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.

- 4. The issue and acceptance of this is form by instrained 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 05/05/2023 11:47 (SGT) Reported by **Actual Driver** Date of Accident 04/05/2023 14:50 (SGT) Exact Location of Accident Singapore Additional Location Information 23 KAKI BUKIT AVE 4 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

1500

Vehicle Registration Number SLQ833G

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner **AUTO LINGO PTE LTD** Company Reg No 201922239K Email Address VERLION88@YAHOO.COM Mobile Phone No (Phone) +65-84422244 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer **BMW** Model 116d Variant Exact purpose for which vehicle was being used at time of accident Private hire

Are you claiming under your own insurance policy for repair to No - Reporting only your vehicle? Vehicle Category Private hire Transmission Auto

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2004775645

DRIVER

CC

Name of Driver TAN SOON BENG VERNARD NRIC No S7923510E Date Of Birth 08/08/1979 Occupation Outdoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	25/01/2002 21 YEARS AND 4 MONTHS Male (Phone) +65-84422244 - VERLION88@YAHOO.COM 780 YISHUN ST 72 #09-320 - 760760 No Employee No
Type of Accident Weather Conditions Road Surface	Collided into Motorcyclist Clear Dry
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?	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No
CIRCUMSTANCES OF ACCIDENT	
REFER TO POLICE REPORT	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model	FBK8421Y - -

Vehicle Variant

Vehicle Colour	-
Vehicle Category	Motorcycle
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)	-

INJURED PERSONS DETAILS

INJURED 1

RIDER FBK8421Y
-
-
-
-
-
-
-
FBK8421Y
-
No

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 Actual Driver.
- 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 Traffic Police Department for investigation.
- 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.
- 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:

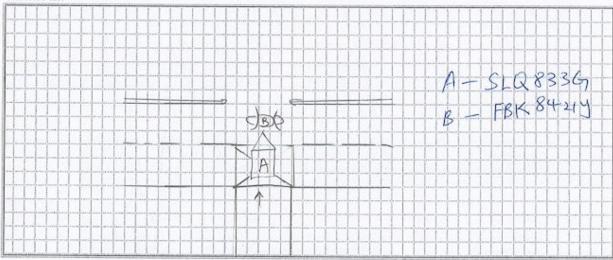
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



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

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

Sketch Plan



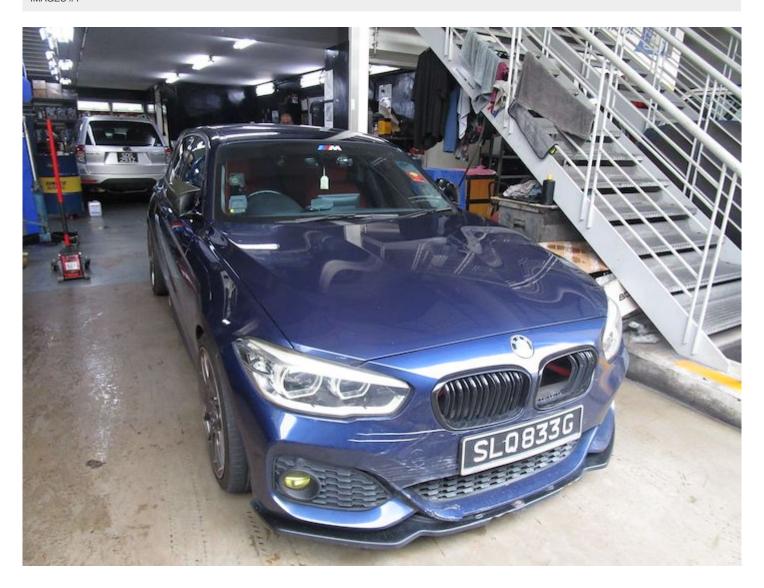
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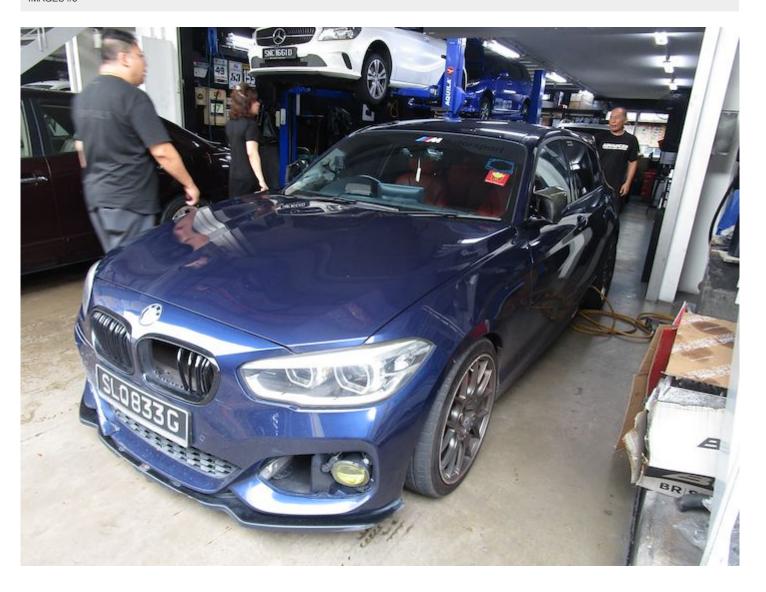
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1/20230304/7007

1 of 3

Report No. T/20230504/7067

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

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 123 17:00	/lade:	Vide Report No.: G/20230504/0124	Station Diary No.:		
Informa	nt's Partic	ulars				
	Informant: ON BENG	VERNARD	Address: 760 YISHUN STREET 72 #09-320 SINGAPORE 760760			
ID Type / ID No.: NRIC NO / S7923510E			Contact No.: Home/Office: Mobile: 84422244			
National SINGAP	ity: ORE CITIZ	EN .	Email: VERLION88@YAHOO.COM			
Sex: Male	Age: 43	Date of Birth: 08/08/1979	Type of Informant: Driver			
Race: Chinese			Language: English			
Occupation: Salesperson (door-to-door)		to-door)	Driving Licence Information: Class:	Date of Expiry:		

General Inform	nation of the Accident			
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/05/2023 14:50	Type of Location T-Junction
Location:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			WP CAT COMME
KAKI BUKIT / Weather: Clear	Receipt from the Arthur Land Co. The Arthur Land Co. Experiment to the first the co. From the co.		eut dive trees it falst to recrot gardtenen it was it her trees	ANNALIS CARD
Traffic Flow: Two Way		raffic Control: Not Controlled		Fraffic Volume: Heavy
Type of Collis Between Mov	ion: ing Vehicles - Head To Side			Anyone conveyed by ambulance: Yes

ehicle Invo	olved		PERENCIA CIANG	BELL MARTINE	SECTION SECTION
Туре	Make	Model	Color	Condition	No of Passenger
Car					0
	Туре	Z E	Type Make Model	Type Make Model Color	Type Make Model Color Condition

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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



3 of 3 Report No. T/20230504/7067

CONTINUATION OF REPORT

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: 04/05/2023 17:00
Officer In Charge Of Case: TP / TPIB / PAN JIANHONG Contact No.: 65476904	Classification Of Case:

NP168



T/20230504/7067

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20230504/7067

CONTINUATION OF REPORT

Driver			DOM: 238	STATE OF THE PARTY	100000		
Name	TAN SOON BENG VERNARD			ID No).	S7923510E	
Related Vehicle	SLQ833G (Car)			Conta	act No.	84422244	
Hospital/Clinic	NIL	AVOIDES		Class Drivir Licen Expir	ng ice &	Class: NIL Date of Expiry: NIL	
Date	NIL	VIL Date			NIL		
No. of Days gran	ted Medical Leave	NIL	Degree o	of	NIL		
Rider		EXECUTED THE STATES		WAR (CAL)	THE PARTY	CONTRACTOR OF THE	
Name	Unknown Rider		Ollowie	ID No.		NIL	
Related Vehicle	NIL			Conta	act No.	NIL	
Hospital/Clinic	NIL			Class Drivin Licen Expir	ig ce &	Class: NIL Date of Expiry: NIL	
Date	NIL		Date		NIL	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
No. of Days grant	ted Medical Leave	NIL	Degree o	of	Slight		

Brief Details.

Time: 2.50pm exist from Vicom with busy traffic. I was making a right turn as I moving slowly to check my blind spot then I saw a bike riding towards me instead of the bike moving slowly to stop. We clashed and I immediately stop my car and went out to assist the rider to check is he ok.

