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 18/02/2021 16:17 (SGT) Date of Accident 17/02/2021 16:55 (SGT) Exact Location of Accident Jln Buroh, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLR8505X

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LOH KUI KENG NRIC No. SXXXX423H Email Address fannoei@hotmail.com Mobile Phone No (Phone) +65-98269944 Alternative Phone No +65-92950519

VEHICLE PARTICULARS

Manufacturer Honda Model Fit 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 - Claiming third party Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage ThirdPartyFireTheft Fleet Policy Policy Number 5100754546-02 Cover Note Number

DRIVER

Name of Driver OEI YUAN FANG, FANN NRIC No SXXXX123F Date Of Birth 10/06/1996 Occupation Indoor

Date Of Driving Pass 20/11/2015 Driving experience 5 YEARS AND 3 MONTHS Gender Female Mobile Number (Phone) +65-92950519 Alt. Phone Number Email Address fannoei@hotmail.com Address 70 HOUGANG AVE 7 Address complement #01-04 Postcode 538804 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Child Does Driver Own Other Vehicles? No 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 - Head to Rear 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? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name MacPherson Neighbourhood Police Post Police Station Phone No (Phone) +65-18007449999 Alt. Police Station Phone No (Fax) +65-65476366 Police Station Address Blk 54 Pipit Road #01-82/84 Singapore 370054 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE POLICE REPORT: T/20210218/2056 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	XE712T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MOGAN
Contact Number	(Phone) +65-84937764



Address	-
Address complement	
Postcode	<u>-</u>
Insurance Company Name	<u>-</u>
Nature Of Damage	
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Address	OEI YUAN FANG,FANN
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SLR8505X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

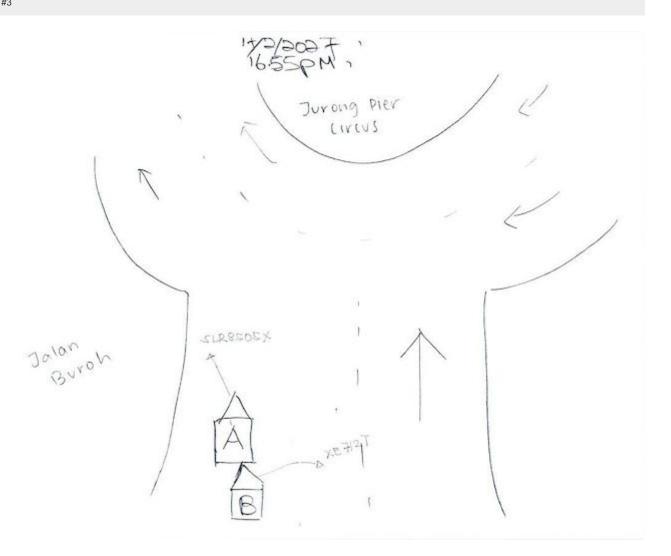
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- By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the
 report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

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
- (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.

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laration		
declare the foregoing particula	rs are true in every respect,	
	95	
	Jam 2: 18 Feb 2021	
	Ochrece 18 LED SOFI	-
yholder's Signature / Date &	Driver's Signature (If driver is not the policyholder) / Date	Witnessed by Reporting Centre



2 of 3

MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054

Report No. T/20210218/2056

CONTINUATION OF REPORT

Name	OEI YUAN FANG, FANN		ID No.		S9621123F			
Related Vehicle	SLR8505X (Car)			Contact No		92950519		
Hospital/Clinic	UNIHEALTH Clinic			Class Driving Licence Expiry	e &	Class: 3 Date of Expiry: NIL		
Date Treatment			Date Disc	harge	NIL			
No. of Days gran	ted Medical Leave	03	Degree of	Injury	Sligh	ALL SECTION AND DESCRIPTION		
Name	Mogan			ID No.		NIL		
Related Vehicle	NIL		C		Contact N		ct No.	84937764
Hospital/Clinic	NIL.			Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL		
Date Treatment	NIL		Date Disc	harge	NIL	ADD TO THE OWNER OF THE OWNER OWNER OF THE OWNER		
Date Hoanner	ted Medical Leave	NIL	Degree of		NIL			

Brief Details.

On the 17/02/2021 at 1655hr. I was driving along Jalan Buroh entering a merging lane when I felt an impact from the back of my vehicle. I exited from my vehicle and went to make a check and realized it was a Head to Rear collision. I then exchanged details with the driver and continued my way back home. On the 18/02/2021, I visited a private clinic(Unihealth Clinic) located at 214 Bedok North Street 1 #01-171 just for a regular check up and was given 3 days of Medical Certificate. I am lodging this report for insurance claim purposes.





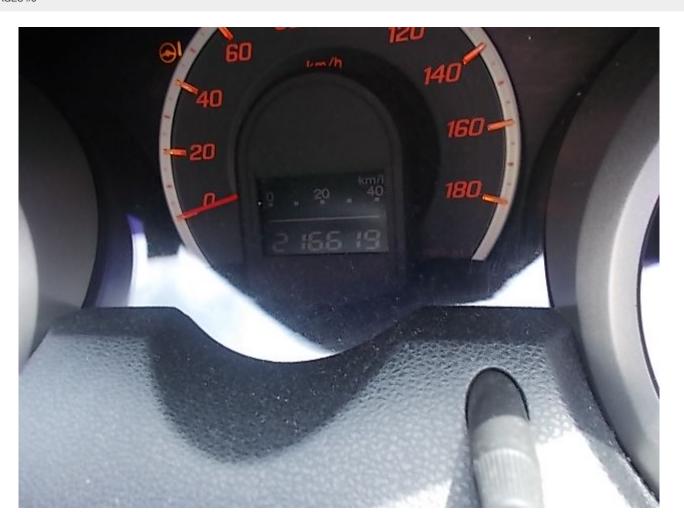


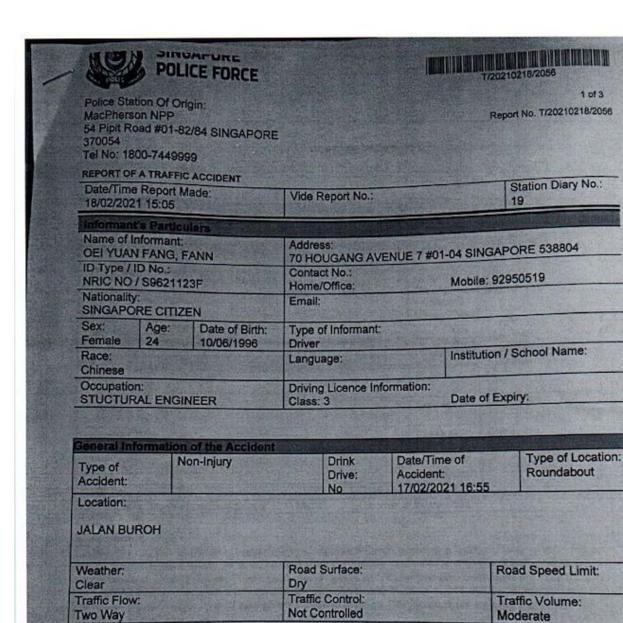












Details of V	GITICIO IIVO	White the contract of the cont	M AVECUS C	A STATE OF THE STA		
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLR8505X	Car	HONDA	FIT 1.3G A	Pink	Slightly	0
XE712T	Truck	MERCEDES BENZ	AXOR C 1836LS 4X2 3600 AUTO ABS		Damaged Slightly Damaged	0

THE PARTY OF THE P
trian Crossing: NA
S

Type of Collision:

Between Moving Vehicles - Head To Rear

Anyone conveyed by

ambulance:

2 of 3

64 Pipit Road #01-82/84 SINGAPORE 370054

Report No. T/20210218/2056

CONTINUATION OF REPORT

Name	OEI YUAN FANG, FANN	ID No.	S9621123F
Related Vehicle	SLR8505X (Car)	GLR8505X (Car) Contact No	
Hospital/Clinic	UNIHEALTH Clinic	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment		Date Discharge NIL	THE REPORT OF THE PARTY OF THE
No. of Days gran	ted Medical Leave 03	Degree of Injury Sligh	t de la companya della companya de la companya della companya dell
Name	Mogan	ID No.	NIL
Related Vehicle	NIL	Contact No.	84937764
Hospital/Clinic	NIL,	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL ted Medical Leave NIL	Date Discharge NIL	
Alle of Chairs areas	ted Medical Leave NIL	Degree of Injury NIL	

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