

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 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. 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 | 28/10/2022 11:39 (SGT) |
| Reported by | Both |
| Date of Accident | 28/10/2022 08:00 (SGT) |
| Exact Location of Accident | Flower Rd, Singapore |
| Additional Location Information | JUNCTION OF FLOWER ROAD AND KOVAN ROAD SINGAPORE |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SMP4113T |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|----------------------|
| Is company? | No |
| Name Of Registered Owner | LAU YUN KANG |
| NRIC No | S8124735H |
| Email Address | EUGENELYK@GMAIL.COM |
| Mobile Phone No | (Phone) +65-96709371 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|--------------------------------------|
| Manufacturer | Seat |
| Model | SEAT / TARRACO XCELL 1.4 TSI 150 6AT |
| Variant | SEAT / TARRACO XCELL 1.4 TSI 150 6AT |
| 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 your vehicle? | Yes |
| Vehicle Category | Private car |
| Transmission | Auto |
| CC | 1395 |

INSURANCE COMPANY

| | |
|---|--|
| Name of Insurance Company | Auto & General Insurance (Singapore) Pte. Limited. |
| Policy Number / Cover Note Number | P10802920R00 |

DRIVER

| | |
|----------------------|--------------|
| Name of Driver | LAU YUN KANG |
| NRIC No | S8124735H |
| Date Of Birth | 15/08/1981 |
| Occupation | Indoor |

| | |
|--|----------------------------|
| Date Of Driving Pass | 04/03/2002 |
| Driving experience | 20 YEARS AND 7 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-96709371 |
| Alt. Phone Number | - |
| Email Address | EUGENELYK@GMAIL.COM |
| Address | 133 EDGEDALE PLAINS #07-42 |
| Address complement | - |
| Postcode | 820133 |
| 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 | Collision - Cross Junction |
| 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 |
| 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) | 4 |
| 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 | PAX 1 |
| Gender | Male |

PASSENGER 2

| | |
|--------------|--------|
| Name | PAX 2 |
| Gender | Female |

PASSENGER 3

| | |
|--------------|-------|
| Name | PAX 3 |
| 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? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number CB6433Z
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver TAN SIEW GIM
NRIC No S1161443D
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

IMPORTANT NOTICE


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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:

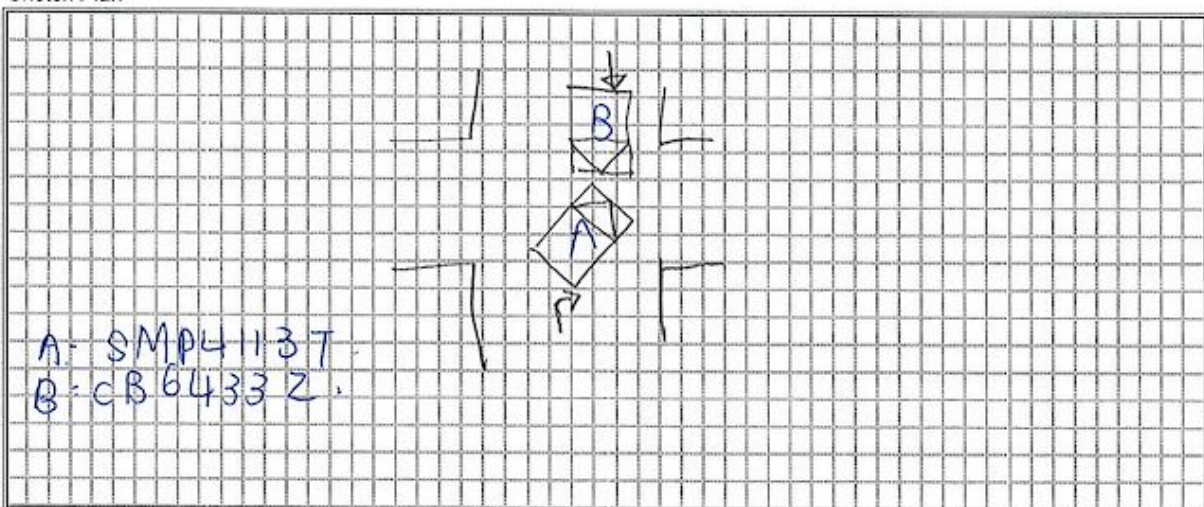
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 & Time

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

Sketch Plan




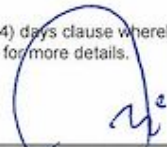
Describe Circumstance of the Accident

REFER TO POLICE REPORT.

Declaration

I/We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.


Policyholder's Signature / Date & Time
Driver's Signature (if driver is not the policyholder) / Date
& Time
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



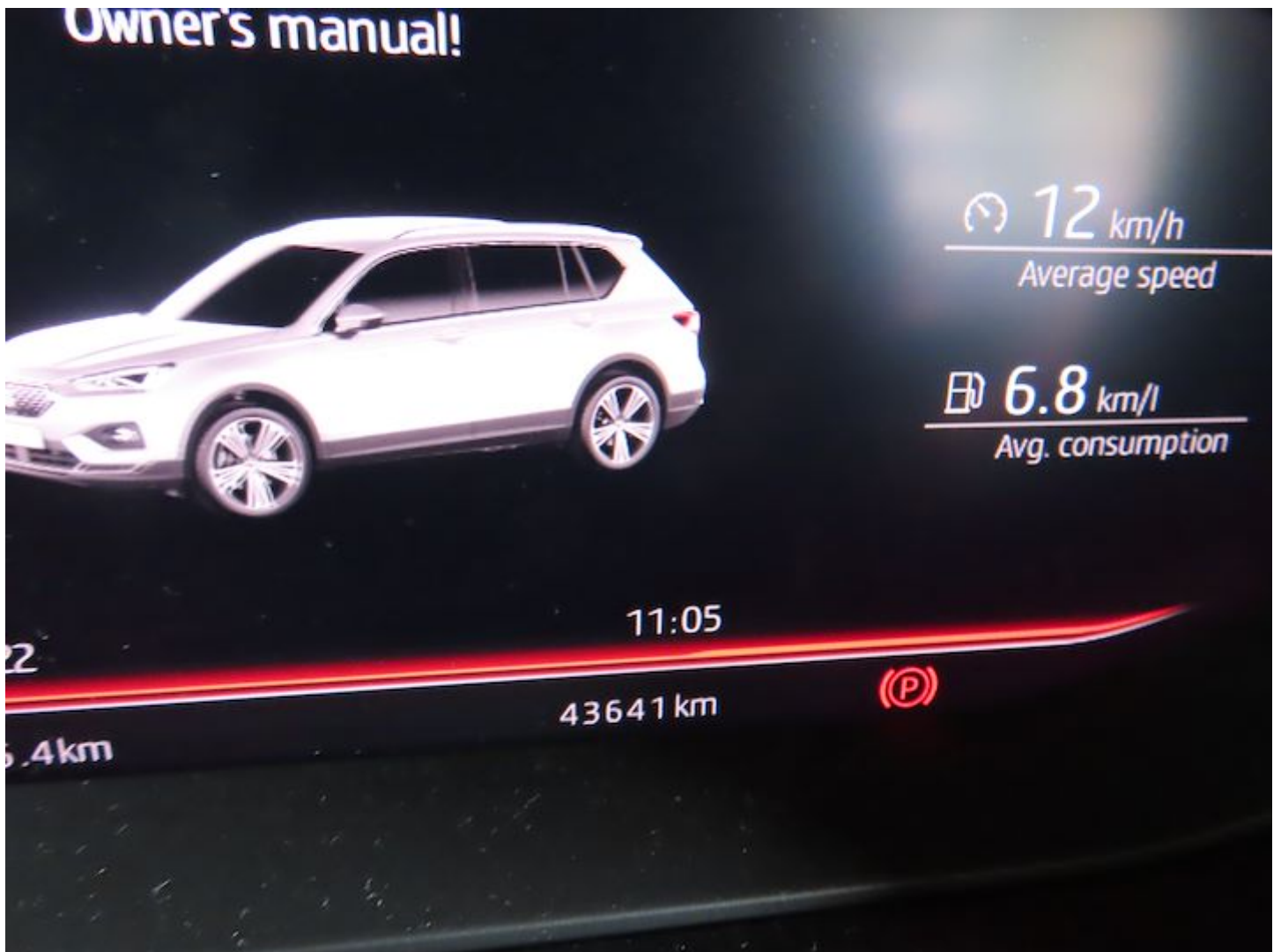
















**SINGAPORE
POLICE FORCE**



T/20221028/7017

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

1 of 3

Report No. T/20221028/7017

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|---|--------------------|----------------------------|
| Date/Time Report Made: 28/10/2022 10:07 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: LAU YUNKANG | | | Address: 133 EDGEDALE PLAINS #07-42 SINGAPORE 820133 | | |
| ID Type / ID No.: NRIC NO / S8124735H | | | Contact No.: Home/Office: Mobile: 96709371 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: EUGENELYK@GMAIL.COM | | |
| Sex: Male | Age: 41 | Date of Birth: 15/08/1981 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: | | | Driving Licence Information: Class: Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|----------------------|------------------------------------|--|-------------------------------------|
| Type of Accident: | Non-Injury Others | Drink Drive: No | Date/Time of Accident: 28/10/2022 07:55 | Type of Location: X-Junction |
| Location: FLOWER ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: Two Way | | Traffic Control: Not Controlled | | Traffic Volume: Moderate |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
|-------------|--|--------|-------------------------------------|-------|----------------------|-------|
| CB6433Z | Bus/Coach/Mi nibus (School Children) | TOYOTA | | Grey | Seriously Damaged | 0 |
| SMP4113T | Car | SEAT | TARRACO XCELL 1.4 TSI 150 6AT | Grey | Seriously Damaged | 4 |



**SINGAPORE
POLICE FORCE**



T/20221028/7017

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

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Report No. T/20221028/7017

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|---|--------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SMP4113T | AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED | P10802920R00 | 23/09/2022 | 22/09/2023 |

| Details of Person Involved | | | |
|-----------------------------------|---|-----------------------------------|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | TAN SIEW GIM | ID No. | S1161443D |
| Related Vehicle | CB6433Z (Bus/Coach/Minibus (School Children)) | Contact No. | NIL |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | NIL | Date | NIL |
| No. of Days granted Medical Leave | NIL | Degree of | NIL |
| Driver | | | |
| Name | LAU YUNKANG | ID No. | S8124735H |
| Related Vehicle | SMP4113T (Car) | Contact No. | 96709371 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | NIL | Date | NIL |
| No. of Days granted Medical Leave | NIL | Degree of | NIL |

Brief Details.

I have a video of the accident, which happened at the cross junction of Kovan road and Flower road.



SINGAPORE POLICE FORCE

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



T/20221028/7017

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Report No. T/20221028/7017

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:
28/10/2022 10:07

Classification Of Case:



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: _____ Vehicle Registration No: 8MP4113T
 Name (as shown in NRIC): Lau Yunkang NRIC/FIN/Passport No: S81247354
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 96709271
 Email Address: _____
 Date of Accident: 28/10/22 Time of Accident: 0800hrs.
 Place of Accident: Flora Rd
 Insurance Company: BD.

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

X To change from claiming third party to own insurance policy for repair to my vehicle.

 Policyholder / Actual Driver's Signature
 Date:

11/11/2022

PROGRESSIVE CAR CARE PTE LTD
 Blk 3022A Upper Road 1 # 01-45/46
 Singapore 408716
 Tel: 6741 5353 Fax: 6741 7208
 Email: claims@progressive.com.sg

 Reporting Centre Personnel's Signature
 Name (as in NRIC/ID card):
 Date: