

7p. Comfort (Taxi) - First Capital
MP: 56258

MGE117071573 / Goldbel Engineering Pte Ltd - Tuas
ENTRY DATE & TIME: 31/05/2017 12:33

Your NCD will be affected due to late reporting
Actual e-Filing Submission Date & Time: 31/05/2017 13:01

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 Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
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 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 Report | 31/05/2017 12:33 |
| Date Of Accident | 29/05/2017 22:00 |
| Exact Location Of Accident | PASIR RIS DR 1 SLIP ROAD TOWARDS PASIR RIS DR 12 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SGM5556D |
| Insured/Policyholder | |
| Name Of Registered Owner | NG CHEE KEONG |
| NRIC No | S1107537A |
| Email Address | NGJUNYANG89@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-98312690 |
| Alternative Phone No | OFFICE-98312690 |

Vehicle Particulars

| | |
|--------------|-----------------------------|
| Manufacturer | LAND ROVER |
| Model | FREELANDER 2-2.0 SI4 SE (A) |

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

Insurance Company

| | |
|---------------------------|-------------------------------------|
| Name of Insurance Company | SOMPO INSURANCE SINGAPORE PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | D16MTPV01009043 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | NG JUNYANG |
| NRIC No | S8911542F |
| Date Of Birth | 05/04/1989 |
| Occupation | INDOOR |
| Date Of Driving Pass | 25/08/2009 |
| Driving Experience | 7 YEARS AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98312690 |
| Fax Number | |
| Contact Number | |
| EEmail Address | NGJUNYANG89@GMAIL.COM |

Address
 Postcode
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured CHILDREN
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident COLLISION- HEAD TO REAR (TP HIT INSURED)
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Was any body injured in the Accident? NO
 Was any other material or property damaged? YES
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
 Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? NO
 If Yes, Please state which Police Station
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

AS PER STATEMENT

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? NO
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC898R
 Vehicle Make/Model/Colour MERCEDES/E220/WHITE
 Details Of Properties
 Name of Driver YIO SEE KEAT
 NRIC/Passport Number S1705217I
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Details of Witness

Name
 Phone Number
 Email Address

Sketch Plan

SKETCH PLAN

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 4. The review 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 statements 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 engagement of this report to the insurers, you hereby consent to the archiving of this report in the centre and to copies of the report being made available elsewhere.
 8. Consent under the Personal Data Protection Act (PDPA)
- I understand, know fully, agree and consent that:
- (a) My insurer, my workmate and the General Insurance Association of Singapore ("GIA") may be 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) and their insured vehicle(s) involved in the 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 claim including the settlement of the claim, and any necessary investigations relating to the claim;
 - (ii) investigating the accident and/or my claim;
 - (iii) carrying out and/or dealing with my evaluation or responding to any enquiry by me;
 - (iv) administering my claim (including the making of arrangements, statements, evidence, 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 envelope/postal packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claim (collectively the "Purposes");
 - (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/ law firms, may be 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 third party service providers of agents (including their lawyers/ law firms) which may be based outside of Singapore, for one or more of the above Purposes.

[Signature]
3/5/17

Policyholder's Signature / Date & Time

[Signature]
3/5/17

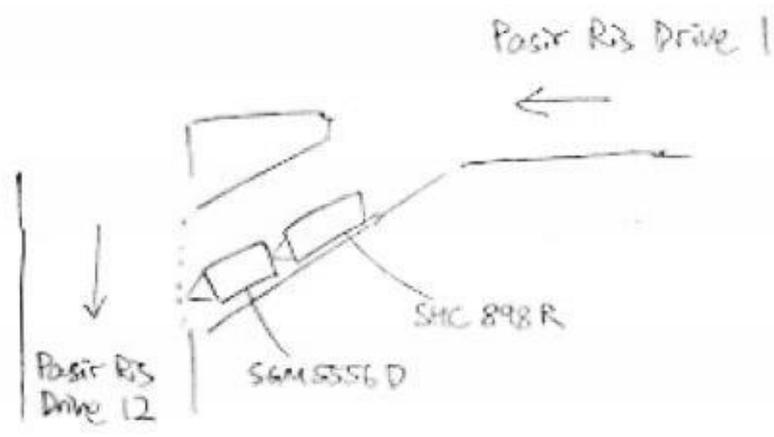
Driver's Signature (if driver is not the policyholder) / Date & Time

3/05/17 12:30pm

[Signature]

Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan #2

Describe Circumstances of the Accident

I was travelling home to 3401 Box Peninsula Road. While driving into Box Rd Drive D from Box Rd Drive I, I stopped at the fireing line as there was an on-coming vehicle. The taxi (Site 848 R) then crashed into my ~~car~~ vehicle (SGM 5556 D) from behind. There was a large "thud" sound and my head hit the backrest of my seat.

We have handed over SGM 5556 D Load Power to Wearnes on 30/05/2017, 3pm.

Declaration

We declare the foregoing particulars are true in every respect.

30/05/17

Policyholder's Signature Date & Time

30/05/17

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



Witnessed by Reporting Officer (Signature)

31/05/17 12:30pm