SN08246J0005 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 19/06/2024 15:28 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (19/06/2024 15:28 (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 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.

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 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 19/06/2024 15:28 (SGT) Reported by **Actual Driver** Date of Accident 07/06/2024 12:40 (SGT) Exact Location of Accident New Bridge Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Commercial vehicle

Vehicle Registration Number SNJ4648L

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner POO HONG GINSENG TRADING PTE LTD Company Reg No 198904245K Email Address tommy2302@gmail.com Mobile Phone No (Phone) +65-97530087 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Vios Variant Exact purpose for which vehicle was being used at time of accident Private use Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only

Transmission Auto CC 1496

Vehicle Category

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 7230008714-01

DRIVER

Name of Driver NG SUI TECK NRIC No S0213965J Date Of Birth 09/06/1942 Occupation Indoor

Driving Pass Date 16/06/1970 Driving experience 54 YEARS Gender Male Mobile Number (Phone) +65-97530087 Alt. Phone Number Email Address tommy2302@gmail.com Address 1 TANJONG RHU ROAD #07-02 Address complement Postcode 436879 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **OWNER** Does Driver Own Other Vehicles? Nο 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 No Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN 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 SJY6436L

Vehicle Manufacturer
Vehicle Model
Vehicle Variant

Vehicle Colour	_
Vehicle Category	Private car
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

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 5. Any false reporting may be referred to the Police for investigation.
- 6. The 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.
- 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 mode available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

富豐參草行私人有限公司 POO HONG GINSENG TRADING PTE LTD BLK 531, UPPER CROSS ST #01-36

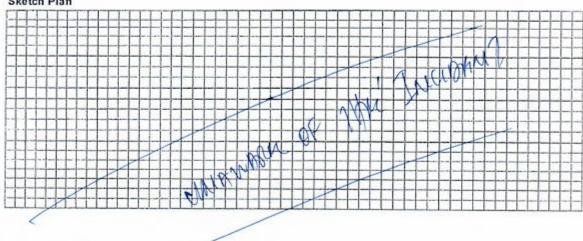
SINGAPORE 050531 BUSINESS RES NO. #2#5/1959-K

BUSINESS RES. NO. #2#5/1989 **
Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

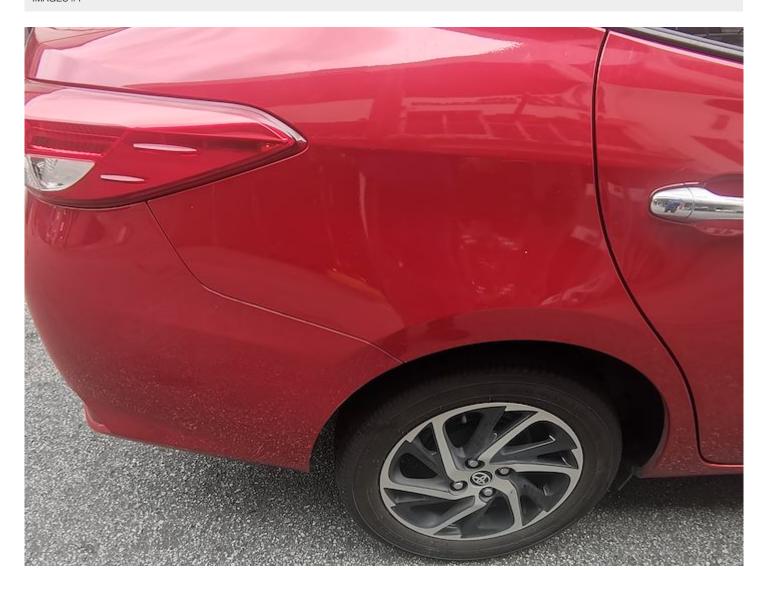


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oci a Signature / Liate &	& Time	not the policyholder) / Date	100	d by Reporting Centre



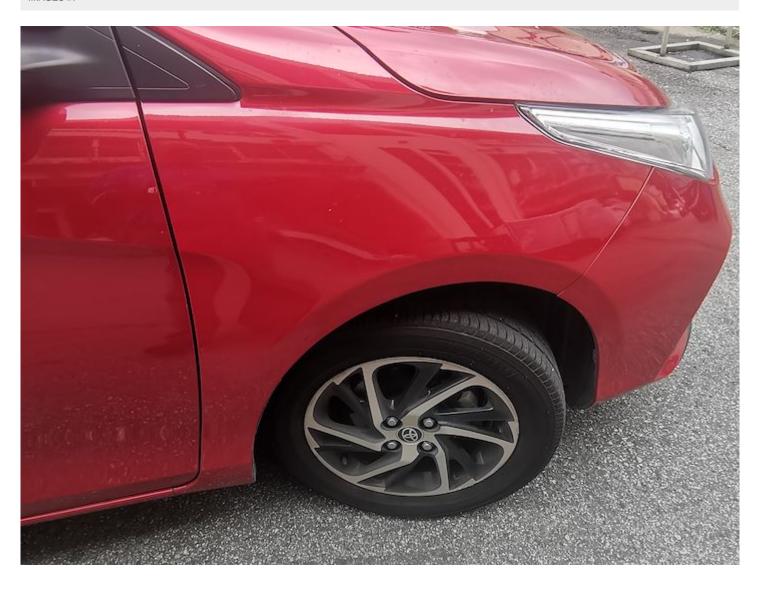




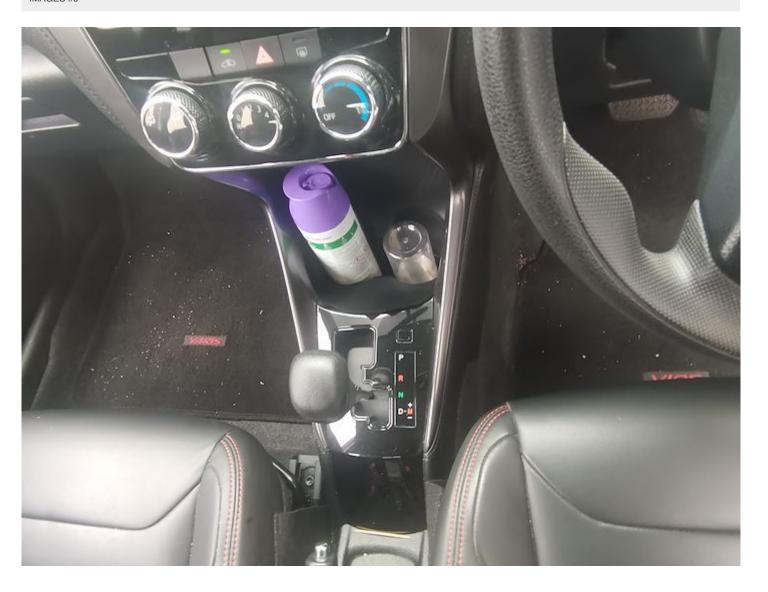




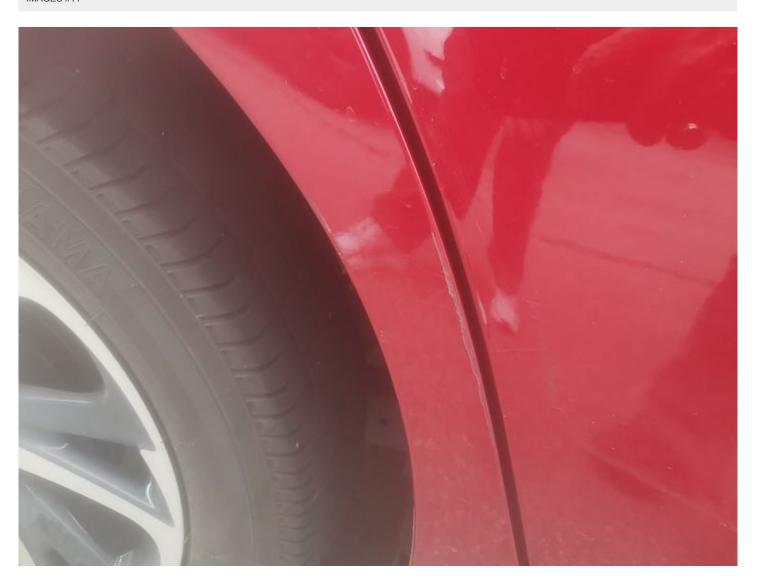
















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20240619/2114

REPORT OF A TRAFFIC ACCIDENT

Date/Tin 19/06/20	Date/Time Report Made: 9/06/2024 13:58		Vide Report No.:	Station Diary No.:
Informa	nt's Partic	ulars	The second second	
	Informant:		Address: 1 TANJONG RHU ROAD SINGAPORE 436879	#07-02 THE WATERSIDE
	/ ID No.: D / S02139	65J	Contact No.: Home/Office:	Mobile: 97530087
Nationali SINGAP	ty: ORE CITIZ	EN	Email:	Wobile, 97550067
Sex: Male	Age: 82	Date of Birth: 09/06/1942	Type of Informant: Driver	
Race: Chinese			Language:	
Occupation: Company director			Driving Licence Information Class:	on: Date of Expiry:

General Infor	mation of the Accid	ent			
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 07/06/2024 12:40	Type of Location	
Location: NEW BRIDGE Weather:	E ROAD	Road Surface;			
Traffic Flow:		Traffic Control:		Traffic Volume:	
Type of Collis	ion:		-	Anyone conveyed by ambulance:	

Vehicle No.	Туре	Make	Model	Color	Conditio	No of Passenger
SJY6436L	Motor car		COROLLA ALTIS 1.6 AUTO		STIGHT	0
SNJ4648L	Motor car		VIOS (E) 4- DOOR SEDAN (AUTO) (2WD)	Red		0



T/20240619/2114

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

Report No. T/20240619/2114

CONTINUATION OF REPORT

Anu Dadastina I	n Involved	The state of the s	CONTRACTOR OF STREET	1534	12 1 70 10	
Any Pedestrian I						
No. of Pedestriar	ns Injured: NIL		Use of Pe	Use of Pedestrian Crossing: NA		
Driver	CONTRACTOR OF THE	and the second	12972 174 FA	a country	101000	ing, rva
Name	Ng Sui Teck			ID No		S0213965J
Related Vehicle	SNJ4648L (Motor car)			Conta	ict No.	97530087
Hospital/Clinic	NIL			Class Drivin Licen Expin	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL D:		Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.

On this date and time, I am unaware of any accidents occurring but was indeed driving the vehicle SNJ4648L at that point in time. My vehicle does not have any damage and I did not hear, see or feel any impact to my vehicle. I was only made aware of this accident after receiving a notice to report an accident from the Traffic Police (TP/IP/16911/2024).



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



3 of 3 Report No. T/20240619/2114

CONTINUATION OF REPORT

Signature of Officer Recording The TP / SCSGT(1) JUMILL NOEL MACADAEG BIGUERAS	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 19/06/2024 13:58
Officer In Charge Of Case: TP / GIA / SR STAFF SGT LEE GUANG HUI Contact No.: 65476414	Classification Of Case:
NP168	