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 5. Intermitted in provided midst be as it dufficing and accurate as possible. Any white misteries estimation of witholding of material facts may allow insurance companies to repuddance 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 18/12/2020 12:13 (SGT) Date of Accident 17/12/2020 15:05 (SGT) Exact Location of Accident Tampines Ave 7, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMD3033K

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner **TEO GEOK HOON** NRIC No S7319298F Email Address tverat73@yahoo.com.sg Mobile Phone No (Phone) +65-90083083 Alternative Phone No +65-90083083

VEHICLE PARTICULARS

Manufacturer Mercedes Mode Glc250 Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company Sompo Type of Coverage Comprehensive Fleet Policy Policy Number D20MTPV01010823 Cover Note Number

DRIVER

Name of Driver TEO GEOK HOON NRIC No S7319298F Date Of Birth 31/05/1973 Occupation Indoor

Date Of Driving Pass 15/11/1996 Driving experience 24 YEARS AND 1 MONTH Gender Female Mobile Number (Phone) +65-90083083 Alt. Phone Number +65-90083083 Email Address tverat73@yahoo.com.sg Address 17B JALAN HOCK CHYE Address complement Postcode 538196 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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 Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No 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 SAM Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Serangoon Neighbourhood Police Centre Police Station Address 50 Serangoon Avenue 2 #01-02 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLIC REPORT ATTACHED ATTACHMENT(S) Are accident photos available for attachment? No Was there any video captured by Car Camera? Nο Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SLZ5155A Vehicle Manufacturer Vehicle Model

Private car

Vehicle Colour

Vehicle Variant

Vehicle Category

Name of Driver	-
Contact Number	_
Address	
Address complement	_
Postcode	_
Insurance Company Name	
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	_

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 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) l 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 (a) we state they workshop and the General insurance Association of Singapore (SIA) integrate permitted to concern 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 (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' 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. nature / Date & Driver's Signature (If driver is not the policyholder) / Date Witnessed by Reporting Centre Sketch Plan A - SMO3033K B-SLZSITTA

Refer	to	Police	ent	attack-ol	
		1	- Propert	attached	New York Market Name of the Control
To make the	1 1989				
		Of the latest the late	MARKET STATE		
			Chrysles	VOLID COLUMN TO A STATE OF THE	
					The second second second
		A Water Street			
		Link years		The College	MEG 228ALINESSA
			Distance of the		
			10.00		
	70.00				
eclaration					TO SEE STATE OF THE SECOND
Ve declare the fore	egoing part	iculars are true in	every respect.		
1-1			1 No		
mer	v .		the gran		
licyholder's Signati ne	ure / Date /	& Driver's Si & Time	ignature (It drive	r is not the policyholder) / (Date Witnessed by Reporting Centre Personnel
	2011	NEW STREET			







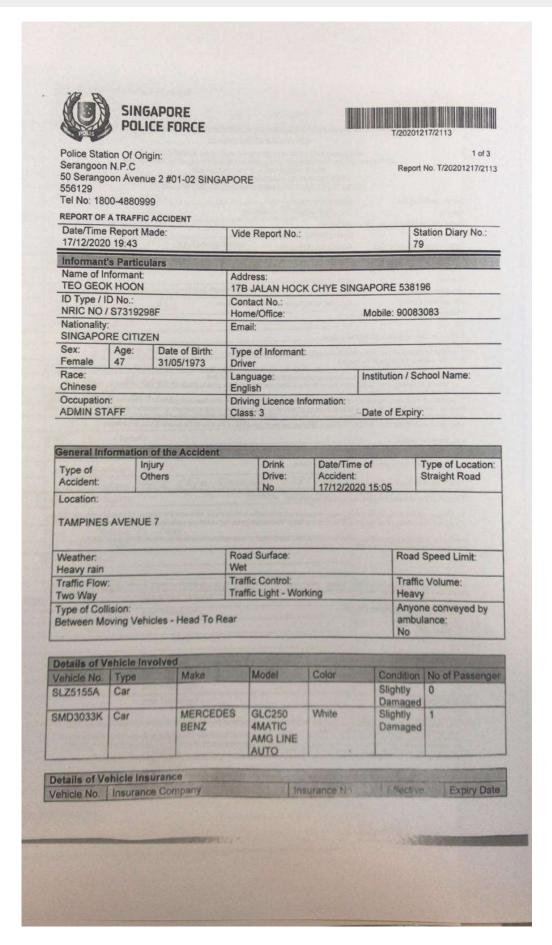














T/20201217/2113

Police Station Of Origin: Serangoon N.P.C 50 Serangoon Avenue 2 #01-02 SINGAPORE 556129 CONTINUATION OF REPORT Tel No: 1800-4880999

2 of 3 Report No. T/20201217/2113

Details of Vo	ehicle Insurance			ALC: NO SECURITION
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
	TENET SOMPO INSURANCE PTE. LTD.	D20MTPV0101082	14/08/2020	13/08/2021

Brief Details.

On 17 December 2020 at about 1505hrs, I was driving my vehicle bearing SMD3033K along Tampines Avenue 7 towards Loyang. It was raining heavily and the road surface was wet. At the junction of Tampines Avenue 7 and TPE flyover, I slow my vehicle to a stop as the traffic light was red. Suddenly, I felt an impact from the rear and alight to make a check then discovered vehicle bearing SLZ5155A had collided head on to the rear of my vehicle. My vehicle's bumper and rear car plate was damaged. I exchanged particulars with the driver of SLZ5155A and took some photos of the damage before we left the scene. No one claimed any injury at this point.

I am lodging this traffic accident report as I was informed by the driver of SLZ5155A that he felt pain on

his knees after the accident, that is all.

