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 Actual 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 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 01/08/2022 14:25 (SGT) Reported by Driver Date of Accident 01/08/2022 07:10 (SGT) Exact Location of Accident Tampines Ave 5, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Auto

239

Vehicle Registration Number SMZ1798J

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN CHOON CHIEH NRIC No SXXXX083D Email Address jmartauto@gmail.com Mobile Phone No (Phone) +65-97615972 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Tesla Model **MODEL 3 STANDARD RANGE** 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 No - Claiming third party your vehicle? Vehicle Category Private car

Transmission CC

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd Policy Number / Cover Note Number SD21V17031/VPS/R00

DRIVER

Name of Driver TAN CHOON NGEE NRIC No SXXXX310Z Date Of Birth 14/01/1974 Occupation Indoor

Date Of Driving Pass 19/11/1994 Driving experience 27 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-97615972 Alt. Phone Number Email Address jmartauto@gmail.com Address 37 TAMPINES ST 34 Address complement #01-43 Postcode 529240 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Sibling 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 Chain Collision 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? 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 Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name TAN KAE LYN Gender **Female DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name **Bedok Division Headquarters** Police Station Phone No (Phone) +65-18002440000 Alt. Police Station Phone No (Fax) +65-64443009 Police Station Address 30 Bedok North Road Singapore 469676 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE POLICE REPORT. ATTACHMENT(S)

DETAILS OF OTHER VEHICLE PROPERTY 1

Yes

No

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Vehicle Registration Number	SJE8391Z
Vehicle Manufacturer	_
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHEN YUEN CHING
Contact Number	(Phone) +65-96938151
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	SND5736R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LEANNE RAY NEO LAY ANN
Contact Number	(Phone) +65-97354351
Address	<u>-</u>
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 Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	-
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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 Traffic Police Department for Investigation.
- 6. This report will be forwarded by the insurers to 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.
- 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' lawyers/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' lawyers/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 lawyers/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

ed by Reporting Centre Personnel

as in NRIC/ID card)

Sketch Plan

1

ribe Circur	nstance o	of the Accident		
Refer	to	Police	Report.	
			V	
				
	-			
			908	
7/2				* *
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I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Driver's Signature of driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

2





1 of 2

Report No. G/20220801/7004

POLICE REPORT (NP299)

Police Station Of Origin Bedok Division HQ 30 Bedok North Road SINGAPORE 469676 Tel No:1800-2440000

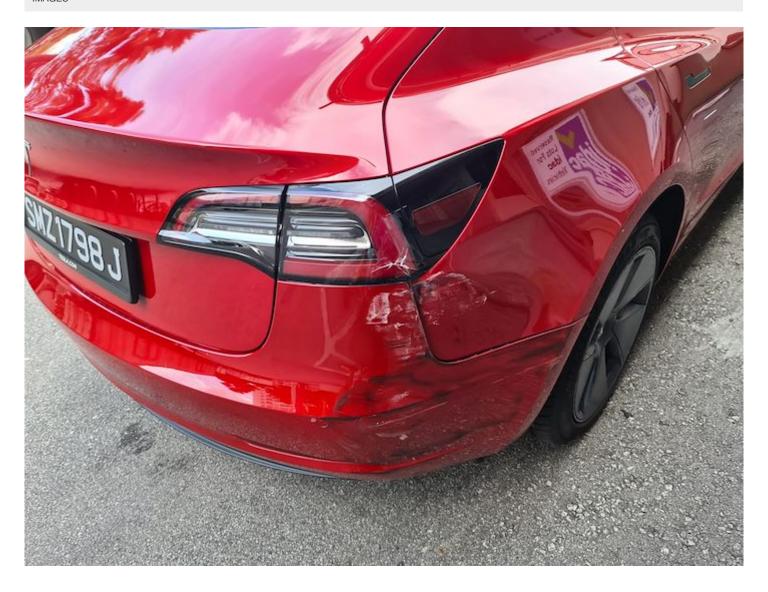
Date/Time Report Made 01/08/2022 08:25	Vide Report No.			Station Diary No.
Name Of Informant	Address			
TAN CHOON NGEE	37 TAMPINES STREET 34 #01-43 SINGAPORE 529		INGAPORE 529240	
ID Type / ID No. NRIC NO / S7402310Z	Contact No. Home/Office: Mobile: 97615972			
Nationality SINGAPORE CITIZEN	Email Address choonngee@hotmail.com			
Occupation	Sex	Age	Date of Birth	Race
Managing director/Chief executive officer	Male	48	14/01/1974	Chinese
Institution/School Name	Language English			
Date/Time Of Incident 01/08/2022 07:10	Location Of Incident TAMPINES AVENUE 5			

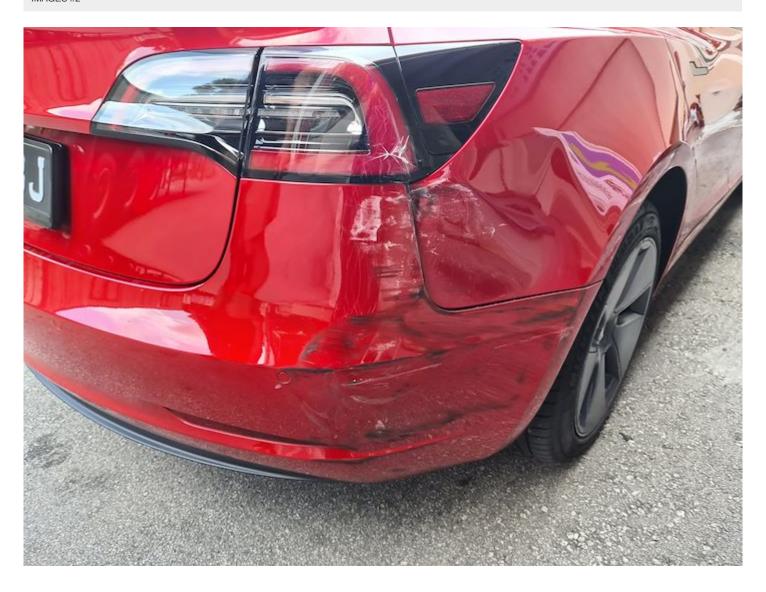
Brief details.

My car (red Tesla SMZ1798J) was hit in the rear by a black Volvo (SJE8391Z) driven by Chen Yuen Ching S7565951B. My car moved forward and scrapped the kerb. The black Volvo moved on to knock down the traffic light.

After I got off the car, I realised that the black Volvo was hit in the back by a BlueSG car (SND5736R) driven by Leanne Ray Neo Lay Ann S7442949A.

Subjects Involved			
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: 01/08/2022 08:25		
Officer In-Charge Of Case:	Classification Of Case:		





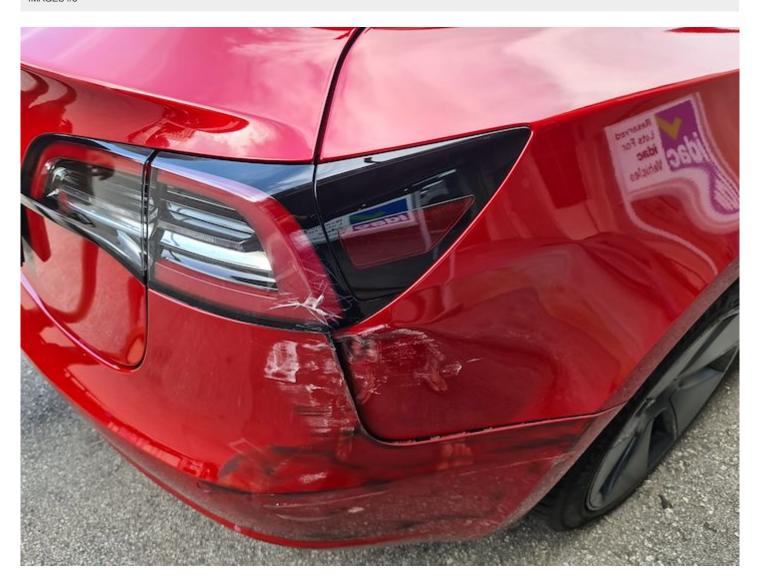


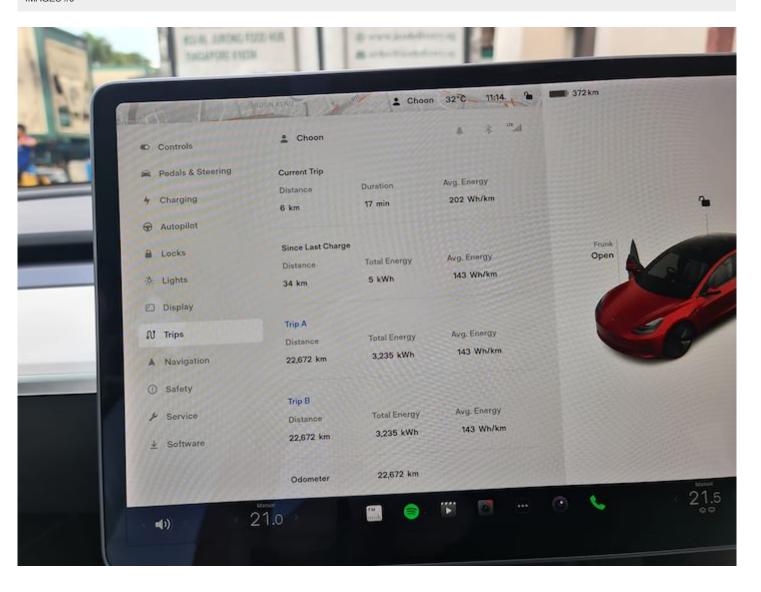




















1 of 2

Report No. G/20220801/7004

POLICE REPORT (NP299)

Police Station Of Origin Bedok Division HQ 30 Bedok North Road SINGAPORE 469676 Tel No:1800-2440000

Date/Time Report Made 01/08/2022 08:25	Vide Re	port No.		Station Diary No.
Name Of Informant	Address			
TAN CHOON NGEE	37 TAMPINES STREET 34 #01-43 SINGAPORE 52		INGAPORE 529240	
ID Type / ID No. NRIC NO / S7402310Z	Contact No. Home/Office: Mobile: 97615972			
Nationality SINGAPORE CITIZEN	Email Address choonngee@hotmail.com			
Occupation	Sex	Age	Date of Birth	Race
Managing director/Chief executive officer	Male	48	14/01/1974	Chinese
Institution/School Name	Language English			
Date/Time Of Incident 01/08/2022 07:10	Location Of Incident TAMPINES AVENUE 5			

Brief details.

My car (red Tesla SMZ1798J) was hit in the rear by a black Volvo (SJE8391Z) driven by Chen Yuen Ching S7565951B. My car moved forward and scrapped the kerb. The black Volvo moved on to knock down the traffic light.

After I got off the car, I realised that the black Volvo was hit in the back by a BlueSG car (SND5736R) driven by Leanne Ray Neo Lay Ann S7442949A.

Subjects Involved			
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: 01/08/2022 08:25		
Officer In-Charge Of Case:	Classification Of Case:		





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20220801/7004

Chen Yuen Ching NRIC NO	ID No	
	ID No.	Representative and property constraints.
	ID NO	S7565951B
Male	Age	47-47
Chinese	Language	English
96938151	Relation To Informant	None
Leanne Ray Neo Lay Ann		
NRIC NO	ID No	S7442949A
Female		48-48
Chinese	Language	English
97354351	Relation To Informant	None
TAN CHOON NGEE		
NRIC NO	ID No	S7402310Z
Male	Age	48
Chinese	Language	English
Managing director/Chief executive officer	Address	37 TAMPINES STREET 34 #01 43 SINGAPORE 529240
97615972	Is Informant A Victim?	Yes
	Chinese 96938151 Leanne Ray Neo Lay Ann NRIC NO Female Chinese 97354351 TAN CHOON NGEE NRIC NO Male Chinese Managing director/Chief executive officer	Chinese Language 96938151 Relation To Informant Leanne Ray Neo Lay Ann NRIC NO ID No Female Age Chinese Language 97354351 Relation To Informant TAN CHOON NGEE NRIC NO ID No Male Age Chinese Language Age Chinese Language NRIC NO ID No Male Age Chinese Language Managing director/Chief Address executive officer 97615972 Is Informant A

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: 01/08/2022 08:25		
Officer In-Charge Of Case:	Classification Of Case:		