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 wilful misrepresentation or witholding 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 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 | 12/02/2018 16:04 | |
| Date Of Accident | 10/02/2018 17:15 | |
| Exact Location Of Accident | ALONG WOODLANDS AVE 6 TWRDS WOODLANDS AVE 9 | |
| Country/State of Loss | SINGAPORE | |
| Description of the property of the party of | ETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | GX7559A | |
| Insured/Policyholder | | |
| Name Of Registered Owner | 3I TECHNOLOGIES PTE LTD | |
| Co Reg No | - | |
| Email Address | CHEEMAN@3ITECHNOLOGIES.COM | |
| Mobile Phone No | (LOCAL) +65-93557291 | |
| Alternative Phone No | OFFICE-62626455 | |
| Vehicle Particulars | | |
| Manufacturer | NISSAN | |
| Model | VAN | |
| Exact Purpose for which vehicle was being used at time of accident | ON THE WAY HOME | |
| 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 | COMMERCIAL VEHICLE | |
| Insurance Company | | |
| Name of Insurance Company | GREAT AMERICAN INSURANCE COMPANY | |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT | |
| Fleet Policy | NO | |
| Policy Number | MOMVC000004997-00-000 | |
| Cover Note Number | | |
| Driver | | |
| Name of Driver | CHONG CHEE MAN | |
| Passport No/FIN | F7616722L | |

Passport No/FIN F7616722L

Date Of Birth 12/11/1972

Occupation INDOOR

Date Of Driving Pass 17/05/2005

Driving Experience 12 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93557291

Fax Number

Contact Number OFFICE-62626455

EMail Address CHEEMAN@3ITECHNOLOGIES.COM

Address

BLK 793 WOODLANDS AVENUE 6

#12-663

Postcode

730793

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

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?

YES

If Yes, Please state which Police Station

Police Station Name

WOODLANDS EAST N.P.C

Police Station Address

ROAD: 3 WOODLANDS DRIVE 63, POSTCODE: 737890, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180210/2150

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

FR2622B

Vehicle Make/Model/Colour

HONDA

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 18

Page 3 of 18

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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.
- 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.
- 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 lodgment 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")
- 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders

2 gla

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

Time:

Date & Time:

| SKETCH PLAN A LONG | WOODLONDS AUR 6 70 | WHEOS ANK 9 |
|--|---|--|
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| | | - 4 0 000 |
| A) GX 7559A | 8 1 | CHRYARE |
| B) FR7622B | [A] | |
| | | |
| DESCRIBE CIRCUMSTANCES O | THE ACCIDENT | |
| The second of th | THE ASSISTANT | |
| | | |
| | | John Mary |
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| , | | |
| DECLARATION I/We declare the foregoing particu | as an true is overy respect. | |
| (%) (M) *) | 87 | m 12/02/2018 |
| Policyholder's Strinstore Date & Time: | Oriver's Signature (if driver is not the policyholder) | Reporting Centre Personnel's Signature Name: |

STANK WHISTON em 41





Police Station Of Origin: Woodlands East N.P.C.

3 Woodlands Drive 63 SINGAPORE 737890

Tel No: 1800-7679999

1 of 3 Report No. T/20180210/2150

REPORT OF A TRAFFIC ACCIDENT

 Date/Time Report Made:
 Vide Report No.:
 Station Diary No.:

 10/02/2018 20:08
 J/20180210/0217
 177

| The Control of the Co | | | WIND TOWN FOLUM IT | 1111 | |
|--|--------------|------------------------------|--|----------------------------|--|
| Informa | nt's Partice | ulars | Charles to the later of the lat | Section 1995 April 1995 | |
| Name of Informant CHONG CHEE MAN | | | Address: 10 ANSON ROAD #10-06 INTERNATIONAL PLAZA SINGAPORE 079903 | | |
| ID Type / ID No.: FIN NO / F7616722L | | | Contact No.: Home/Office: | Mobile: 93557291 | |
| Nationality: MALAYSIAN | | | Email: | | |
| Sex: Male | Age: 45 | Date of Birth: 12/11/1972 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: | Institution / School Name: | |
| Occupation: CONSTRUCTION WORKER | | VORKER | Driving Licence Information: Class: 2B,3 | Date of Expiry: | |

| Type of Accident: | Injury Police Vehicle | Drink Drive: No | Date/Time of Accident: 10/02/2018 17:15 | Type of Location Straight Road | |
|--------------------------|--------------------------------|-------------------------|---|-----------------------------------|--|
| TOWARDS V | S AVENUE 6 VOODLANDS AVENUE | Road Surface: | | Road Speed Limit: | |
| | | Dry Traffic Control: | | Tooff a Malana | |
| the second second | Traffic Flow: Two Way | | | Traffic Volume: No Traffic | |
| Traffic Flow: Two Way | | Traine Control. | | | |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------------|--------|-------|--------|---------------------|----------------|
| Vehicle No. | Туре | Make | Model | Color | Condition | No of Passenge |
| FR2622B | Motorcycle | HONDA | | Blue | Slightly Damaged | 0 |
| GX7559A | Van | NISSAN | | Silver | Slightly Damaged | 0 |





T/20180210/2150

Police Station Of Origin: Woodlands East N.P.C.

Report No. T/20180210/2150

2 of 3

3 Woodlands Drive 63 SINGAPORE 737890

Tel No: 1800-7679999

CONTINUATION OF REPORT

Brief Details.

On 10/02/2018, at about 1715hrs. I was driving my van GX7559A along woodlands avenue 6, towards woodlands avenue 9. I was about to turn right into the cluster of Blk 792A Woodlands Avenue 6. I came to stop as I was waiting for the opposite traffic to be cleared. Subsequently, I heard a loud bang sound, a male riding a motorbike: FR2622B knocked onto my van. Afterwards I alighted and make a check and discovered a male was injured. Traffic Police and ambulance was at scene. The male subject was conveyed by the ambulance. I was informed to lodge a traffic accident report under IO Sharul Nizam, Tel: 65476904.





Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999

3 of 3 Report No. T/20180210/2150

CONTINUATION OF REPORT

Sketch Plan

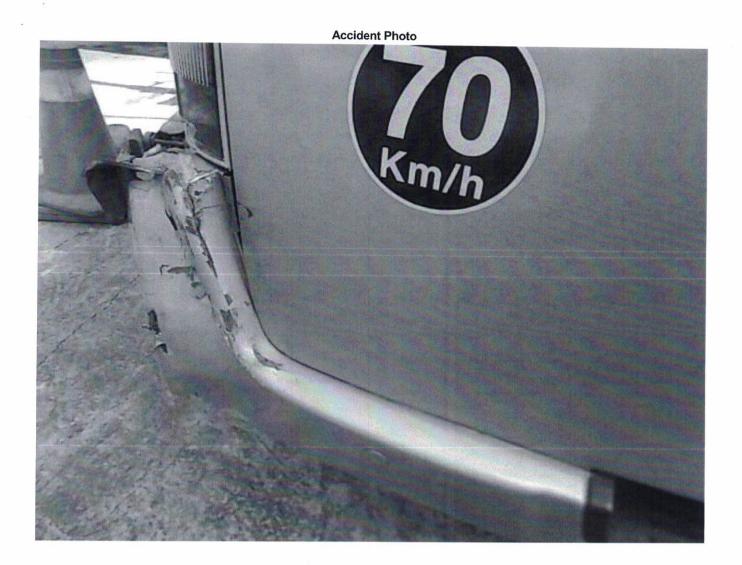
Informant is not able to provide sketch plan

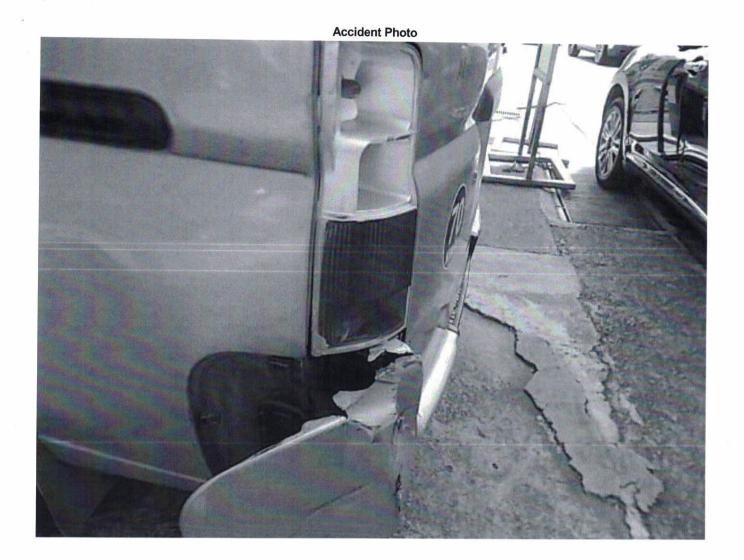
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

| Signature Of Officer Recording The Report: J / LEE CHING HAO NICHOLAS | Signature Of Informant: |
|--|--------------------------------|
| Signature Of Interpreter: Not applicable | Date/Time; 10/02/2018 20:08 |
| Officer In Charge Of Case: TP / DDGVT / Sr Staff Sgt MU WEI JUN SN 130 Contact No. 165476225 | Classification Of Case: |
| Authentication Stamp NP168 Signature: 19300re Police Force | |





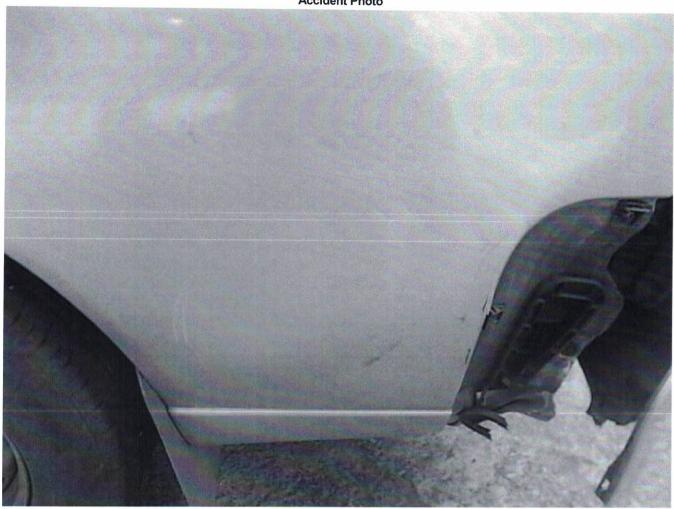












80 100 60 km/h 120 40 160 180 **Accident Photo**

CHASSIS NO: JN1HG2E25Z0-701023

ULW : 1500 KGS

MLW : 3100 KGS

P. CAP : F: 01

R: 00

TYRE SIZE : F: 195Rx15 8PLY

R: 195Rx15 8PLY(S)