\$S2X24AQ000C / SME MOTOR PTE LTD ENTRY DATE & TIME: 26/10/2024 13:59 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (26/10/2024 13:59 (SGT))

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

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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

26/10/2024 13:59 (SGT) Both Policyholder and Actual Driver 25/10/2024 15:40 (SGT) Beach Rd, Singapore JUNCTION JALAN SULTAN Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SNP4078A

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** Mobile Phone No

Alternative Phone No

No

NGO HING WONG S7010934D HINGWONGNGO@GMAIL.COM (Phone) +65-96398270

VEHICLE PARTICULARS

Manufacturer

Model Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission

CC

Vehicle Fuel

First Regisration Date

Chassis no

Effective Date/Time of Ownership

Jaguar

Xe

Private use

No - Claiming third party

Private car Auto 2000

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number Auto & General Insurance (Singapore) Pte. Limited. P1043055R00

DRIVER



Name of Driver NRIC No Date Of Birth Occupation Driving Pass Date **Driving License Pass Class Driving License Validity** 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?

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

Original language used in the statement

DETAILS OF POLICE ACTION

Translator's email

Translator's phone number

Was the accident reported to the police?

Was notice of intended Prosecution given? If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

ON THE STATED DATE AND TIME, I WAS DRIVIN MY VEHICLE SNP4078A TRAVELLING STRAIGHT ALONG BEACH ROAD. SUDDENLY, A VEHICLE SLR4158R MADE A RIGHT TURN INTO JALAN SULTAN ABRUPTLY WITHOUT CHECKING AND COLLIDED ONTO MY VEHICLE. THE TRAFFIC LIGHT IS GREEN IN MY FAVOUR.

ATTACHMENT(S)

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

Yes Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

NGO HING WONG S7010934D 31/03/1970 Indoor 23/03/1990

Valid

34 YEARS AND 7 MONTHS

(Phone) +65-96398270

HINGWONGNGO@GMAIL.COM BLK 23 ELIAS ROAD #17-05

Collision - Head on collision

519930 Yes

No

Clear

Dry

No

No

1

No

No

No

Yes

2 Yes

Accident report \$\$2X24AQ000C

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

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)

SLR4158R

Private car

YIEN

(Phone) +65-84484453

VEHICLE B

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?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NGO HING WONG

Male

SNP4078A

Yes

No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Actual Oriver-
- 3 Information provided must be as truthful and accurate as possible. Any willul misrepresentation on withholding of material facts may allow insurance companies to repudiate policy fability.
- 4. The issue and acceptance of this Form by resurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any faise reporting may be referred to the Traffic Police Department for investigation.
- 6 This report will be ferwarded by the insurers to the SIA Records Management Centre established by the General Insurence Association of Singapore (GIA) for erobiving and that copies of this report will for a fee be made available upon application by interests a person
- By the ladgement of this report to the insurers, you haruby consent to the archiving of dus report at the control and to copies of the
 report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)
- understand, acknowledge, agree and consentinal:
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") mayfare certificate to collect, use, discloss ancien process my personal data/personal information set out in this [form] and any other personal information provides 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 eccident shall be collectively referred to as the "insurers"), the insurers' lawyershow tirms, the Modetery 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 daims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the secidant and/or my claims;
- (iii) earrying out and/or dealing with my instructions or responding to any onephries by me.
- (iv) administering my claims (including the mailing of correspondence, statements, involves, reports or notices to me, which could involve cladesure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/meil prockages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my daims.
- (collectively the "Purposes")
- (b) all insurer(a) who have insured vehicle(s) involved in this specialist and the insurers' sawyers law firms, may/are permitted to collect, usin, disclose and/or process my Personal information for one or more of the above Purposes; and
- (d) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents underlying their lawyers/law firms), which may be sited outside of Singaporo, for one or more of the above Purposes.

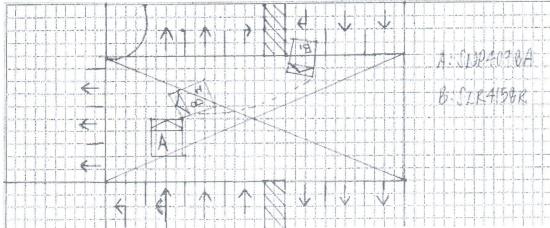
1

Policyholder's Signature i Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRICAD cerd)

Sketch Plan



Describe Circumstance of the Accident
On the stated date and time, I was driving my vehicle
SNP4078A travilling straight along beach road. Sudderly a
velide SLRAISBR made a right turn into Jalan Sultan
abruptly without checking and collided onto my vehicle.
The traffic light is green in my tavour
,

Declaration

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

Driver's Signature (if driver is not the policyholder) / Date Witnessed by Reporting Centre Personnal





1 of 3

Report No. T/20241026/7053

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/10/2024 14:33		:	Vide Report No.:		Station Diary No.:
Informant's F	Particulars				
Name of Info			Address: 23 ELIAS ROAD #17-05 SINGAPO	RE 519930	
ID Type / ID NRIC NO / S			Contact No.: Home/Office:	Mobile: 8684	11202
Nationality: SINGAPORE CITIZEN			Email: HINGWONGNGO@GMAIL.COM		
Sex: Male	Age: 54	Date of Birth: 31/03/1970	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: CIVIL SERVANT			Driving Licence Information: Class: 2B,2A,2,3	Date of Expi	ry:

General Information	of the Accident					
Type of Accident:	Injury Attended by Police		orink Drive: No	Date/Time of Accide 25/10/2024 15:40		Type of Location: T-Junction
Location:						
JALAN SULTAN						
Weather:		Road Sur Dry	face:			
Traffic Flow:		Traffic Control: Traffic Light - Working			Traffic Mode	: Volume: rate
Type of Collision: Between Moving V	ehicles - Head To Side	ı			Anyon ambul No	ne conveyed by ance:

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLR4158R	Motor car				Seriously Damaged	0
SNP4078A	Motor car	JAGUAR	XE 2.0 I4D TSS	White	Seriously Damaged	0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date	
SNP4078A	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED	P11043055R00	22/02/2024	21/02/2025	





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20241026/7053

CONTINUATION OF REPORT

Any Pedestrian In	volved: No				
No. of Pedestrians	Use of Pedestrian Crossing; NA				
Driver					
Name	NGO HING WONG		ID No.		S7010934D
Related Vehicle	SNP4078A (Motor car)		Contact No.		86841202
Hospital/Clinic	NIL		Class Driving Licence Expiry	e &	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Disch	arge	NIL	
No. of Days grante	Degree of	Degree of Injury Sligh		en generale mentrale com en el constante de compresenta de la compresenta del la compresenta de la compresenta de la compresenta de la compresenta del la compresenta de la compresenta de la compresenta de la compresenta del la	

Brief Details.

On the stated date and time, I was driving my vehicle SNP4078A travelling straight along Beach Road. Suddenly a vehicle SLR4158R made a right turn into Jalan Sultan abruptly without checking and collided onto my vehicle. The traffic light was green in my favour.

I sustained injuries from the above mentioned accident and was given 3 days of MC.



T/20241026/7053

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20241026/7053

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: 26/10/2024 14:33
Officer In Charge Of Case: TP / TPIB / KWOK WEI JIE, DANIEL Contact No.: 89220186	Classification Of Case:
NP168	