

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 | 28/04/2023 14:38 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 27/04/2023 16:15 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | TUAS AVE 10 |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|---------|
| Vehicle Registration Number | XE1576M |
|-----------------------------------|---------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|------------------------------|
| Is company? | Yes |
| Name Of Registered Owner | RESOLUTE SOLUTIONS PTE. LTD. |
| Company Reg No | 201803037R |
| Email Address | rnsassurance@singnet.com.sg |
| Mobile Phone No | (Phone) +65-92265760 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Hino |
| Model | HINO FS1ETMA-KAS |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | Employment |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Commercial vehicle |
| Transmission | Manual |
| CC | 12913 |

INSURANCE COMPANY

| | |
|---|--------------------------|
| Name of Insurance Company | Income Insurance Limited |
| Policy Number / Cover Note Number | 5129260676 |

DRIVER

| | |
|----------------------|-------------|
| Name of Driver | CHUE ZAN YU |
| NRIC No | S9047924E |
| Date Of Birth | 12/12/1990 |
| Occupation | Outdoor |

| | |
|--|------------------------------|
| Date Of Driving Pass | 22/02/2012 |
| Driving experience | 11 YEARS AND 2 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-92265760 |
| Alt. Phone Number | - |
| Email Address | EMILY.ELXM@GMAIL.COM |
| Address | BLK 338C ANCHORVALE CRESCENT |
| Address complement | #05-35 |
| Postcode | 543338 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Employee |
| 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 - Change/cross lane |
| Weather Conditions | Raining |
| Road Surface | Wet |

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? | Yes |
| Was any injured conveyed to hospital by ambulance? | No |
| Was any other vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 1 |
| 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 | - |

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

REFER TO POLICE REPORT

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|---------|
| Vehicle Registration Number | SH6843C |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |

| | |
|---|------|
| 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) | 1 |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|---------|
| Name of injured person | - |
| Gender | - |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | XE1576M |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

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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.



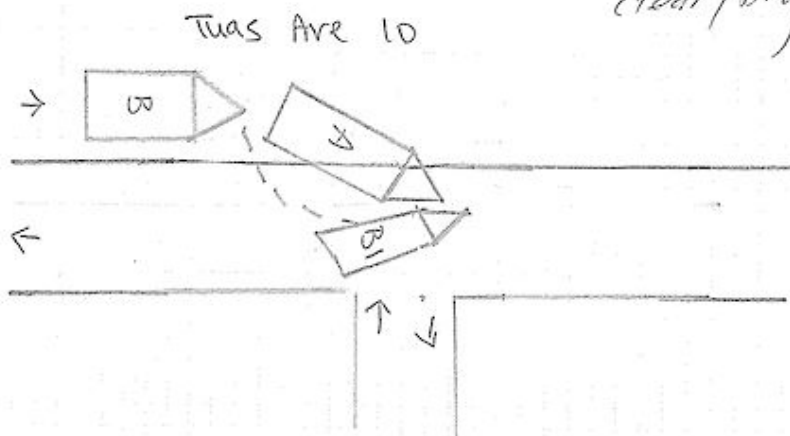
x
Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

Sketch Plan



1 pax
A: XE 1576M
B: SH 6843C
1 pax

Describe Circumstances of the Accident

| | | | |
|--|---|--|---|
| LICENSE PLATE: <u>XE 1576M</u> | | ACCIDENT DATE & TIME: <u>27/04/2023 11.15pm</u> | |
| CONTACT NUMBER: <u>9226 5760</u> | | E-MAIL ADDRESS: <u>rn3assurance@singnet.com.sg</u> | |
| LOCATION: <u>Tuas Ave 10</u> | | | |
| <div style="text-align: center; margin-bottom: 20px;"> <p>Refer to police report no : T/10230428/2013</p> </div> | | | |
| <p style="text-align: center; font-size: small;">NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.</p> | | | |
| Please state: | | | |
| <input type="checkbox"/> Claim Own Policy | <input checked="" type="checkbox"/> Claim Third Party | <input type="checkbox"/> Claim OD/TP at other workshop | <input type="checkbox"/> Reporting Only |

Declaration

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date & Time

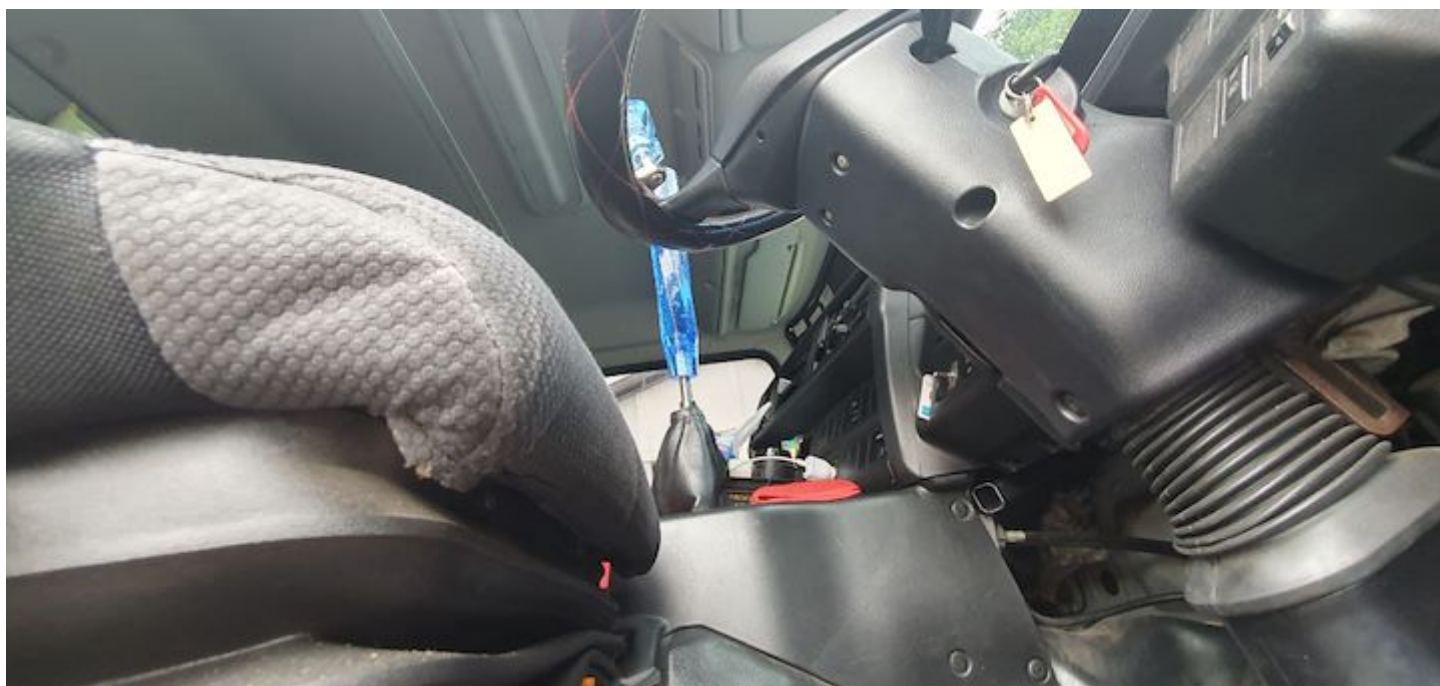
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel











**SINGAPORE
POLICE FORCE**



T/20230428/7013

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

1 of 3

Report No. T/20230428/7013

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|---|--------------------|--|
| Date/Time Report Made: 28/04/2023 10:14 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: CHUE ZAN YU | | | Address: 338C ANCHORVALE CRESCENT #05-35 SINGAPORE 543338 | | |
| ID Type / ID No.: NRIC NO / S9047924E | | | Contact No.: Home/Office: Mobile: 92265760 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: Emily.elxm@gmail.com | | |
| Sex: Male | Age: 32 | Date of Birth: 12/12/1990 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | |
| Occupation: Lorry driver | | | Driving Licence Information: Class: Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|------------------|------------------------------------|--|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 27/04/2023 04:15 | Type of Location: Straight Road |
| Location: TUAS AVENUE 10 | | | | |
| Weather: Raining | | Road Surface: Wet | | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Light |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|-------|---------|-------|-------|-------------------|-----------------|
| SH6843C | Car | HYUNDAI | | Blue | Seriously Damaged | 0 |
| XE1576M | Lorry | HINO | | Blue | Seriously Damaged | 0 |



**SINGAPORE
POLICE FORCE**



T/20230428/7013

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

2 of 3

Report No. T/20230428/7013

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|----------------------|-----------------------------------|-----------------------------------|
| Details of Person Involved | | | |
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | CHUE ZAN YU | ID No. | S9047924E |
| Related Vehicle | XE1576M (Lorry) | Contact No. | 92265760 |
| Hospital/Clinic | BLESS MEDICAL CENTRE | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | NIL | Date | NIL |
| No. of Days granted Medical Leave | 03 | Degree of | Serious |

Brief Details.

On 27.04.23 I (XE1576M) was driving straight in my lane along This is a single lane road on both directions. As I was about to reach my location, I slow down my veh and turn on my right signal as I proceed to Turn Right slowly. Out of a sudden, the veh(SH6843C) behind overtake my veh at a very fast speed against the flow of traffic while I was turning and hit onto my veh right front portion. The impact was so great that my front portion was badly damaged.

THE following day i wake up feel that pain on my knee cap and neck so i went to bless medical and was given 3 days mc.



**SINGAPORE
POLICE FORCE**



T/20230428/7013

3 of 3

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

Report No. T/20230428/7013

CONTINUATION OF REPORT

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

Signature Of Informant:

The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
28/04/2023 10:14

Classification Of Case:

NP168