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.

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

Reported by

Date of Accident

Exact Location of Accident

Additional Location Information

Country/State of Loss

06/03/2023 14:26 (SGT)

Both Policyholder and Actual Driver

03/03/2023 09:10 (SGT)

PIE, Singapore

PIE TO CHANGI TOWARDS WHITLEY ROAD EXIT - ERP (38)

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMN4601L

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No

No

TAN YAN DA (CHEN YANDA)

SXXXX927F

YANDA.TAN@YAHOO.COM.SG

(Phone) +65-92271778

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Transmission

CC

Kia

Cerato

Private use

No - Claiming third party

Private car Auto

1591

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Income Insurance Limited

5122079177-01

DRIVER

Name of Driver

NRIC No Date Of Birth

Occupation

TAN YAN DA (CHEN YANDA)

SXXXX927F 30/10/1987 Outdoor

Accident report SA1823360009

Date Of Driving Pass

Driving experience

Gender

Mobile Number

Alt. Phone Number Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Boes Briver Own Other Verlieles:

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 Weather Conditions

Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

Translator's name
Translator's ID

Translator's phone number

Translator's email

Original language used in the statement

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name

Police Station Phone No Alt. Police Station Phone No

Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN AND POLICE REPORT ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Yes No

No

26/04/2021

#02-600

730749

Raining

Wet

No

No

Yes

1

No

2

Yes

No

1 YEAR AND 11 MONTHS

YANDA.TAN@YAHOO.COM.SG

BLK 749 WOODLANDS CIRCLE

(Phone) +65-92271778

Collision - Head to Rear

Tanglin Division Headquaters

21 Kampong Java Road Singapore 228892

(Phone) +65-18003910000

(Fax) +65-63964900

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

SHD78K

-

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Accident report SA1823360009

Page 2 of 16

Vehicle Colour	_
Vehicle Category	Taxi
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)	_
5 (

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report gorrectly the details of the accident to speed up the claims process.
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- 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 Replity</u>.
- 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.
- This report will be ferwarded 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.
- 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") maytare 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 us the "Insurers"), the Insurers' lawyershaw 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 dairns 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;

(v) 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' tawyers/law firms, maylare 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 algents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

James de.

Sketch Plan

Policyholder's Signature / Date & Time

Janyanda.

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

Witnessed by Reporting Centre (Name as in NRIC/IQ card) Co. Reg. No.

B) 5MV 4601 L
B) A)
B) 3HD78K

PIE TO CHANGI / WHITLEY ROAD

1

ribe Circumst	ance of	the Accid	ent						
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licyholder's Signi		e & Time	Druer's Signs	there (if driver is not the	e nationhalden	Dese	Winesterning	Recording Ced	tre Personnel





1 of 2

Report No. E/20230304/7002

POLICE REPORT (NP299)

Police Station Of Origin Tanglin Division HQ 21 Kampong Java Road SINGAPORE 228892 Tel No:1800-3910000

Date/Time Report Made	Vide Re	Station Diary No			
04/03/2023 04:37					
Name Of Informant	Address				
TAN YAN DA	749 WOODLANDS CIRCLE #02-600 SINGAPORE 730749				
ID Type / ID No.	Contact	No.			
NRIC NO / S8734927F	Home/Office: Mobile:				
			92271778		
Nationality SINGAPORE CITIZEN	Email Address Yanda.tan@yahoo.com.sg				
Occupation	Sex	Age	Date of Birth	Race	
Sales and related associate professionals	Male	35	30/10/1987	Chinese	
Institution/School Name	Language English				
Date/Time Of Incident	Location Of Incident				
03/03/2023 09:05 - 03/03/2023 09:10	PIE TO CHANGI / WHITLEY ROAD - ERP(38)				

Brief details.

Was driving along P.I.E towards Whitley Road exit, a trans cab taxi SHD78K speed up and hit the back of my car,

Victim Person Name	TAN YAN DA					
D Type	NRIC NO	ID No	S8734927F			
Signature Of (Officer Recording The Report:		Signature Of Informant:			
Not applicable			The identity of the person making this report has been authenticated by Singpa No signature is required.			
Signature Of Interpreter: Not applicable			Date/Time: 04/03/2023 04:37			
Officer In-Charge Of Case:			Classification Of Case:			





POLICE REPORT (NP299) CONTINUATION OF REPORT

Report No. E/20230304/7002

Gender	Male	Age	35
Race	Chinese	Language	English
Occupation	Sales and related associate professionals	Address	749 WOODLANDS CIRCLE #02-600 SINGAPORE 730749
Mobile No	92271778	Is Informant A Victim?	Yes
Person Name	TAN YAN DA (Informant)		

Informant: f the person making this en authenticated by Singpass. is required.
4:37
Of Case: