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 this is form by instrained 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 21/03/2022 13:25 (SGT) Date of Accident 19/03/2022 14:35 (SGT) Exact Location of Accident TPE, Singapore Additional Location Information TPE EXIT 10 TO SENGKANG EXIT PUNGGOL ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Hyundai

Vehicle Registration Number SMK7271B

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **FAZLY BIN ABU BAKAR** NRIC No. SXXXX795Z Email Address FAZLYAB@GMAIL.COM Mobile Phone No (Phone) +65-97767774 Alternative Phone No +65-97767774

VEHICLE PARTICULARS

Manufacturer

Model Avante 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 1600

INSURANCE COMPANY

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited. Type of Coverage Comprehensive Fleet Policy Policy Number P10333258R01 Cover Note Number

DRIVER

Name of Driver FAZLY BIN ABU BAKAR NRIC No. SXXXX795Z

Date Of Birth 02/02/1983 Occupation Indoor Date Of Driving Pass 10/11/2004 Driving experience 17 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-97767774 Alt. Phone Number +65-97767774 Email Address FAZLYAB@GMAIL.COM Address APT BLK 330 TAMPINES STREET 32 #06-434 Address complement Postcode 520330 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 - 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? Was any injured conveyed to hospital by ambulance? 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? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO ATTACHED STATEMENT RECORDED BY ANNIE - PROGRESSIVE CAR CARE PTE LTD TEL 67415336 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 QX1295G Vehicle Manufacturer

Vehicle Model
Vehicle Variant

Vehicle Colour	-
Vehicle Category	Government
Name of Driver	KANG WEI LIANG
Contact Number	(Phone) +65-91269331
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Describe Circumstances of the Accident
On one bright Salurday afternoon, 19th March rorr, at around 1435 hrs. I was driving my car at a relatively
ground 1435 hrs. I was driving my car at a relatively
stow speed to litter and turn to the left at the
threetiers -
Jan Class
On the late when he apply at a 111251 a D
On the 19th March 2022, at around 1435 hrs, I was driving on the road towards Sengkang Gast Road. While wo driving at the 1eft side of the road, at a relatively low speed, an ambulance van hit my car from the back.
Was driving on the road towards sengtang Gast Road.
While wo driving at the left lide of the both, at a
relatively low speed, an ambulance van hit my car
how the back.
Declaration
We declare the foregoing particulars are true in every respect.
f you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the clair must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

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

Policyhokier's Signature / Date & Time

Witnessed by Reporting Centre Personnel

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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)

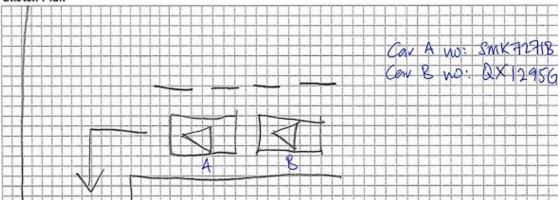
Lunderstand, acknowledge, agree and consent that :

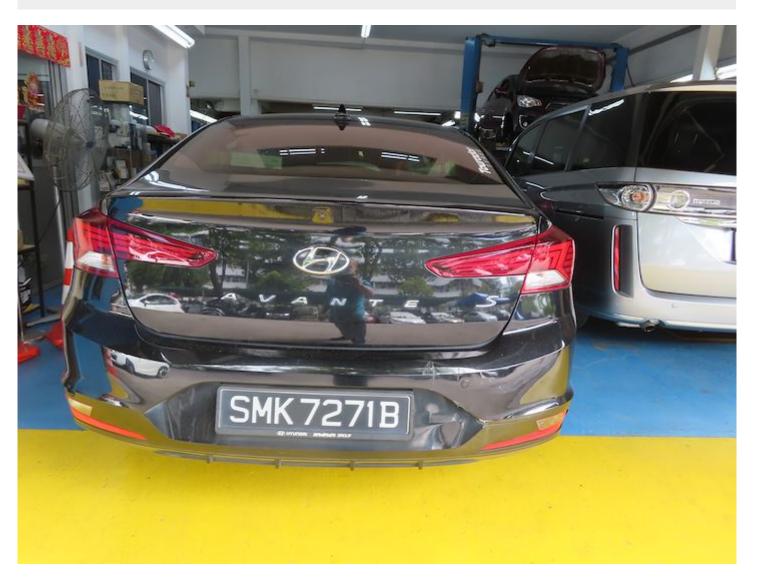
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 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

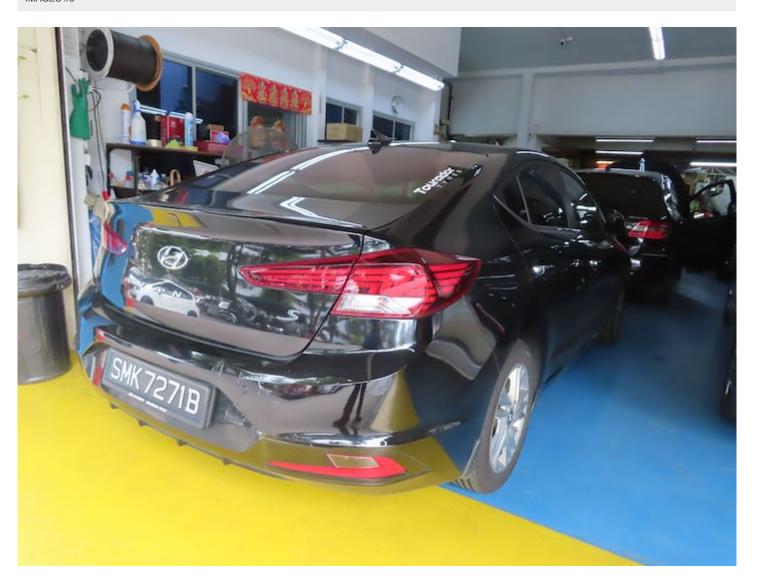
Witnessed by Reporting Centre Personnel

Sketch Plan



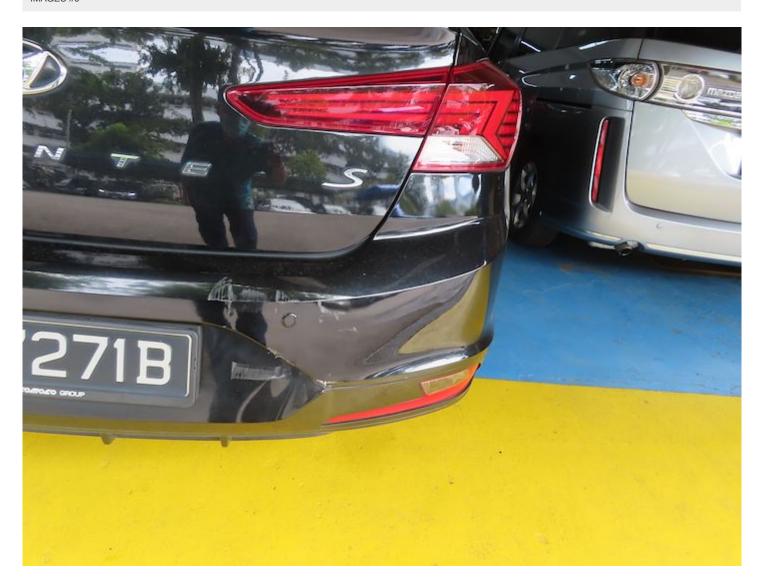


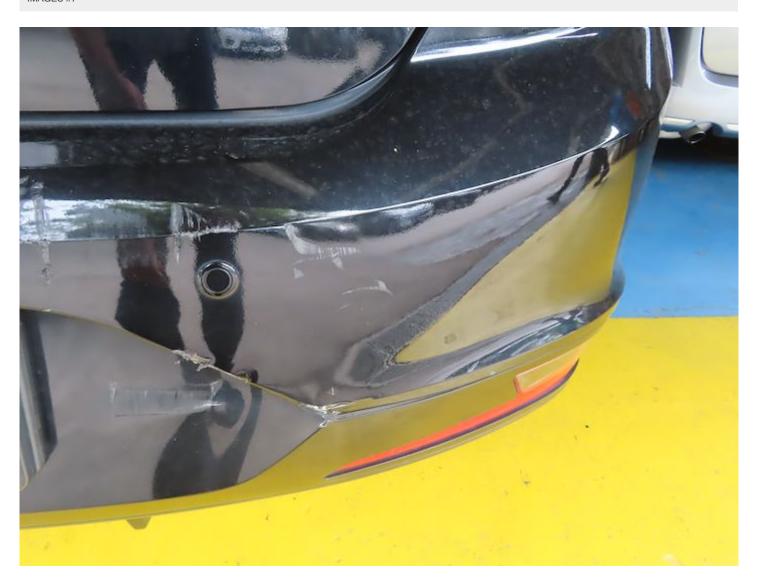






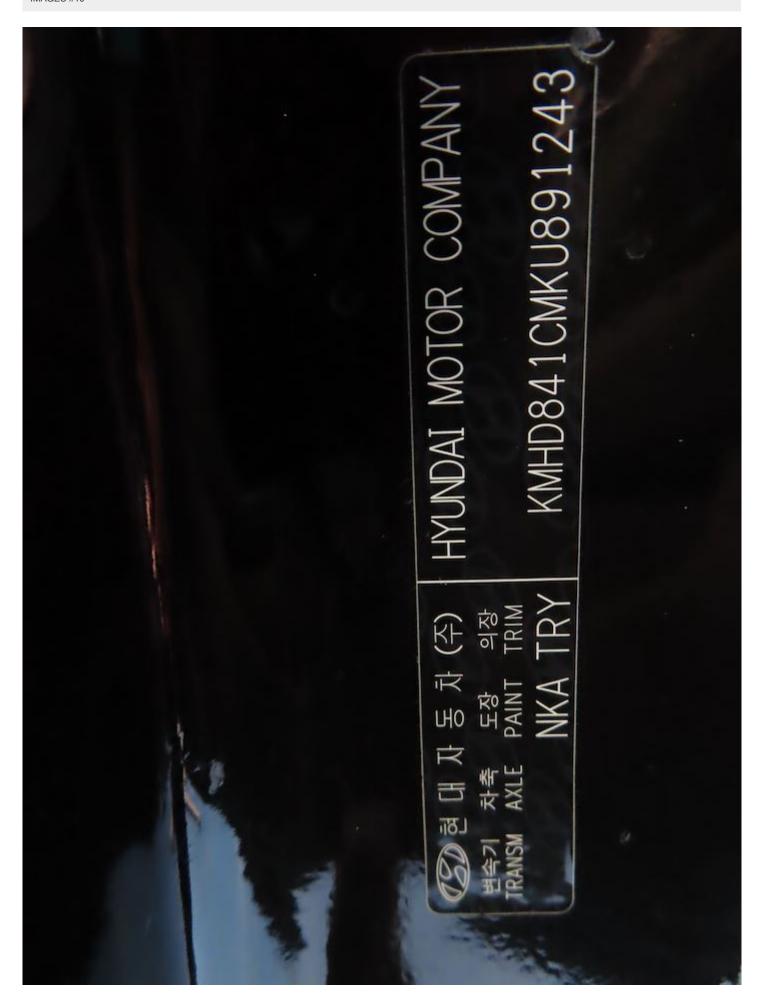




























Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

T/20220321/7010 1 of 3

Report No. T/20220321/7010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/03/2022 12:50		Made:	Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars				
Name of Informant: FAZLY BIN ABU BAKAR			Address: 330 TAMPINES STREET 32 #06-434 SINGAPORE 520330			
ID Type / ID No.: NRIC NO / S8304795Z			Contact No.: Home/Office: Mobile: 97767774			
Nationality: SINGAPORE CITIZEN		ΈΝ	Email: FAZLYAB@GMAIL.COM			
Sex: Male	Age: 39	Date of Birth: 02/02/1983	Type of Informant: Vehicle Owner			
Race: Malay		· · · · · · · · · · · · · · · · · · ·	Language: English	Institution / School Name:		
Occupation: Management executive		tive	Driving Licence Information: Class:	Date of Expiry:		

Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 19/03/2022 14:39	Type of Location: Straight Road
Location: PUNGGOL R	OAD			
Weather:		Road Surface:		Dood Coord Link
		Dry		Road Speed Limit: 60 Km/h
Veather: Clear Traffic Flow: One Way		The state of the s	rking	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
QX1295G	Van					0
SMK7271B	Car	HYUNDAI	Avante 1.6S	Black	Slightly Damaged	0

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20220321/7010

CONTINUATION OF REPORT

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SMK7271B	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED	P10333258R01	23/04/2021	22/04/2022	

Details of Perso	n Involved	N. Company	V (Call)		
Any Pedestrian I	nvolved: No				
No. of Pedestrian	ns Injured: NIL		Use of Peo	destrian Cro	ssing: NA
Vehicle Owner		SERVICE I			
Name	FAZLY BIN ABU BA	FAZLY BIN ABU BAKAR		ID No.	S8304795Z
Related Vehicle	NIL			Contact N	o. 97767774
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	The second second	

Brief Details.

On the 19th March 2022, at around 1435 hours, I was driving on the road towards Sengkang East Road. While driving at the left side of the road, at a relatively low speed, an ambulance van hit my car from the back(rear).





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20220321/7010

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: 21/03/2022 12:50
Officer In Charge Of Case: TP / TPIB / MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476201	Classification Of Case:

NP168