SW0B21970002 / Woon Meng Motor Pte Ltd [659578] ENTRY DATE & TIME: 08/09/2021 00:22 (SGT) SUBMITTED BY: Heng Sew Sow VERSION: 1 (08/09/2021 00:22 (SGT))

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 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 08/09/2021 00:22 (SGT) Date of Accident 06/09/2021 13:41 (SGT) Exact Location of Accident Singapore Additional Location Information Junction of Sungei Kadut Ave and Woodlands Road Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mercedes

Vehicle Registration Number 5025S

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner Woon Meng Motor Pte Ltd Company Reg No 200603678M **Email Address** woonmeng@singnet.com.sg Mobile Phone No (Phone) +65-63161131 Alternative Phone No +65-63161131

VEHICLE PARTICULARS

Manufacturer

Model Actros 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 - Reporting only Vehicle Category Motor trade Transmission Auto CC

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd Type of Coverage ThirdParty Fleet Policy Policy Number Z/20/VC40/109099-001 Cover Note Number

DRIVER

Name of Driver Chong Han Woon NRIC No. S6872880J

Date Of Birth 02/02/1968 Occupation Outdoor Date Of Driving Pass 11/09/1992 Driving experience 29 YEARS Gender Male Mobile Number (Phone) +65-97302017 Alt. Phone Number Email Address woonmeng@singnet.com.sg Address 50, Bukit Batok Street 23, #01-06 Midview Building Address complement Postcode 659578 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? 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 Side Swipe 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? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name **Bukit Timah Neighbourhood Police Post** Police Station Phone No (Phone) +65-18004689999 Alt. Police Station Phone No (Fax) +65-64623782 Police Station Address Blk 1 Toh Yi Drive #01-139 Singapore 591501 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT Refer to police report no.: T/20210907/2120. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SMR644T Vehicle Manufacturer Vehicle Model

Private car

Vehicle Variant
Vehicle Colour
Vehicle Category

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

DETAILS OF OTHER VEHICLE PROPERTY 2

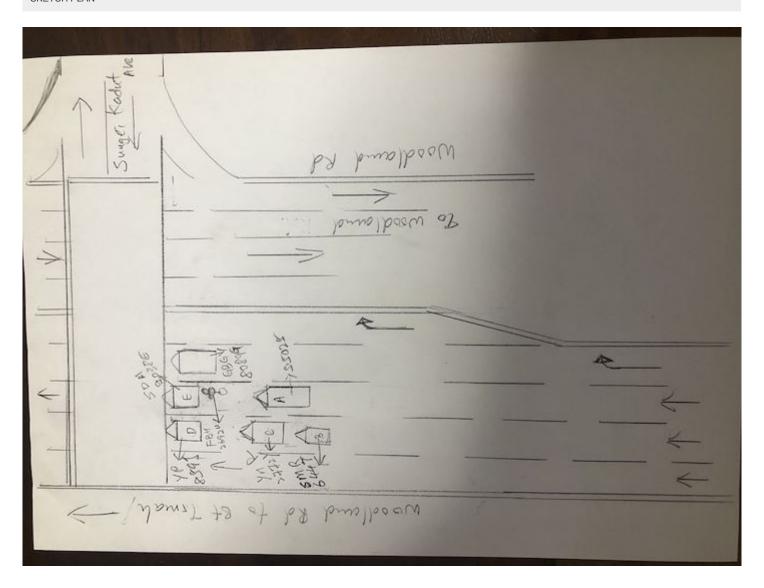
| Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour | YN2772Y - - - |
|---|------------------------|
| Vehicle Category | Commercial vehicle |
| Name of Driver | - |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | _ |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

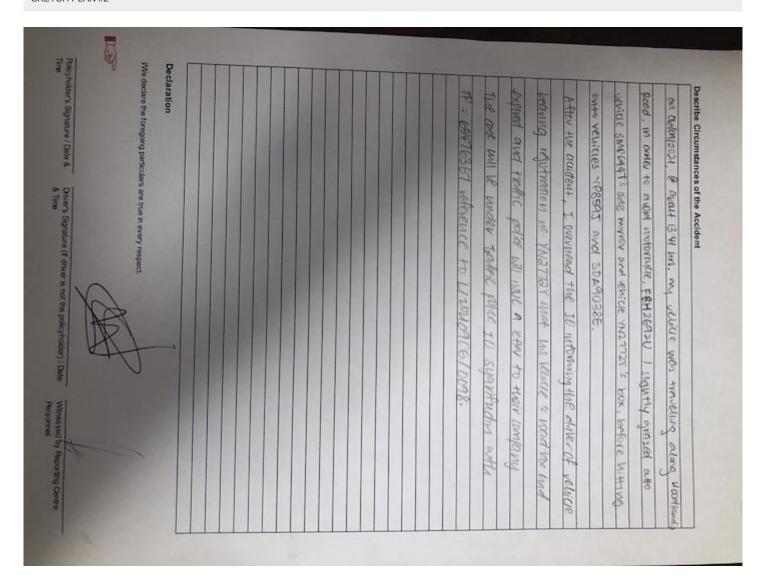
DETAILS OF OTHER VEHICLE PROPERTY 3

| Vehicle Registration Number | YP859J |
|---|--------------------|
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| 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 4

| Vehicle Registration Number | SDA9038E |
|---|-------------|
| 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) | - |

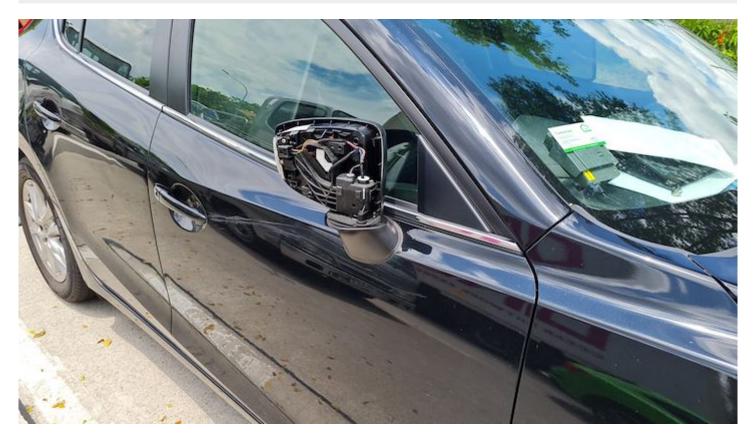




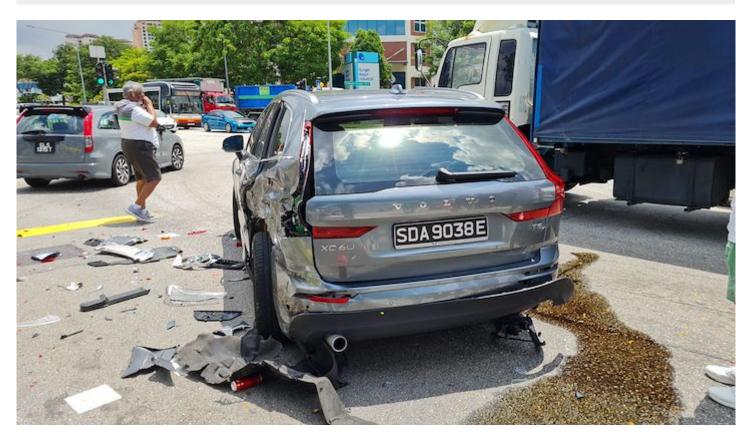
1 IMPORTANT NOTICE 2. This Formmust be completed by the Policyholder and/or the Authorised Driver 1. Please report correctly me details of the accident to speed up the claims process. 4. The issue and acceptance of the Formby maurance comparies is not an admission of policy liability on the part of the insurance 5. Any false reporting may be referred to the Police for investigation 6. The report will be forwarded by the insuries of the GA, Records Munagement Cantra established by the Central Insurance Association of Singapore (GAA) for archiving and that oppes of the report will for a fee be made exallable upon application by interested parties. flow insurance companies to repudiate policy liability. . Information provided must be as truthful and accurate as possible. Any willul misrepa who have insured vehicle(s) irrolved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the hourses live years tow firms, the Abnetiny Authority of Singapore and any relevant. (a) My risurer , my wiphshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disobate and/or process my personal disappersonal information set out in this from and any other personal information provided by me or Consent under the Personal Data Protection Act (PDPA) (ii) carrying out and/or dealing with my instructions or responding to any enquiries by me. (i) processing, handing and/or dealing with my claims including the settlement of the claims possessed by my insurar (colocities) the "Personal Information") and disclore and transfer such Personal Information to all insuraris understand, acknowledge, agree and consent that . By the bodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the (iv) administering my claims (including the making of correspondence, statements, avoices, reports or disclosure of certain personal data about me to bring about delviny of the same as wiell as on the extr (4) investigating the accident and/or my claims; government agency/authority (such as the police), for the purpose(s) of (v) complying with applicable tow in administering, processing, handing and/or dealing with my claim use, disclose and/or process my Personal Information for one or more of the above (b) all insurer(s) who have insured vehicle(s) involved in this accident and the frauers the (collectively the "Purposes") Sketch Plan Policyholder's Signature / Date & Please note that you might be able to submi SKETCH PLAN sentation or withholding of material facts may





















T/20210907/2120

Police Station Of Origin: **Bukit Timah NPP**

1 Toh Yi Drive #01-139 SINGAPORE 591501

Tel No: 1800-4689999

CONTINUATION OF REPORT

3 of 3

Report No. T/20210907/2120

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Sgt 2 WONG JUN LI Signature Of Interpreter: Not applicable Officer In Charge Of Case: TP/GIT/ Sgt 3 MUHAMMAD SYARIFUDDIN SINGAPORE MUHAMMAD AJMAIN POLICE FORCE Contact No.: 65476367

Signature of Officer Recording The Report

Date/Time: 07/09/2021 20:23

Classification Of Case:

SN 38

SIGNATURE



T/20210907/2120

2 of 3

Report No. T/20210907/2120

Police Station Of Origin: Bukit Timah NPP 1 Toh Yi Drive #01-139 SINGAPORE 591501

Tel No: 1800-4689999

CONTINUATION OF REPORT

Brief Details.

On 06/09/2021 at about 1341hrs, my vehicle was travelling along Woodlands Road, in order to avoid motorcycle, FBH2692U, I slightly grazed onto vehicle SMR644T's side mirror and vehicle YN2772Y's box, before hitting onto vehicle bearing registration no: YP859J and SDA9038E.

After the accident, I overheard the IO informing the driver of vehicle bearing registration no: YN2772Y that his vehicle's road tax had expired and traffic police will issue a letter to their company.

The case will be under Traffic police IO Syarifudin with TP: 65476367 reference to L/20210906/0098.



Police Station Of Origin: Bukit Timah NPP 1 Toh Yi Drive #01-139 SINGAPORE 591501 Tel No: 1800-4689999



Report No. T/20210907/2120

REPORT OF A TRAFFIC ACCIDENT

| Date/Time Report Made: 07/09/2021 20:23 | | | Vide Report No.: L/20210906/0098 | Station Diary No.: 38 | | |
|--|-------------|------------------------------|--|----------------------------|--|--|
| Informa | nt's Partic | ulars | | | | |
| Name of Informant: CHONG HAN WOON | | | Address: 46 CHU LIN ROAD SINGAPO | RE 669940 | | |
| ID Type / ID No.: NRIC NO / S6872880J | | 80J | Contact No.: Home/Office: | Mobile: 97302017 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | | |
| Sex: Male | Age: 53 | Date of Birth: 02/02/1968 | Type of Informant: | S had Name: | | |
| Race: Chinese | | | Language: | Institution / School Name: | | |
| Occupation: SELF EMPLOYED | | | Driving Licence Information: Class: | Date of Expiry: | | |

| Type of Accident: | Non-Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 06/09/2021 13:40 | Type of Location: Straight Road | |
|--------------------------|----------------------------------|--|---|------------------------------------|--|
| Location: WOODLAND | S ROAD | | | - 10 - 11 lmits | |
| veduci. | | Road Surface: Dry | | Road Speed Limit: | |
| Clear | Traffic Flow: | | | Traffic Volume: Heavy | |
| Traffic Flow: One Way | | Traffic Control: Traffic Light - Wo | | | |

| Vehicle No. | Туре | Make | Model | Color | Condition | No of Passenger |
|-------------|-------|------|-------|---------|-----------|-----------------|
| 5025S | Car | | | B MILES | | 0 |
| SMR644T | Car | | | | | 0 |
| /P859J | Lorry | | | | | |