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.

- 4. The issue and acceptance of this is form by instrained 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 16/06/2021 16:28 (SGT) Date of Accident 15/06/2021 10:55 (SGT) Exact Location of Accident Singapore Additional Location Information CTE Before Bahagia Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mercedes

Vehicle Registration Number SKR954Y

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner RICHARD PNG SIOW HONG NRIC No SXXXX439G Email Address bearofkel 92@hotmail.com Mobile Phone No (Phone) +65-88668229 Alternative Phone No +65-88668229

VEHICLE PARTICULARS

Manufacturer

Model Cla250 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 Transmission Auto CC 1991

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy Policy Number 5120427184 (CLASSIC) Cover Note Number

DRIVER

Name of Driver RICHARD PNG SIOW HONG NRIC No SXXXX439G

Date Of Birth 02/09/1992 Occupation Outdoor Date Of Driving Pass 19/02/2013 Driving experience 8 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-88668229 Alt. Phone Number +65-88668229 Email Address bearofkel 92@hotmail.com Address 428B YISHUN AVENUE 11 #06-160 Address complement Postcode 762428 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 Chain Collision 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? No 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 PASSENGER 1 Name CHEW JUN DE Gender Male PASSENGER 2 Name **CALVIN ONG** Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? 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 Refer to Sketch Plan 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	SFJ1145K
Vehicle Manufacturer	_
Vehicle Model	-
Vehicle Variant	_
Vehicle Colour	_
Vehicle Category	Private car
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer	SMS1038G
Vehicle Model	_
Vehicle Variant	_
Vehicle Colour	-
Vehicle Category	Private car
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)	-

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?	RICHARD PNG SIOW HONG 28 5 DAYS MEDICAL LEAVE SKR954Y 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?	

INJURED 3

Name of injured person **CALVIN ONG**

Address

Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKR954Y
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 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.

Policyholder's Signature / Date &

Driver's Signature (If driver is not the policyholder) / Date & Time

IDAC SIN MING(VICOM LTD) 385 SIN MING DRIVE S(575718)

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of th	e Accident			
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Declaration

IWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Tyre

Driver's Signature (If driver is not the policyholder) / Date & Tirge

IDAC SIN MING(VICOM LTD) 385 SIN MING DRIVE S(575718)

Witnessed by Reporting Centre Personnel