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.

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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 01/12/2022 14:26 (SGT) Reported by Date of Accident 30/11/2022 17:30 (SGT) Exact Location of Accident Singapore Additional Location Information PIE (TUAS) BEFORE ADAM ROAD EXIT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

Vehicle Registration Number SMA365M

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN JUI HONG NRIC No S1729656F Email Address tanjuihong@gmail.com Mobile Phone No (Phone) +65-83326676 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Civic 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 Auto CC 1600

INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd Policy Number / Cover Note Number 21-MT101758-R02

DRIVER

Name of Driver TAN JUI HONG NRIC No S1729656F Date Of Birth 03/02/1965 Occupation Indoor

Date Of Driving Pass 09/05/1984 Driving experience 38 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-83326676 Alt. Phone Number Email Address tanjuihong@gmail.com Address **65 CHESTNUT AVE** Address complement #24-20 Postcode 679524 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 Hit and run / Vandalism / Damaged whilst parked Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No 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 **AARON GOH** Gender Male **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 AS ANNEX D&E ATTACHMENT(S)

DETAILS OF OTHER VEHICLE PROPERTY 1

Yes

Yes

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Vehicle Manufacturer	
Vehicle Model	
Vehicle Variant	
Vehicle Colour Whit	te
Vehicle Category Goo	ds vehicle
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)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	Volkswager
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Gray
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)	_

Vehicle Number: 4MA 365 M

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 <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.
- 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 lodgment 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:
 - 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.
 - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
 - (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

) AV

Policyholder's Signature Date & Time:

1/12/2022 9-60 am Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

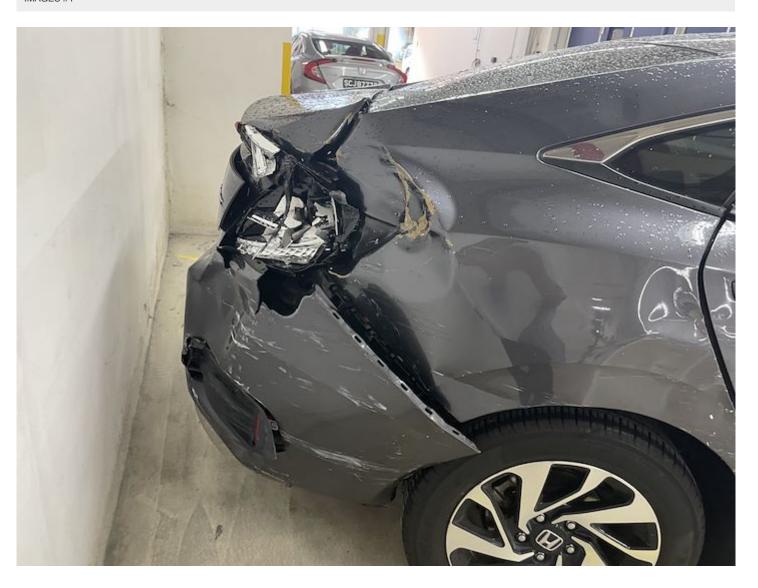
4

Vehicle Number: 3MA 365M SKETCH PLAN PIE towards Tuas before Adam Road Exit The other wells hit my
Cor from behind, and continued
to drive through or my right
side, donnaging all the signal
longs/miscor/Mide panel DESCRIBE CIRCUMSTANCES OF THE ACCIDENT police xxport 110= FOIL 507717 01 language by driver. *Own Damage (OD) Claim submission must be proceeded within 14 Days from Date of Accident. I/We declare the foregoing particulars are true in every respert. Policyholder's Signature Driver's Signature Reporting Centre Personnel's Signature Date & Time: 1/12/20022 9-30ans (If driver is not the policyholder) Date & Time: NRIC/FIN No.:

























Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20221201/7011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/12/2022 10:39		Made:	Vide Report No.:	Station Diary No.:
Informa	nt's Partic	ulars		
Name of TAN JUI	Informant: HONG		Address: 65 CHESTNUT AVENUE #2	24-20 SINGAPORE 679524
ID Type NRIC NO	/ ID No.: D / S17296	56F	Contact No.: Home/Office:	Mobile: 96709912
National SINGAP	ity: ORE CITIZ	ΈN	Email: TANJUIHONG@GMAIL.CO	M
Sex: Male	Age: 57	Date of Birth: 03/02/1965	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation:			Driving Licence Information: Class:	Date of Expiry:

Type of Accident:	Attonded by Police		Date/Time of Accident: 30/11/2022 17:30	Type of Location: PIE
КНЕАМ НОС	K ROAD			
Weather:		Road Surface:		oad Speed Limit:
Raining		Wet	8	0 Km/h
Raining Traffic Flow: One Way		Wet Traffic Control: Not Controlled	Т	

Details of V	ehicle Invo	lved			1 W 3 7 W 2 7 W	
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SMA365M	Car	HONDA	CIVIC 1.6 VTI CVT	Grey		0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SMA365M	TOKIO MARINE INSURANCE SINGAPORE LTD.	MT101758	25/05/2021	24/05/2023	



T/20221201/7011

2 of 3

Report No. T/20221201/7011

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

CONTINUATION OF REPORT

Details of Perso						
Any Pedestrian I	nvolved: No		4			
No. of Pedestrians Injured; NIL			Use of Pedestrian Crossing: NA			
Driver						
Name	TAN JUI HONG		ID No		S1729656F	
Related Vehicle	SMA365M (Car)			Conta	act No.	96709912
Hospital/Clinic	NIL	L		Class Drivir Licen Expir	ng ce &	Class: NIL Date of Expiry: NIL
Date	NIL	Date			NIL	
No. of Days gran	No. of Days granted Medical Leave NIL			of	NIL	

Brief Details.

I was driving on the right lane (lane 1) towards Tuas along PIE and was hit from behind by a van and the driver continued driving along my right side, damaging the right side of my car. The van driver continued driving and did not stop to assess the damage even though I honked him. The accident occurred before Adam Road exit. Shocked, I then drove carefully and stopped at the road shoulder and called police for help. I have video to show the entire accident.



T/20221201/7011

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20221201/7011

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: 01/12/2022 10:39
Officer In Charge Of Case: TP / TPIB / MUHAMMAD ISMAIL BIN AMZAH Contact No.: 65476185	Classification Of Case:

NP168