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 First Submission 18/10/2024 10:32 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 17/10/2024 21:06 (SGT) Exact Location of Accident Near 8PP4+MF Singapore Additional Location Information ALONG JURONG WEST STREET 64 TOWARDS BOON LAY WAY Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGQ3818R
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No	No WONG KWOK KEONG SXXXX930A

VEHICLE PARTICULARS

Alternative Phone No

Manufacturer Model	Honda Hr-v
Variant	-
Exact purpose for which vehicle was being used at time of	Drivete use
accident Are you claiming under your own insurance policy for repair to	Private use
your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1498
Vehicle Fuel	-
First Regisration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company Singapore Life Ltd Policy Number / Cover Note Number 11463501

DRIVER

Name of Driver	WONG KWOK KEONG
NRIC No	SXXXX930A
Date Of Birth	31151
Occupation	Outdoor
Driving Pass Date	23/09/1995
Driving License Pass Class	3
Driving License Validity	
	Valid
Driving experience	29 YEARS AND 1 MONTH
Gender	Male
Mobile Number	
Alt. Phone Number	
Email Address	
Address	
Address complement	
Postcode	
Is the driver the policyholder?	Voo
If No, Relationship of the Driver with the Insured	Yes
·	-
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 - Head to Rear
Weather Conditions	Clear
Road Surface	Dry
	•
OTHER INFORMATION	
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)	2
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	
NI .	
Name	LOH BEE LI
Gender	Female
DETAILS OF POLICE ACTION	
DETAILED OF TOLIGE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-
, , ,	
CIRCUMSTANCES OF ACCIDENT	
REFER TO SUMMARY AND SKETCH PLAN	
5 55 7 415 6121 6111 1241	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video contured by Car Camera?	। ७७ .v

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SG5827L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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)	-

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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 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
- (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

Sketch Plan

QUZANA BTE EDRUS BOOM LAS WAS A: 19 Q 38/8R B: 495827L 1588F ALONG JURONG WEST 57. 64 TOWARDS BOON LAY WAY REST

1

Describe Circumstance of the Accident
ON 17TH OCTOBER 2024 AT ABOUT 2106HRS I WAS DRIVING MY VEHICLE A (SGQ3818R) ALONG JURONG WEST STREET 64 TOWARDS BOON LAY WAY (SLIP ROAD). AS MY VEHICLE A (SGQ3818R) WAS STATIONARY AND GIVING WAY TO ONCOMING TRAFFIC, I FELT A HARD IMPACT FROM MY REAR PORTION OF MY VEHICLE A (SGQ3818R), I ALIGHTED AND CHECKED AND I FOUND OUT THAT VEHICLE B (SG5827L) FRONT PORTION LEFT SIDF HAD COLLIDED WITH MY REAR RIGHT SIDE OF MY VEHICLE A. WE THEN EXCHANGED OUR PARTICULARS FOR INSURANCE CLAIMS. NOBODY WAS INJURED.

Declaration

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

Poljcyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRICIID card)
SUZAWA BTE EdVOS

2







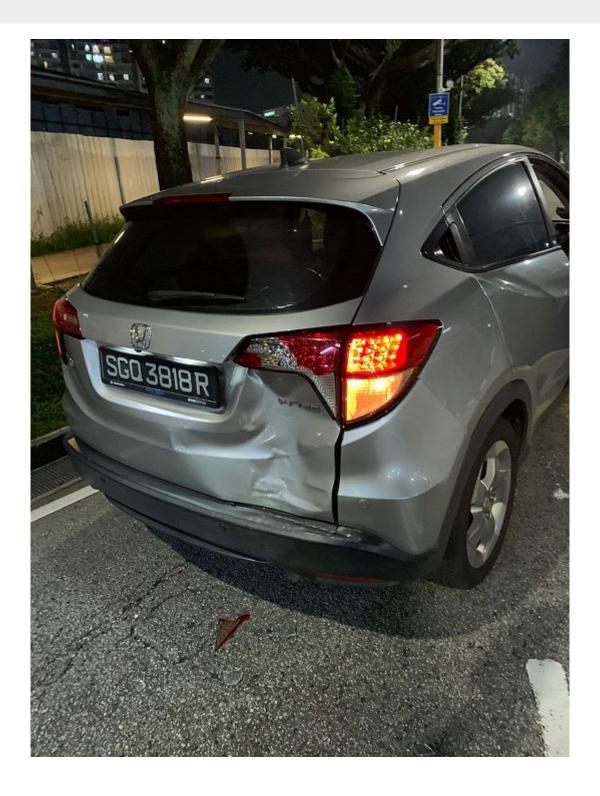
















CERTIFICATE OF INSURANCE

ROAD TRANSFORT ACT 1981 (MALAYSIA) THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1999 (FEDERATION OF MALAYSIA) THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT 1969 (REPUBLIC OF SINGAPORE) OR ANY AMENDMENT, ACT OR ACTS PASSED IN SURSTITUTION THEREOF.

CERTIFICATE NUMBER. 11463501

1) VEHICLE REGISTRATION NO. CHASSIS NO. ENGINE/MOTOR NO.

2) NAME OF INSURED FAMILY NAME GIVEN NAME

3) EFFECTIVE DATE OF COMMENCEMENT OF INSURANCE FOR THE PURPOSE OF THE ACT

4) DATE OF EXPIRY OF INSURANCE

5) PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by any reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been canceled at the time of accident or lists.

Please refer to the policy document for full terms and conditions.

6) LIMITATIONS AS TO USE*

Use only for social, domestic and pleasure purposes and for the Insured's bosiness. The Policy does not cover use for hite or reward, tuition or driving tests; racing, percentaking, reliability trials, proded-testing or the carriage of goods other than samples in connection with any trade or business or use for any purpose is connection with any trade or business or use for any purpose is connection with a Month of the Month of the Connection of the

NAMED DRIVER

7) FINANCE COMPANY

1/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act 1960 and Part IV of the Road Transport Act, 1987 (Malaysia), or any amendment, act or acts passed in substitution thereof.

Issued in Singapore: 17-Jul-2024 at 14:29hours

Endorsement Effective Date: 15-Jul-2024

IMPORTANT NOTE:

If you want to cancel your policy at any time, you will need to return the certificate to us.

You must report all accidents to Us within 24 hours of the occurrence or by the next working day at our accident reporting centre regardless of whether you intent to claim on your own policy or not, or whether your car is damaged or not, Should you fail to do so, Your NCD could be affected and your claim may be prejudiced.

For the list of our accident reporting centres, please visit https://singlife.com/CarRepairers. Alternatively, you may call us at 6333 2222 for assistance (including assistance on windscreen damage).

In case of accident or windscreen damage, please call 6333 2222 (24 hours) immediately

SGQ3818R MRHRU1830FP000153 L15Z71000182

Wong Kwok Keong

27-Dec-2023 00:00hours

26-Dec-2024 23:59hours

Singapore Life Ltd.

ORIGINAL
Singapore Life Ltd. 4 Shenton Way #01-01 SGX Centre 2 Singapore 068807 singlife.com
Company Reg. No. 19690499K GST Reg. No. MR-8500166-8