SN09225J0002 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 20/05/2022 09:26 (SGT) SUBMITTED BY: Renee VERSION: 1 (20/05/2022 09:26 (SGT))

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 20/05/2022 09:26 (SGT) Date of Accident 16/05/2022 10:00 (SGT) Exact Location of Accident Singapore Additional Location Information JUNCTION OF UPP CHANGI RD TOWARDS BEDOK NORTH AVE 4 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number GBC5490X

Manufacturer

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner AMYTH HOLDINGS LLP Company Reg No TXXXXX050B Email Address valerietann29@gmail.com Mobile Phone No (Phone) +65-96268475 Alternative Phone No +65-96268475

VEHICLE PARTICULARS

Model Dyna 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 Commercial vehicle Transmission Manual CC 2982

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd Type of Coverage ThirdPartyFireTheft Fleet Policy Nο Policy Number Z/21/VC00/112072 Cover Note Number

DRIVER

Name of Driver TAN GHEE KOK NRIC No SXXXX404G Date Of Birth 20/12/1957 Occupation Outdoor Date Of Driving Pass 28/10/1998 Driving experience 23 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-96268475 Alt. Phone Number Email Address valerietann29@gmail.com Address BLK 186B BEDOK NORTH STREET 4 Address complement #06-18 Postcode 462186 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? 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 - Cross Junction 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? 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? PASSENGER 1 Name TAN SUK SIA Gender Female 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? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE ATTACHED STATEMENT AND POLICE REPORT: T/20220517/7044. 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 SGE7272B

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 Gender	TAN SUK SIA Female
Phone No	-
Address	_
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBC5490X
Were seat belts worn?	_
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

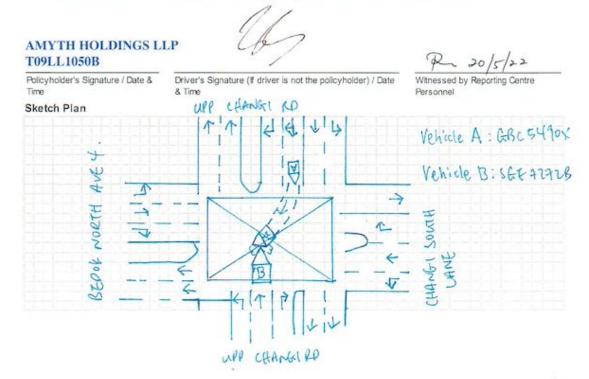
- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts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

l 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;
- (ii) 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.



scribe Circu	umstances of the Accident
i was	travelling along UPP changi Rd towards Bedok worth Ave Y.
(was	Stationary at the junction waiting for the green wrow to
be 01	any favory. When the green aron lights up and is
on m	y favour, I then proceed to make a right turn. Suddenly
1 fut	a lunge impact from the front left of my vehicle (ORBC5491
(got	down and realist vehicle B (SGT7272B) beat the led
(ight	from the opposite direction and hit onto my vehicle.
	- Please refer to the police report: T/20220517/7044.

Declaration

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

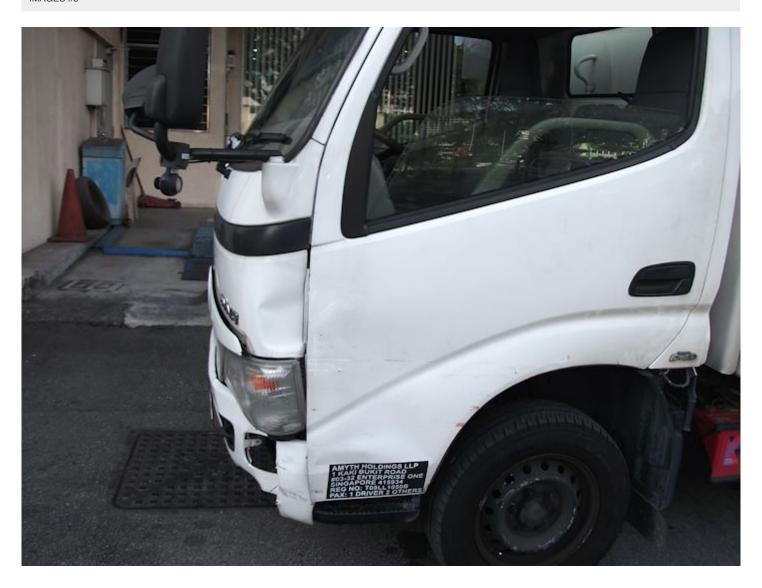
AMYTH HOLDINGS LLP T09LL1050B

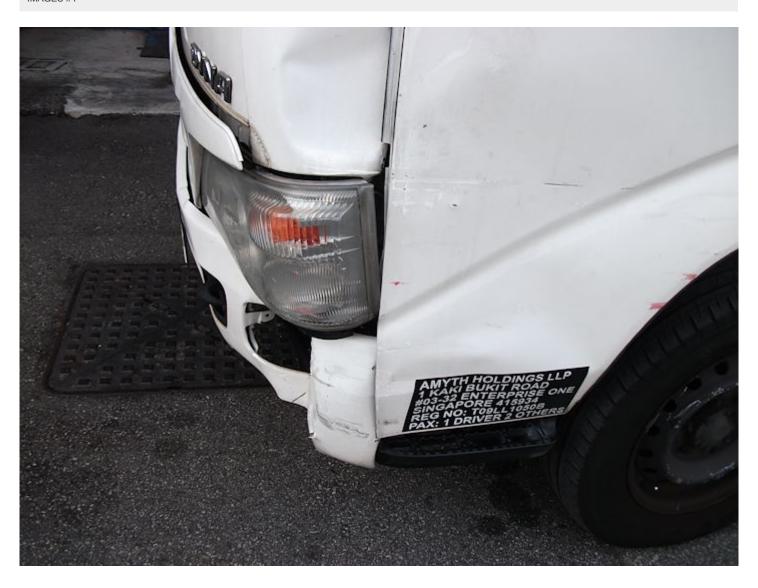
Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date Time R 20/5/22

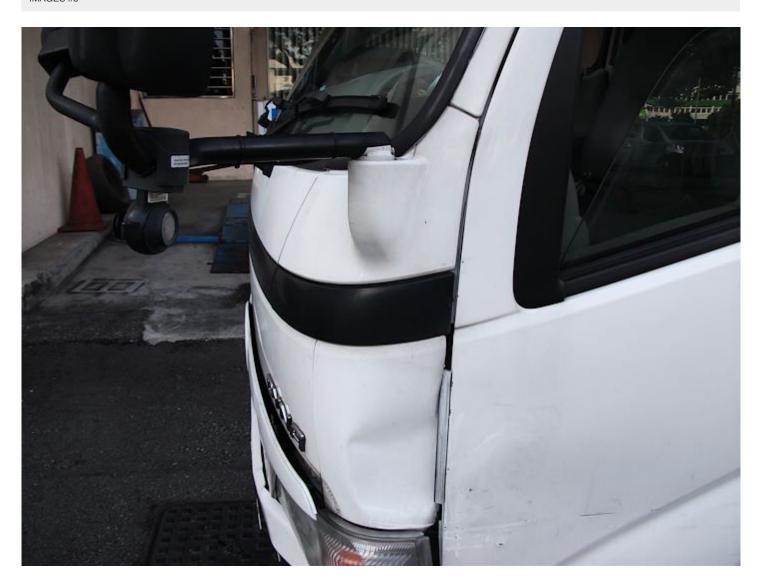
Witnessed by Reporting Centre Personnel





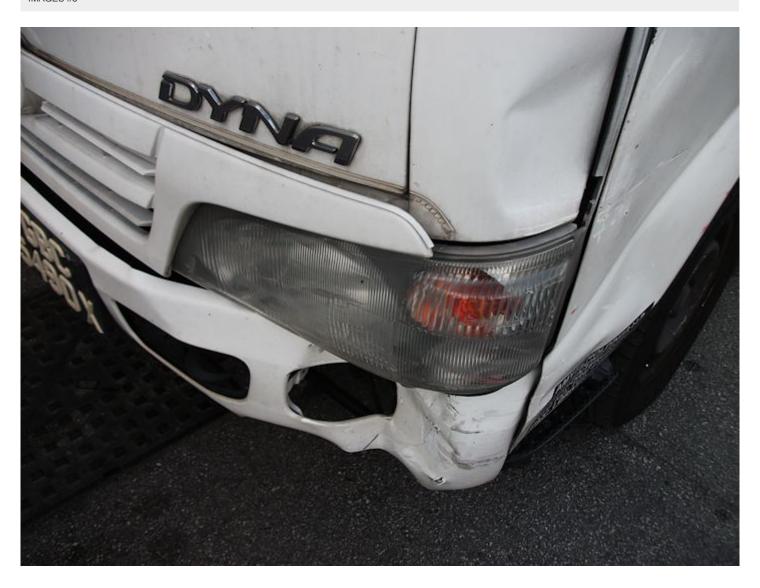




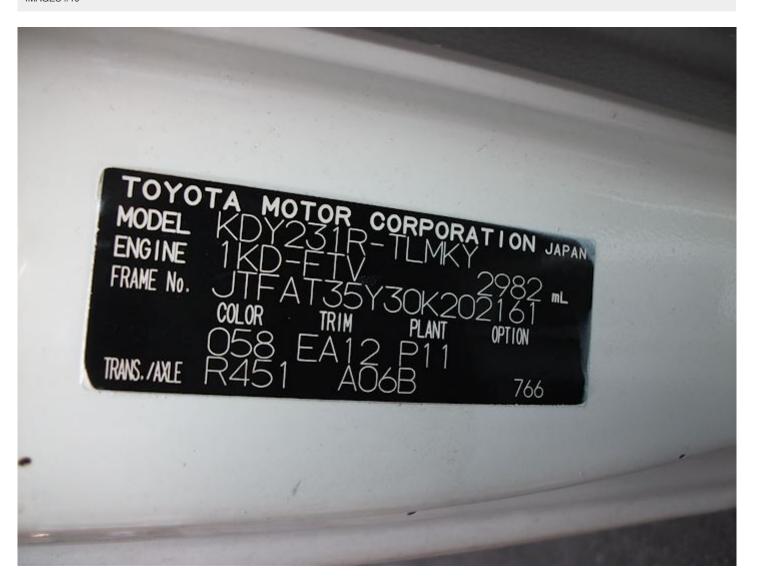
















1 of 3

Report No. T/20220517/7044

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/05/2022 19:58		fade:	Vide Report No.:	Station Diary No.:		
Informa	nt's Partici	ulars	SERVICE SERVIC			
Name of Informant: Address: TAN GHEE KOK 186B BEDOK NOR 462186			186B BEDOK NORTH STR	ORTH STREET 4 #06-18 SINGAPORE		
ID Type / ID No.: NRIC NO / S1272404G			Contact No.: Home/Office:	Mobile: 96268475		
Nationality: SINGAPORE CITIZEN		EN	Email: valerietann29@gmail.com			
Sex: Age: Date of Birth: Male 64 20/12/1957			Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation:			Driving Licence Information: Class: Date of Expiry:			

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/05/2022 10:00	Type of Location X-Junction
Location: BEDOK NOR	TH AVENUE 4			
Weather:		Road Surface:		Road Speed Limit:
		Dry		
Clear Traffic Flow: Dual Carriage	Way	Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Moderate

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBC5490X						0
SGE7272B	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/20220517/7044

CONTINUATION OF REPORT

Driver		U. T. C. C.		1000	NI LEF	RANGE STUNGE
Name	TAN GHEE KOK			ID No).	S1272404G
Related Vehicle	GBC5490X (Lorry)			Conta	act No.	96268475
Hospital/Clinic	NIL			Class Drivin Licen Expir	ng ce &	Class: NIL Date of Expiry: NIL
Date	NIL Date			NIL		
No. of Days granted Medical Leave NIL			Degree o	Degree of NIL		
Passenger						
Name	TAN SUK SIA		ID No.		NIL	
Related Vehicle	NIL			Conta	act No.	NIL
Hospital/Clinic	24 HOUR WALK-IN CLINIC			Class Drivir Licen Expir	ng ce &	Class: NIL Date of Expiry: NIL
Date	NIL Date				NIL	
No. of Days granted Medical Leave 03			Degree of Slight		t	

Brief Details.

I was travelling along upp changi rd towards bedok north ave 4. I was stationary at the junction waiting for the green arrow to be on my favour. When the green arrow light up and is on my favour i then proceed to make a right turn. Suddenly i felt a huge impact from the front left of my vehicle. I got down and realised vehicle b had beat the red light and hit onto my vehicle





3 of 3

Report No. T/20220517/7044

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Signature Of Informant: The identity of the person making this report has Not applicable been authenticated by Singpass. No signature is required. Date/Time: Signature Of Interpreter: 17/05/2022 19:58 Not applicable Classification Of Case: Officer In Charge Of Case: TP / TPIB / MUHAMMAD SYARIFUDDIN MUHAMMAD AJMAIN Contact No.: 65476367

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