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 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. 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 Submission 07/12/2020 20:41 (SGT) Date of Accident 06/12/2020 17:30 (SGT) Exact Location of Accident Old Choa Chu Kang Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Opel

Vehicle Registration Number SI S833X

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LAM WEI CHOONG NRIC No. SXXXX680B Email Address lam.aspects@gmail.com Mobile Phone No (Phone) +65-96384971 Alternative Phone No +65-96384971

VEHICLE PARTICULARS

Manufacturer

Model **CASCADA** Variant 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 - Claiming third party Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company **MSIG** Type of Coverage Comprehensive Fleet Policy Policy Number A 80461129 QMY Cover Note Number

DRIVER

Name of Driver MRS LAM WEI CHOONG NEE LEE KUO PEI NRIC No SXXXX711J Date Of Birth 02/11/1956 Occupation Indoor

Date Of Driving Pass 16/10/1979 Driving experience 41 YEARS AND 2 MONTHS Gender Female Mobile Number (Phone) +65-93897275 Alt. Phone Number Email Address lam.aspects@gmail.com Address 4 JALAN KEBAYA Address complement Postcode 827292 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse 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 Collision - Major/Minor Rd 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? Yes Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name LEE PIK KHUEN Gender Female **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? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20201207/7044 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**

SKU9248C

Volkswagen

Accident report SN0820C7000D

Vehicle Model

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Variant

Vehicle Colour Vehicle Category Private car Name of Driver AFANDI BIN ABU BAKAR NRIC No SXXXX808C Contact Number (Phone) +65-96865447 Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person

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?

MRS LAM WEI CHOONG NEE LEE KUO PEI
SLIGHT INJURY
SLIGHT INJURY
SLS833X
Yes
No

INJURED 2

Name of injured person

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?

LEE PIK KHUEN
LEE PIK KHUEN
SLES PIK KHUEN
No

WITNESS DETAILS

WITNESS 1

Name LEE PIK KHUEN
Phone Email -

SKETCH PLAN

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- 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 transfers when Personal Information to all insurer(s) who have insured weblied(s) involved in this accident (all insurer(s) who have insured veblicles) involved in this accident shall be collectively referred to as the "insurers", the insurer's lawyer/law Enrich was the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (v) administering volams (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 (lat to the Inflor 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:
 - 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

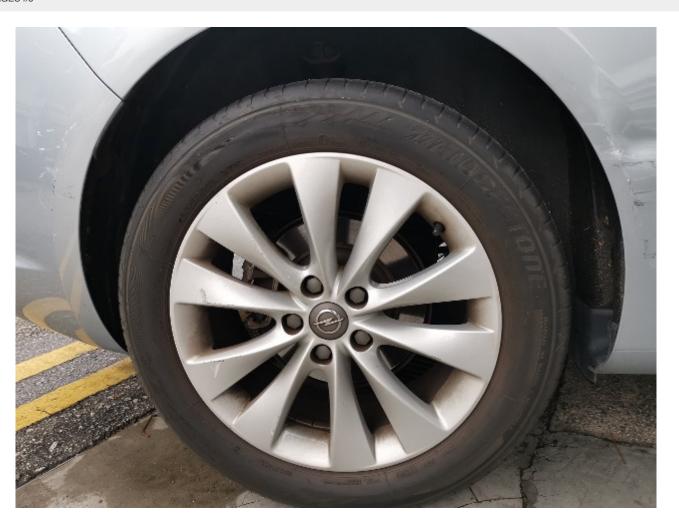
(ii) for complying with requirements under any regulations, laws or court orders.
THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY I WILL OFFICK MY POLICY FOR MORE D

Policyholder's Signature
Policyholder's Signat

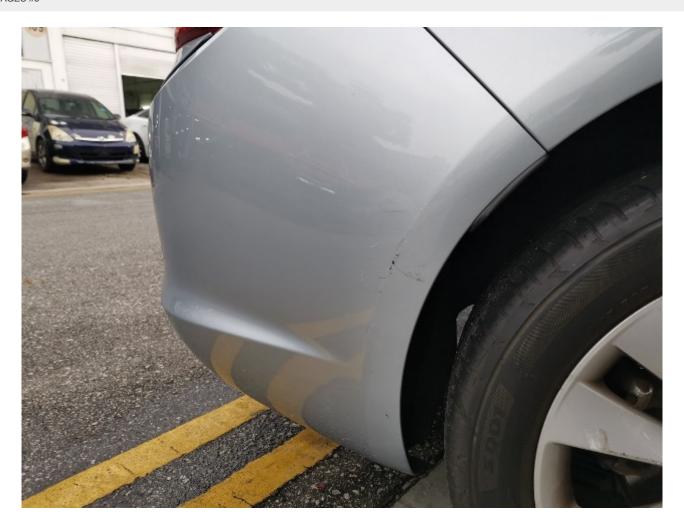
SKETCH PLAN			
Veh A: SLS 833 X			
Veh B: 9 KU 9248	6		
	The Garden Of		
	Remembrance		
	The residence		Bus Stop
	old choa chu kang Rd	TAD	
		(B)	
		11	
		47	CarPark B1
			Curium on
DESCRIBE CIRCUMSTA	ANCES OF THE ACCIDENT		
hi h 0 -	D. b. 1 =1	- 1 1	
Please Refer To	Police Report No. T/20201:	207/7044	
1			
DECLARATION			
	ng particulars are true in every respect.		/1,
	ng particulars are true in every respect.		///
0 - m	1 (0 -		
I/We declare the foregoin	ng particulars are true in every respect. UH LAGAM	A. A.	w orlohoro 1
I/We declare the foregoin	our lakali	- All and a second a second and	w 67/11/1990 /
I/We declare the foregoin	Driver's Signature	Miles Mepon	M 62 (1/2020)
I/We declare the foregoin Policyholder's Signature Date & Time;	our lakali	Months of the Second Name (Name (Nam	W 67 (1/1970) sing Centre Personnel's Signas/eg. 11 No.: Al W

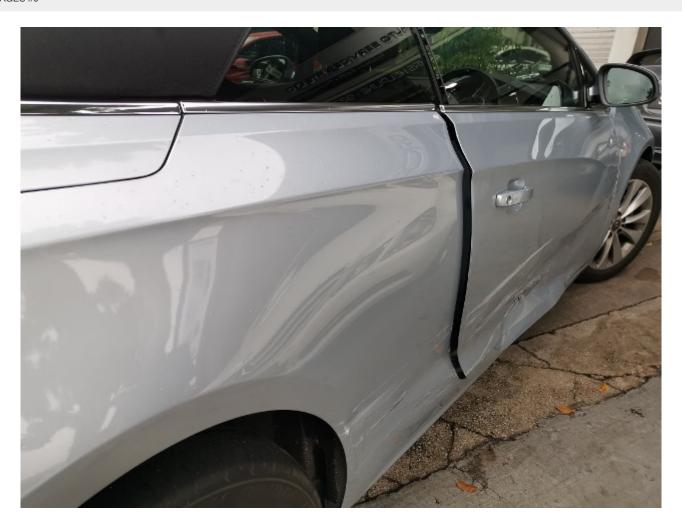




















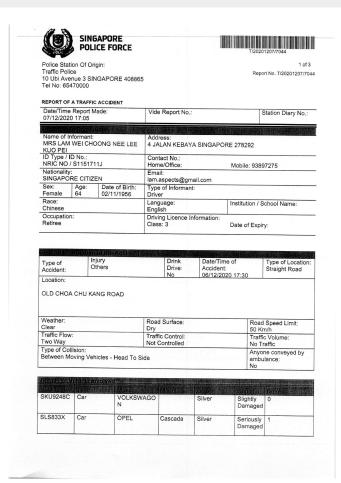














T/20201207/7044

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

2 of 3 Report No. T/20201207/7044

CONTINUATION OF REPORT

No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Pose ign						
Name	LEE PIK KHUEN			ID No.		S1363557I
Related Vehicle	SLS833X (Car)			Contact No.		NIL
Hospital/Clinic	HO MEDICAL CENTRE PTE LTD		Class of Driving Licence & Expiry		Class: 3 Date of Expiry: NIL	
Date	07/12/2020		Date	07/12		/2020
No. of Days granted Medical Leave 03		03	Degree of Sligh		Slight	States, etc.
						Programme and the
Name	MRS LAM WEI CHOONG NEE LEE KUO PEI		ID No.		S1151711J	
Related Vehicle	SLS833X (Car)			Conta	ct No.	93897275
Hospital/Clinic	HO MEDICAL CENTRE PTE LTD		koj trgučino	Class of Driving Licence & Expiry		Class: 3 Date of Expiry: NIL
Date	07/12/2020 Date		Date	07/12/20		/2020
No. of Days granted Medical Leave 03		0.2	Degree of S		Slight	

Brief Details.

I drove out of The Garden of Remembrance onto Old Choa Chu Kang Road and was approaching Jin Bahar when a silver Volkswagen license number SKU9248C, came out of the minor road off Cemetery South Street 18 and Car Park B1 and hit my car on the driver's side, with its left front corner.

I did not feel well after the accident and went to see a doctor this morning. Doctor gave me a 3 day medical certificate.

My front passenger, Ms Lee Pik Khuen felt traumatized and has gone to seek medical attention. She also received a 3 day medical certificate.

