Date of Accident	: 14-12-2022 Accident Time 162 8MM (24-HR-Format)					
Accident Place	Junct of Holland Rd Towards City & Belmont Rd					
Vehicle. No. (Car Plate No.)	: JQA 3078 Make/Model;					
Insurace Company	: KURNIG Policy No:					
Owner or Company Name /IC No.	: Tan atmo Chuan (811308-07-5573)					
Owner or Company Contact No.	Owner's Hp 95493097 Company Tel					
DRIVER'S Name / IC No.	: Tan Ching Chuan (6736268FR)					
DRIVER'S Date Of Birth	: 04 .03 .1081 DRIVER'S License Pass Date					
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: OWWR					
DRIVER'S Address	: 45 Jalan Peminger *09-00 Foowalf Ind. Building					
DRIVER'S Contact No./ Alt No. :1) 2)						
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)					
Email Address	: Tothtan. It & small-com					
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET					
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance					
Number of Passengers (Including D	river): Dhw als					
Was there any video Captured by ca Exact purpose for which vehicle was Any Injury (If YES, Pls state):	s being used at the time of accident: Private use \ Work purpose					
Other P	Party Driver's Particular (if any)					
Vehicle. No: SMB 1621L	(frot (4) Vehicle. No:					
Vehicle Make\Model: Vehicle Make\Model:						
Name Driver: Name Driver:						
IC No. Driver/Contact:						

* NEW - Passenger's name & gender:

SKETCH PLAN

IMPORTANT NOTICE

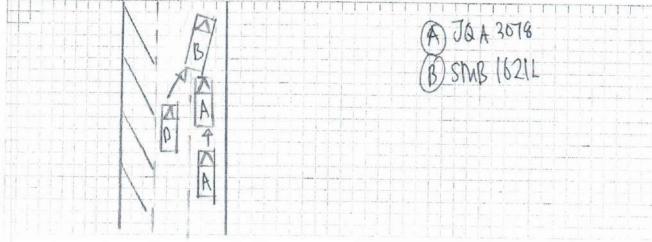
- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts 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.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. 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)

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;
- (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.

Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel

Sketch Plan



Policyholder's Sign Time	ature / Date &	Driver's Signature (If d & Time	river is not the policyholder) / Date	Witnessed by Reporting Centre Personnel
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We declare the fo	regoing particular	s are true in every respe	ect.	
Declaration				
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Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

General Information of the Assident

Tel No: 65470000

1 of 3 Report No. T/20221214/7052

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/12/2022 17:41		de:	Vide Report No.: E/20221214/0119		Station Diary No.:	
Informant'	s Particul	ars				
Name of Informant: TAN CHING CHUAN			Address: 304 ANG MO KIO AVENUE 1 #02-1147 SINGAPORE 560304			
ID Type / ID No.: FIN NO / G7362687R			Contact No.: Home/Office: Mobile: 85493097			
Nationality: MALAYSIAN			Email: johntan.it@gmail.com			
Sex: Male	Age: 41	Date of Birth: 08/03/1981	Type of Informant: DRIVER			
Race: Chinese			Language: Institution / School Name: English		School Name:	
Occupation: LOGISTIC SERVICE			Driving Licence Information: Class:	Date of Exp	piry:	

General informati	on or the Accident					
Type of Accident:	Injury Attended by Police		Drink Drive: No	Date/Time of Accident: 14/12/2022 16:30)	Type of Location: Straight Road
Location:						
HOLLAND ROAD)					
Weather: Road			Surface:		Road Speed Limit:	
Clear		Wet				•
Traffic Flow: Traffic Control:				Traff	ic Volume:	
One Way		Not Co	ontrolled		Light	į –
Type of Collision: Anyone conveyed by						one conveyed by
Between Moving Vehicles - Head To Side ambulance:					ulance:	
					No	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
JQA3078	Car					0
SMB1621L	Bus/Coach/Mi nibus					0

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20221214/7052

CONTINUATION OF REPORT

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SMB1621L	FIRST CAPITAL INSURANCE LIMITED				

Details of Person Involved						
Any Pedestrian In	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Ped	of Pedestrian Crossing: NA		
DRIVER						
Name	TAN CHING CHUAN			ID No	•	G7362687R
Related Vehicle	JQA3078 (Car)			Conta	ct No.	85493097
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date	NIL Date				NIL	
No. of Days granted Medical Leave NIL			Degree of		Sligh	t

Brief Details.

On 14.12.2022 at about 1628hrs, I was travelling along Holland Road Towards City & Belmont Road. I was travelling on 1st lane. While heading straight, all of a sudden a bus SMB 1621L on my left make a sudden swerve and collided onto my front LH side portion. Due to the hard impact, my vehicle was push to the right and collide onto the kerb. Traffic Police was attend to the scene. Due to the sudden impact, I had back and neck pain and consult to the doctor. That's all.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20221214/7052

CONTINUATION OF REPORT

Sketch Plan			
Informant is	not able	to provide	sketch

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: 14/12/2022 17:41
Officer In Charge Of Case: TP / TPIB / LEE GUANG HUI Contact No.: 65476423	Classification Of Case: