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 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 07/11/2022 10:30 (SGT) Reported by Date of Accident 05/11/2022 18:05 (SGT) Exact Location of Accident Singapore Additional Location Information **PUNGGOL DRIVE** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private use

Vehicle Registration Number **SLV5429G**

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner CHAN DE WEI NRIC No S8332885A Email Address GRIMP 18@HOTMAIL.COM Mobile Phone No (Phone) +65-97344705 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Honda Model City Variant Exact purpose for which vehicle was being used at time of

accident Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5115018593-02

DRIVER

Name of Driver CHAN DE WEI NRIC No S8332885A Date Of Birth 17/10/1983 Occupation Indoor

Date Of Driving Pass 12/02/2004 Driving experience 18 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-97344705 Alt. Phone Number Email Address GRIMP_18@HOTMAIL.COM Address 519C TAMPINES CENTRAL 8 #10-77 Address complement Postcode 523519 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Nο 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? 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? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name MAK VOON KIAT Gender **Female** PASSENGER 2 Name CHAN RUI XI AVERY Gender PASSENGER 3 Name **BUNTAS ALLAIN MONTEJO** Gender Female PASSENGER 4 Name CHAN JING RUI AIDAN Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? 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? No

If yes, against whom?

REFER TO ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?

Yes
Was there any video captured by Car Camera?

Yes

Reasons for not uploading a video of the accident VIDEO WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLT2175T 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 Phone No Address Address Complement Post Code	CHAN DE WEI Male (Phone) +65-97344705 519C TAMPINES CENTRAL 8 #10-77 - 523519
Approximate Age Years Old	
Injuries Sustained	-
Injured person in which vehicle?	SLV5429G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

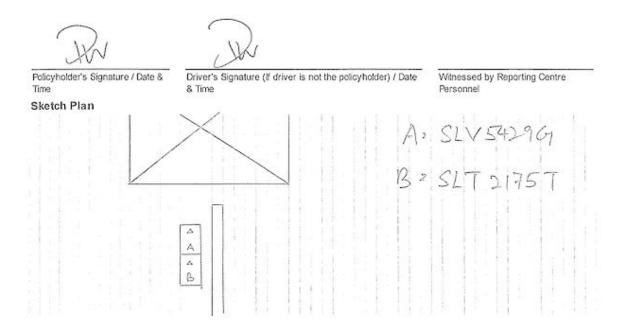
- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts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

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' 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' 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.



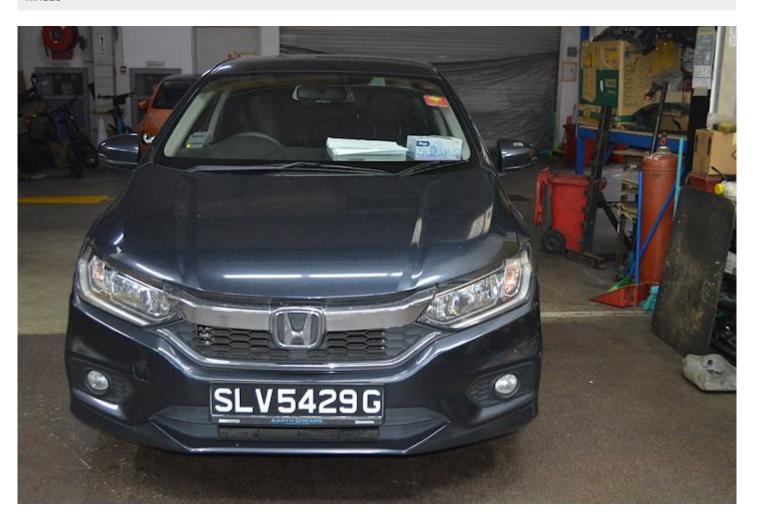
	Please	Refer	police	report	no!	G/20221105/7085
tion						
re the f	oregoing partic	ulars are true in	every reenect			
a come t	and and a brutto		areit respect	M		

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

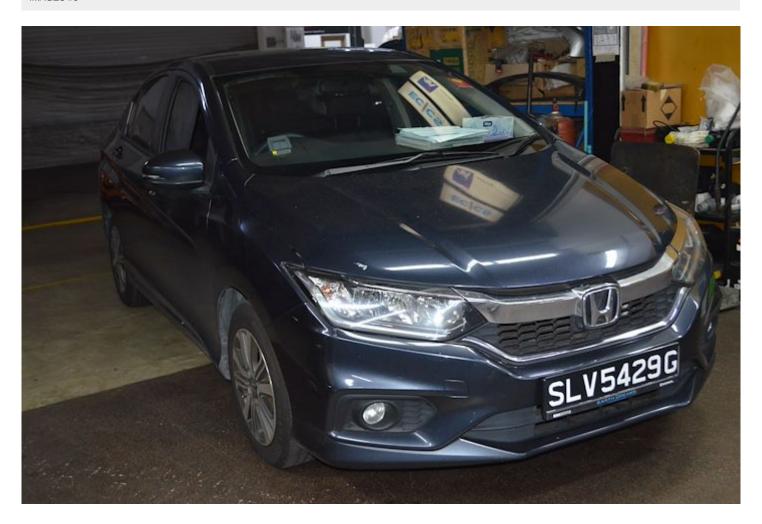
Policyholder's Signature / Date & Time

Witnessed by Reporting Centre

Personnel





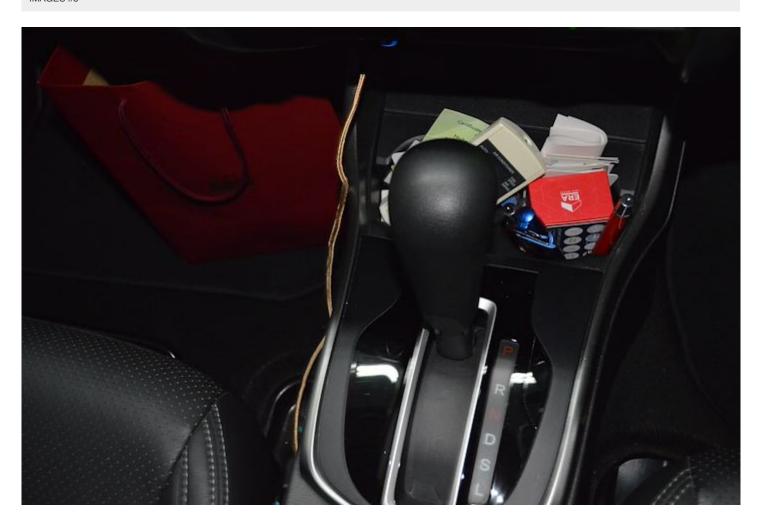


















Report No. G/20221105/7085

POLICE REPORT (NP299)

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

Date/Time Report Made 05/11/2022 23:13	Vide Report No.		Station Diary No.	
Name Of Informant CHAN DE WEI	Address 519C TAMPINES CENTRAL 8 #10-77 523519		7 SINGAPORE	
ID Type / ID No. NRIC NO / S8332885A	Contact No. Home/Office: Mobile: 97344705			
Nationality SINGAPORE CITIZEN	Email Address GRIMP 18@HOTMAIL.COM			
Occupation	Sex	Age	Date of Birth	Race
Real estate agent	Male	39	17/10/1983	Chinese
Institution/School Name	Language English			
Date/Time Of Incident 05/11/2022 18:05 - 05/11/2022 18:05	Location Of Incident 519C TAMPINES CENTRAL 8 #10-77 SINGAPORE 523519			

Brief details.

The accident happened at Punggol drive before turning right to Punggol place towards tpe back home to Tampines. A car SLT 2175T came from behind and hit my car. There are 4 passengers with me. They are:-

- 1. Mak Voon Kiat S8270832H
- 2. Chan Jing Rui Aidan T1703514I

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: 05/11/2022 23:13
Officer In-Charge Of Case:	Classification Of Case:





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20221105/7085

- 3. Chan Rui Xi Avery T1408522F
- 4. Buntas Allain montejo M3030337N

We went to the clinic at our family physician clinic and surgery and were given 2-3 days MC for sprain on neck and back,

No ambulance or traffic police were needed at the point of time.

Driver particulars of the person who hit me Tan ing Keat \$7711492J

Subjects Involve	d		
Victim			
Person Name	CHAN DE WEI	MEA	
ID Type	NRIC NO	ID No	S8332885A
Gender	Male	Age	39
Race	Chinese	Language	English
Occupation	Real estate agent	Address	519C TAMPINES CENTRAL 8 #10-77 SINGAPORE 523519
Mobile No	97344705	Is Informant A Victim?	Yes
Person Name	Mak voon kiat	0.000	

Not applicable	The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 05/11/2022 23:13
Officer In-Charge Of Case:	Classification Of Case:





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20221105/7085

ID Type	NRIC NO	ID No	S8270732H
Gender	Female	Age	40
Race	Chinese	Language	English
Occupation	Admin executive	Address	519c Tampines central 8 #10-77
			SINGAPORE 523519
Mobile No	98534241	Relation To	Wife
		Informant	
Dansan Nama	Ohan Ilan mi aldan		
Person Name	Chan Jing rui aidan	ID N.	T47005441
ID Type	NRIC NO	ID No	T1703514I
Gender	Male	Age	5
Race	Chinese	Language	English
Relation To	Son		
Informant			
Person Name	Chan rui xi Avery		
ID Type	NRIC NO	ID No	T1408522F
Gender	Female	Age	8
Race	Chinese	Language	English
Relation To	Daughter		
Informant			
Person Name	Buntas Allain montejo		
ID Type	FIN NO	ID No	M3030337N
Gender	Female	Age	28
Race	Filipino	Language	English

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: 05/11/2022 23:13
Officer In-Charge Of Case:	Classification Of Case;





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20221105/7085

Relation To Informant	Helper	
Person Name	CHAN DE WEI (Informant)	

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: 05/11/2022 23:13
Officer In-Charge Of Case:	Classification Of Case:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: \$66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report

	with whom you submitted the Original Report.
	ADDENDUM
A)	PARTICULARS OF PERSON MAKING THE AMENDMENTS:
	Original Report No :
	Name(asshownin NRIC): Chan De Wei NRIC/FIN/PassportNo: 58332885A
	(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
	Address : Blk 5190 Tampines Central 8# 10-77 Singapore(523519)
	Contact (Tel) :Mobile No.: 97 34 4 70 5
	Email Address : Grimp _ 18 @ hotmail. com
	Date of Accident :
	Place of Accident : Runggol drive
	InsuranceCompany: NTU C
	I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Email Address: Grimp18 @ hotmail.com Change to GRIMP_18 @ HPTMAIL.com GRIMP_
	W
	Policyholder / Driver's Signature Reporting Centre Personnel's Signature
	Date: Name:

Name: NRIC/FIN No.: Date: