

CONFIDENTIAL

Annex B

NOTICE OF REPORTING

This is to confirm that Koh Hwa Ja, NRIC S8264529B has reported to the Police a non-injury traffic accident which occurred along Bideford Road on 17/08/2020 at about 1330hrs involving the following vehicles:

- 1) YP2189X driven by Koh Hwa Ja, NRIC: S8264529B, HP: 94392663
- 2) SFN280M driven by Lee Choon Huat, NRIC: S1369873B, HP: 90184360

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.


Rank/Name of Issuing Officer: Sgt(2) Muhammad Mujahid

Date: 17/08/2020

Time: 1955hrs

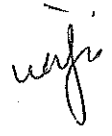
S/D Ref: 43

Police Post/Unit: Hong Kah North NPP, Jurong Police Division

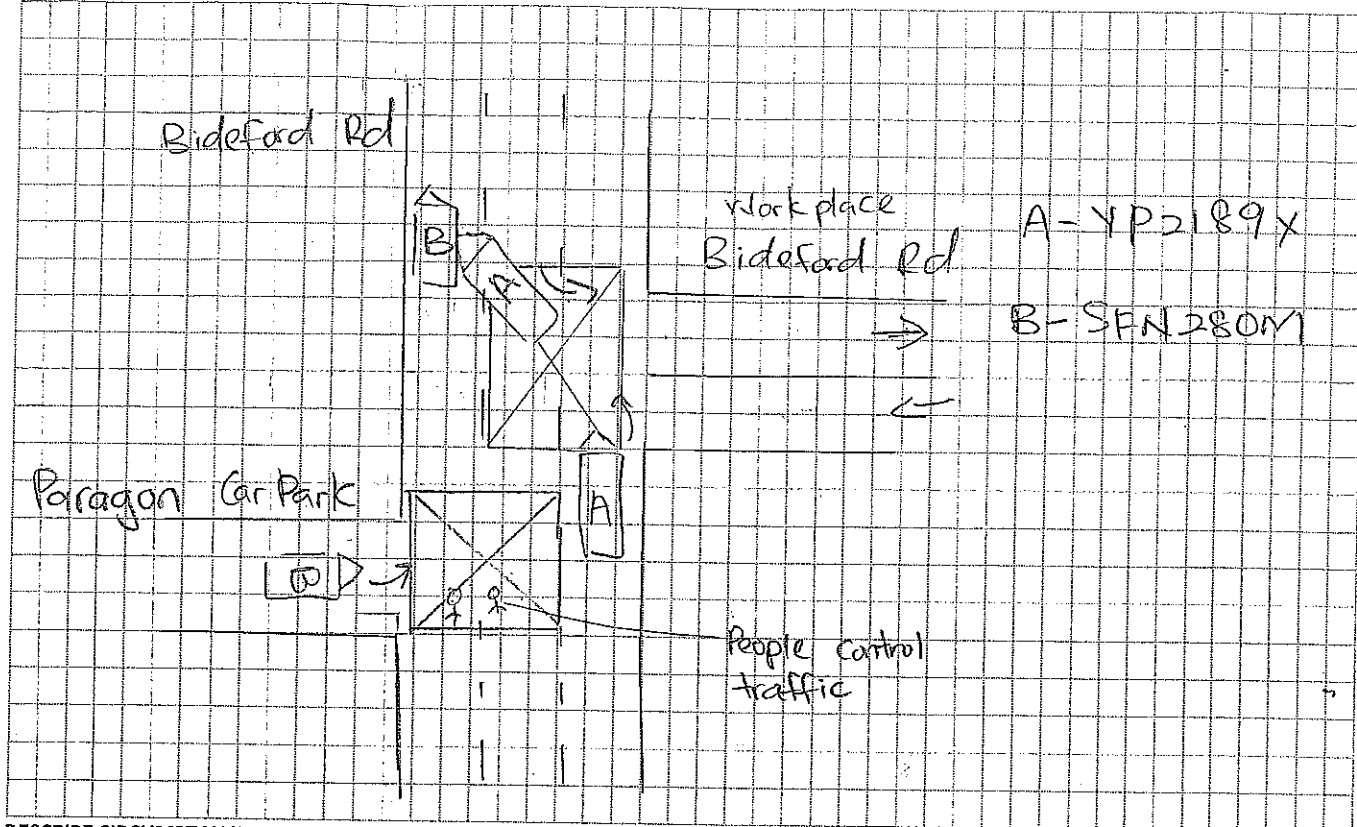

HONG KAH NORTH NPP
BLK 370 BUKIT BATOK STREET 31
SINGAPORE 650370
TEL: 1800-567 9999

Original - to be issued to informant
Duplicate - to be submitted to Traffic Police

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KOH HWA JA

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17/08/2020 @ 1330 hrs.

My vehicle stationary at side road of Bideford Rd.

Workplace people help to guard the traffic and ask me reserved into the workplace. When they give me a guideline the traffic is ok. I then started to move and reversing

into the workplace. When reversing time, suddenly I feel an impact from my side. I notice that vehicle B hit onto my vehicle front left portion. Workplace people told me that vehicle B driver ignored their instruction and move forward the vehicle causing this accident happen.

Remark: I was authorise driver to drive this lorry when the accident time

DECLARATION

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

WYN2000 Logistics Pte Ltd

21 Tuas Avenue 8
Singapore 639196

Tel: 6266 0566 (6 Lines)

Fax: 6266 0966

Co. Reg. No. 200309094N

GIARMC SketchPlanForm_V3

Driver's Signature
(If driver is not the policyholder)

Date & Time:

2

- ☐ Claim own policy
- ☐ Claim third party
- ☐ Claim OD / TP at other workshop
- ☒ For record purpose

Policy No. P1769401

Insurer AXIA Veh. No. YP2189X

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

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 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 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.
7. 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")
- (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.
- (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.

I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

WYN2000 Logistics Pte Ltd

21 Tuas Avenue 9

Singapore 639196

Tel: 6266 0566 (6 Lines)

Fax: 62660966

Co. Reg. No. 200309094N

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: