

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
 2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
 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
- 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 09/03/2022 16:52 (SGT) Date of Accident 08/03/2022 18:03 (SGT) **Exact Location of Accident** New Upper Changi Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE Vehicle Registration Number SMA2477K INSURED/POLICYHOLDER Is company? No Name Of Registered Owner Tan Yong Siong NRIC No SXXXX013D **Email Address** ystan007@gmail.com Mobile Phone No (Phone) +65-97348337 Alternative Phone No +65-97348337 VEHICLE PARTICULARS Manufacturer Subaru Model Forester Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto CC 2000 INSURANCE COMPANY Name of Insurance Company Sompo Insurance Singapore Pte. Ltd. Type of Coverage Comprehensive

Fleet Policy Policy Number D21MTPV01004386 Cover Note Number

DRIVER

Name of Driver Tan Yong Siong NRIC No SXXXX013D

Date Of Birth 28/07/1949 Occupation Indoor Date Of Driving Pass 11/02/1974 Driving experience 48 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-97348337 Alt. Phone Number +65-97348337 Email Address ystan007@gmail.com Address Blk 54 New Upper Changi Road #20-1464 Address complement Postcode 461054 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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 - U-Turn Weather Conditions Clear Road Surface Dry 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? No Was any injured conveyed to hospital by ambulance? 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 Beh Siew Leng Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Bedok North Neighbourhood Police Centre Police Station Phone No (Phone) +65-18002449999 Alt. Police Station Phone No (Fax) +65-62447258 Police Station Address 30 Bedok North Road Singapore 469676 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT Please refer to the sketch plan / police report no: ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number FBL7849K
Vehicle Manufacturer -

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	Syazwan Bin Duad Mohamed
NRIC No	SXXXX049Z
Contact Number	(Phone) +65-90279790
Address	Blk 234A Sumang Lane #05-285
Address complement	-
Postcode	821234
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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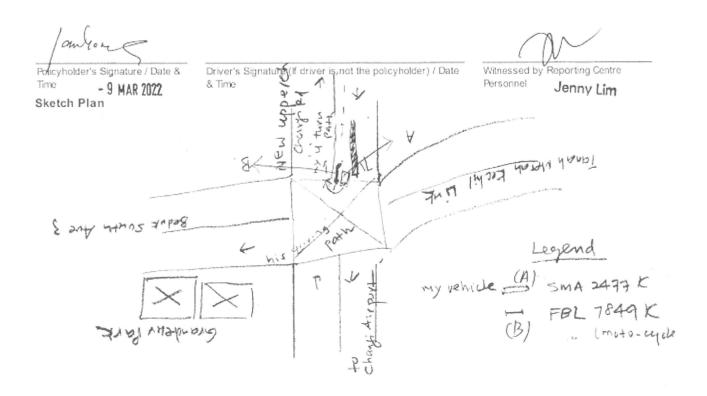
8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 hsurers' 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.



Please	refor	40	Police	Report	Nos	T120220309/2024,	
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Declaration

I'We declare the foregoing particulars are true in every respect.

Policyholder's Signature + Date &

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

Witnessed by Reporting Centre Personnel Jenny Lim



Report No. 1720220309/2024

Police Station Of Origin 30 Bedok North Road SINGAPORE 469676 Tel No. 1800-2449999

Tel No. 1800-2449999 REPORT OF A TRAFFIC ACCIDENT Date: Time Report Made 09/03/2022, 11,48			Vide Report No.:	Station Diary No. 44	
Informants Particulars Name of Informant TAN YONG SIONG			Address APT BLK 54 NEW UPPER C SINGAPORE 461054		
ID Type / ID No.: NRIC NO / S0015013D			Contact No.: Home/Office:	Mobile: 97348337	
Nationality.		EN	Email: Type of Informant.		
Sex Male	Age: 72	Date of Birth: 28/07/1949	Driver	Institution / School Name:	
Race:		and the second second	Language: English	The state of the s	
Chinese Occupation: PART TIME LECTURER			Driving Licence Information Class:	Date of Expiry:	

Type of Accident		Orink Drive No	Date/Time of Accident: 08/03/2022 18:00	Type of Location X-Junction	
Location NEW UPPER CI	HANGI ROAD				
		Road Surface: Dry		Road Speed Limit:	
Neather Clear Fraffic Flow: One Way				Road Speed Limit: Traffic Volume: Heavy	

/ehiole No.	Type	Make	Model	Color	Condition	No of Passenger
mentaler in a constitution parameters	Motorcycle				Slightly Damaged	O
MA2477K	Car	SUBARU	FORESTER 2.0I-L CVT AWD SR	Brown	Slightly Damaged	1

Details of Venicle (neurance Vehicle No. Insurance Company Insurance No Effective Expiry De	ile.



Date Treatment | NIL

No. of Days granted Medical Leave



Report No. 1/20220 9/3/2024

Police Station Of Origin 30 Bedok North Road SINGAPORE 469676 Tel No. 1800-2440999

CONTINUATION OF REPORT

SMAZ477K IE	e insurance water company NET SOMPO INSURAN D.	NCE PIE	Insurance D21MTP	No	Effective 31/05/2021	Expiry Date 30/05/2022
The state of the s	nylmolyed No		Jse of Pedi	estrian Cross		
No of Pedestrial		MOHAMED	and the same of the same and th	ID No.	S8826049	2
Name		TWAN BIN DAUD MOHAMED		Contact No.	90279790	
Related Vehicle	FBL7849K (Motorcycl	(Notorcycle)		Class of Driving	Class: NIL Date of Ex	opiny NIL
Hospital Clinic	NIL			Licence & Expiry Date		
	and the contract of the contra		Date Disch	narge NIL		
ate Treatment	NIL ed Medical Leave	NIL	Degree of	Injury NIL		
o of Days Gland	TAN YONG SIONG			ID No.	S001501	3D
lame		and the second property and a second property of the second secon	and the second s	Contact No	9734833	7
Related Vehicle	SMA2477K (Car)	kontantanta inkany mfaaqaalikanakinnii joka saa oo ji jordina o	in yila 18 aliku dan arasadi iliku dinadan nagga dinadan - ya - 1 na da magamasa	Class of	Class: N	
Hospital/Clinic	NIL			Driving	Date of B	Expiry: NIL

Brief Details. On 8 March 2022 at about 1800hrs, I was driving on New Upper Changi Rd towards Changi Airport direction. At the junction of New Upper Changi Rd X Bedok South Ave 3, I turned into a filter one-way sane intended for right turns and U-turns. Upon reaching the first in the queue and the light turned green, I wanted to make a U-turn and I checked that my right side was clear. When I am halfway through the Uturn, a motorbike came from my right side and collided onto the front of my vehicle. The motorbike continued riding towards Bedok South Ave 3 direction and step off at a fast speed with no sign of stopping. I stopped the U-turn and immediately gave chase to the motorbike. He eventually stopped outside the entrance of Grandeur Park and we alighted our vehicles to inspect the damages and exchanged our particulars. The rider of the motorbike claimed to be a Police officer. My vehicle sustained some damages to the front right side of the bumper and a flat front-right tire. I have reported this accident to my insurance company and I was advised to lodge a Police report.

NIL

Driving Licence & **Expiry Date**

NIL

Date Discharge

Degree of Injury NIL





Hegica No. 1/2022/1849-2024

Police Station Of Origin Godok N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No. 1800-2449999 CONTINUATION OF REPORT





Police Station Of Origin Bedok N.F.C 30 Bedok North Road SINGAPURE 489676 Tel No. 1800-2449996

Report No. 7/20220309/2024

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: G / SGT 2 LEE SZE HIANG	Signature Of Informant:
Son	fanfamplie
Signature Of Interpreter: Not applicable	Date/Time: 09/03/2022 11:48
Officer In Charge Of Case: TP / GIA / Other MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476201	Classification Of Case:
NP168	