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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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
- 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

30/05/2022 16:13 (SGT) 28/05/2022 11:15 (SGT) 935 Jurong West Street 91, Block 935, Singapore 640935 JURONG WEST ST 91 BLK 935 CARPARK Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMQ6108R

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** Mobile Phone No

TAN HOCK TIEN S1479848Z HOCKTIENTAN@GMAIL.COM (Phone) +65-94898836 (Home) +65-94898836

VEHICLE PARTICULARS

Alternative Phone No

Manufacturer Model Variant

CC

Toyota Vios

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission

No - Claiming third party Private hire

Auto 1496

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number

NTUC Income Insurance Co-operative Ltd Comprehensive No 5114165851-02

Cover Note Number

DRIVER

Name of Driver NRIC No

TAN HOCK TIEN S1479848Z

28/04/1961 Date Of Birth Outdoor Occupation 15/07/1981 Date Of Driving Pass 40 YEARS AND 10 MONTHS Driving experience Gender Male (Phone) +65-94898836 Mobile Number (Home) +65-94898836 Alt. Phone Number HOCKTIENTAN@GMAIL.COM **Email Address** BLK 805D KEAT HONG CLOSE Address #03-96 Address complement 684805 Postcode 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 Side Swipe Type of Accident 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 Yes Was anybody injured in the Accident? 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) No soliciting/offering accident claims assistance? DETAILS OF POLICE ACTION Yes Was the accident reported to the police? Traffic Police Police Station Name (Phone) +65-65470000 Police Station Phone No (Fax) +65-65474900 Alt. Police Station Phone No 10 Ubi Avenue 3 Singapore 408865 Police Station Address Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH PLAN AND POLICE REPORT ATTACHED 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 SGN966G Vehicle Registration Number Vehicle Manufacturer Vehicle Model

Private car

Vehicle Variant Vehicle Colour

Vehicle Category

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)	1
Details of property damaged in accident	1

INJURED PERSONS DETAILS

INJURED 1

TAN HOCK TIEN Name of injured person Male Gender (Phone) +65-94898836 Phone No BLK 805D KEAT HONG CLOSE Address Address Complement #03-96 684805 Post Code Approximate Age Years Old 61 5 DAYS MC Injuries Sustained SMQ6108R Injured person in which vehicle? Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process
- 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 witful miss insurance companies to repudiate policy liebility.
- The Issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance com-
- Any false reporting may be referred to the Traffic Police Department for investigation.
- This report will be lowearded by the insurers to the GIA Records Mangement Centre establised by the General Insurance Association of Singapore (GtA) 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 :

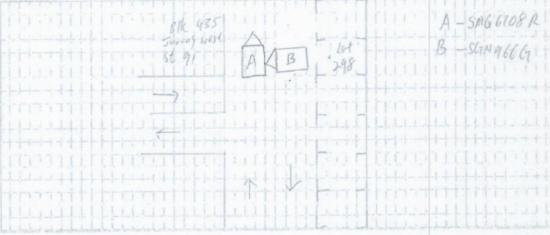
- (a) My insurer , my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively 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 Insurers' taw 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 ancilor 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 disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of enveloper 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' tawyers/law firms, 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 lawyers/law firms), which may be sited outside

& Time



Describe Circumstance of the Accident

please refer t	to police report ?	1 202205281	7022	
Designation				
Declaration UWe declare the foregoing particula	rs are true in every respect.		A A STATE OF THE S	
Polar-trobler's Signature / Dale & Time	Driver's Signatura (If driver is not the	policyholder) / Date Witne	ersed by Reporting Centre Personnel	





1 of 3 Report No. T/20220528/7022

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

	THE RESERVE AND ADDRESS.		
REPORT	OF A	TRAFFIC	ACCIDENT

	h/Time Report Made: 5/2022 14:53		Vide Report No.:	Station Diary No.:
Informa	nt's Particu	ulars		
	Informant: CK TIEN		Address: 805D KEAT HONG CLOSE	#03-96 SINGAPORE 684805
ID Type / ID No.: NRIC NO / S1479848Z		48Z	Contact No.: Home/Office: Mobile: 94898836	
National SINGAP	ity: ORE CITIZ	EN.	Email: HOCKTIENTAN@GMAIL.C	OM
Sex: Male			Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
The second second second	Occupation: PHV DRIVER		Driving Licence Information: Class: 3	Date of Expiry:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/05/2022 11:1:	Type of Location. Car Park	
Location: JURONG WE Weather: Clear	ST STREET 91 BL	K 935 CARPARK Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light	
Type of Collis	sion: ving Vehicles - Hea	d To Side		Anyone conveyed by ambulance:	

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SGN966G	Car			White	Slightly Damaged	0
SMQ6108R	Car	TOYOTA	VIOS 1.5 E (AUTO)	Brown	Seriously Damaged	



T/20220528/7022

112022002011022

2 of 3 Report No. T/20220528/7022

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

CONTINUATION OF REPORT

Details of Ve	ehicle insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMQ6108R	NTUC Income Insurance Co-Operative Limited	5114165851-02	26/11/2021	25/11/2022

Details of Perso					2003	
Any Pedestrian Ir	THE RESIDENCE OF THE PARTY OF T		T	1 1 2	0	NIA
No. of Pedestrian	s Injured: NIL		Use of Pe	destrian	Cross	ing: NA
Driver						
Name	LADY DRIVER			ID No.		NIL
Related Vehicle	SGN966G (Car)			Contac	t No.	94660112
Hospital/Clinic	NIL			Class of Driving Licence Expiry		Class: 3 Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	f	NIL	
Driver				NO DESIGNATION OF THE PERSON O	339	
Name	TAN HOCK TIEN			ID No.		S1479848Z
Related Vehicle	SMQ6108R (Car)			Contac	t No.	94898836
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class of Driving Licence Expiry	e &	Class: 3 Date of Expiry: NIL
Date	28/05/2022		Date		28/05	5/2022
No. of Days gran	ted Medical Leave	05	Degree o	f	Sligh	t

Brief Details.

On 28/5/2022 at about 1115 Hrs,i was driving my vehicle SMQ6108R along Jurong West St 91 Blk935 Carpark towards the Exit. While i was traveling straight, out of sudden i felt a great impact from my right side portion and the impact surged my vehicle to the left. I alighted my vehicle and realize that a car SGN966G recklessly dash out from the Carpark lot (lot no 298) without checking for the on coming traffic. As the result, the said Vehicle front portion collided onto my vehicle right side portion (both doors) and cause damage and dented to my vehicle right side section. After the accident we exchange phone number and take some scene photo and leave the scene. My neck and back pain due to the impact of the accident so i consult doctor and was given 5 days MC.



3 of 3 Report No. T/20220528/7022

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:
Not applicable			

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No.: 65476414

NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:

28/05/2022 14:53

Classification Of Case:

Before

CITY TYREAUTO PTE LTD 219 KAKI BUKIT AVE 1 SHUN LI INDUSTRIAL PARK SINGAPORE 416044

TEL: 67466686 H/P: 85153676

Work Order:

R004782 **SMQ6108R**

License:

Date

30.5.22 17:00

Toyota: Vios: XP150: with 195/50R16 Tire

Front: Left

Actual	Before	Specified Range
-0°41	-0°41'	-0°55' 0°35'
4°41'	4°41'	3°56' 5°26'
0°01'	0°01'	-0°01' 0°09'
1°11'	1°11'	
0°30'	0°30'	

Camber Caster Toe SAI Included Angle Turning Angle Diff.

Actual	Before	Specified Range
-0°27'	-0°27	-0°55' 0°35'
4°41'	4°41'	3°56' 5°26'
0°18'	0°18'	-0°01' 0°09'
0°57'	0°57°	
0°30'	0°30'	

Front

Cross Camber Cross Caster Cross SAI Total Toe Cross Turn Diff.

Actual	Before	Specified Range
-0°14'	-0°14'	-0°45' 0°45'
0.00,	0.00,	-0°45' 0°45'
0°14'	0°14'	
0°19'	0°19'	-0°02' 0°17'

Rear: Left

Actual	Before	Specified Range
-1941	-1011	-1°41' -0°11'
0°25'	0°25'	0°00' 0°15'

Camber Toe

Rear : Right			
Actual	Before	Specified Range	
1°56'	1°56'	-1°41' -0°11'	
1°05'	1°05'	0°00' 0°15'	

Rear

Cross Camber Total Toe Thrust Angle

Actual	Before	Specified Range		
-3°07'	-3°07'	-0°45' 0°45'		
1°29'	1°29'	0°01' 0°29'		
00201	00001			