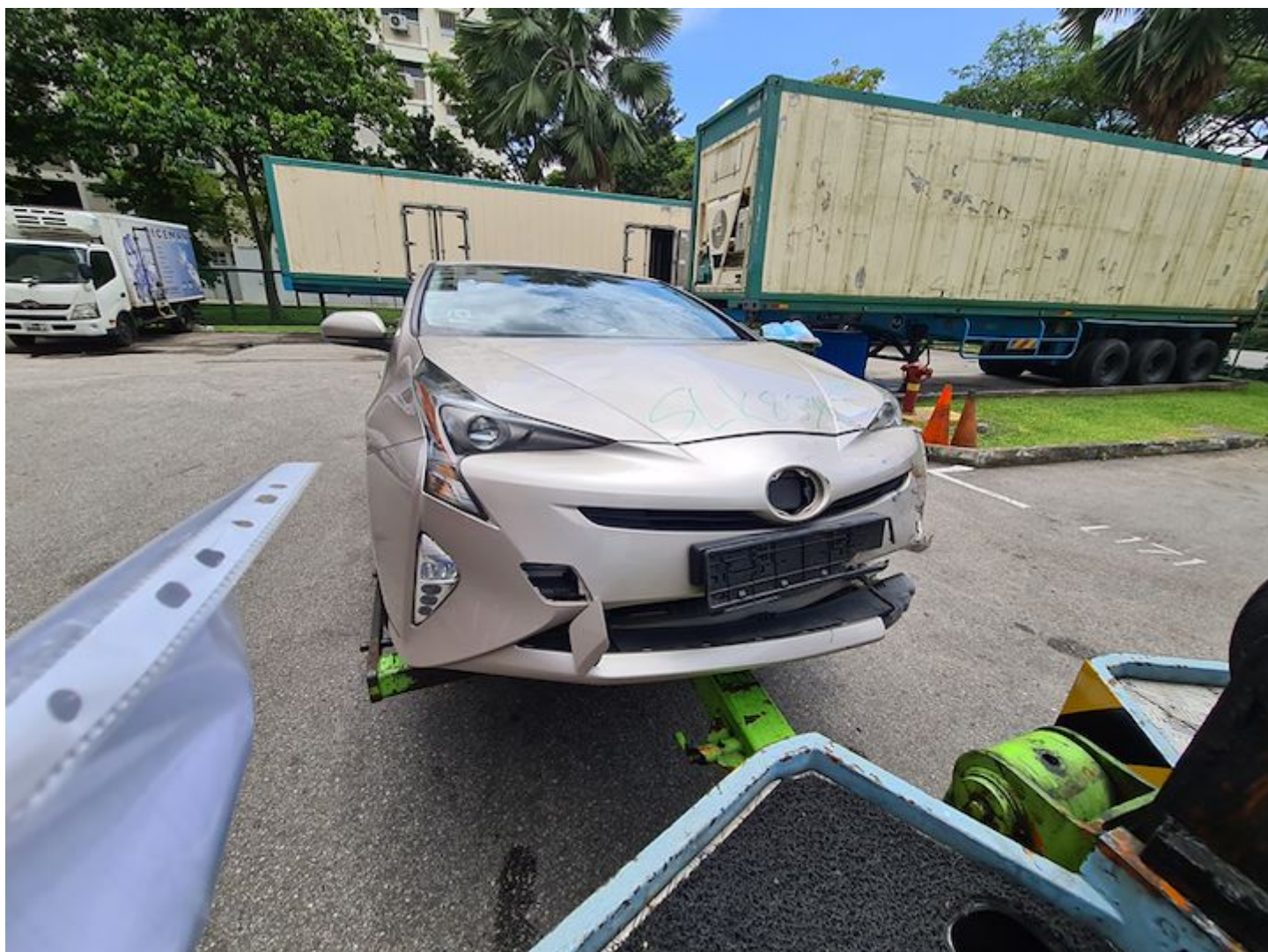


















**SINGAPORE
POLICE FORCE**



F/20220304/7046

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POLICE REPORT (NP299)

Report No. F/20220304/7046

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made 04/03/2022 16:58	Vide Report No.		Station Diary No.	
Name Of Informant CLEAVON TAN MING FU	Address 402A FERNVALE LANE #16-215 SINGAPORE 791402			
ID Type / ID No. NRIC NO / S9625059B	Contact No. Home/Office:		Mobile: 90483848	
Nationality SINGAPORE CITIZEN	Email Address cleavontan@gmail.com			
Occupation Self employed	Sex Male	Age 25	Date of Birth 22/07/1996	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 04/03/2022 06:30	Location Of Incident YIO CHU KANG ROAD			

Brief details.

This report is to provide additional information to my previous report. Report No. T/20220304/2014.

On the stated date and time I vehicle SLK8634T was travelling straight on the stated venue.
As I approach the X-junction of Yio chu kang Road and Amk ave 5, I continue to move straight as the traffic light was green in my favour.
Suddenly vehicle FX8265C who was on my opposite direction made a discretionary right turn without stopping to let my vehicle clear 1st.
When I saw the said bike I quickly applied my brakes but to no avail we still collided onto one another.

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: 04/03/2022 16:58
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



F/20220304/7046

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20220304/7046

The said bike then was flung away and hit onto another bike JRC3776 who was stationary on the junction of Amk ave 5 towards Buangkok Green.

The impact causes a sudden jerk and I sprain my neck and back areas.

TP and ambulance came to the scene and the rider of FX8265C was conveyed to the hospital.

TP gave me a case card F/20220304/0053.

Later in the afternoon the pain on my neck, shoulder and back area worsen.

I then proceeded to intermedical kovan clinic to seek treatment and I was given 5 days MC.

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: 04/03/2022 16:58
Officer In-Charge Of Case:	Classification Of Case:

