SS0221AR0001 / S & H Motor Pte Ltd ENTRY DATE & TIME: 27/10/2021 10:41 (SGT) SUBMITTED BY: Wong Kee Nyuk VERSION: 1 (27/10/2021 10:41 (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 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 27/10/2021 10:41 (SGT) Date of Accident 23/10/2021 17:40 (SGT) Exact Location of Accident Serangoon Central Dr., Singapore Additional Location Information Serangoon Central Blk 262 carpark Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number SMS5845S

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner Koh Kay Wee NRIC No. S7323192B Email Address alankohkaywee@hotmail.com Mobile Phone No (Phone) +65-83833497 Alternative Phone No (Home) +65-83833497

VEHICLE PARTICULARS

Manufacturer

Model Estima Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto CC 2400

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy Policy Number 5118865370-01 Cover Note Number

DRIVER

Name of Driver Ong Soo Hong NRIC No. S7236621B

Date Of Birth 13/10/1972 Occupation Indoor Date Of Driving Pass 11/06/1996 Driving experience 25 YEARS AND 4 MONTHS Gender Female Mobile Number (Phone) +65-83833497 Alt. Phone Number Email Address alankohkaywee@hotmail.com Address 5A Kovan Road #01-21 Address complement Postcode 544895 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Spouse 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 Collided into Parked Vehicle 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 vehicle 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 Koh Rou Shan Kris Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? 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 attached police report. 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 SBT7003S Vehicle Manufacturer

Vehicle Variant

Vehicle Model

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 Gender Phone No 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?	Ong Soo Hong Female (Phone) +65-83833497 - - - - SMS5845S - No
INJURED 2	
Name of injured person Gender Phone No	Koh Rou Shan Kris Female (Phone) +65-97436208

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

SMS5845S Were seat belts worn?

Was this injured conveyed to hospital by ambulance? No

	2021, 5.40 pm at Serangon (engal Block 261 corpork
V2-311 Page 11 Page 12	SBT 7003 5) was trying to get out of his parking is
White my wince	19MS BO4551 was pained at the sile of the road to
unlead parcel - She	etly after the vehicle (3187 70035) (and out of parking 1)
Minallan (by town	I in agricult he traffic flow and causing him to with
talk olds of male	were white he also almost hit my damplefur my transport
Test Self of way or	Levsed back to his privating for when I confronted to
THE VENICK THEN V	into my vehicle water in the midst of talking to 1
WE device million	the my venice, which is noted to always but he tought the
INTOLINED MIN THE	to wait for the police to arrive but he tried to c
C44 WW. 18 40 LDA	I of his car hit outs my igni leg I teen manage
Stop win train is	may and the traffic poince came to assist the for
had also inform	the to lodge a police report as some, I have lodge the police instruction (Report Humber #120211023/0164).
a report brooks howhere	- balla instruction (Kabaid Hampia E1305/1052/10184)
the a my straight	v and I also helt discounted so he want to see the ale
and was given 4	days medical certicate to for whit it during each
	· · · · · · · · · · · · · · · · · · ·
-v.opg+1-ve7/2/ke7	
Declaration	
I/We declare the foregoing particul	rs are true in every respect.
	I
Λ Λ/	
D. Ob	
Will	(5)

8. Time 27/10/2/

Time

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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)

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 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 & Time

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

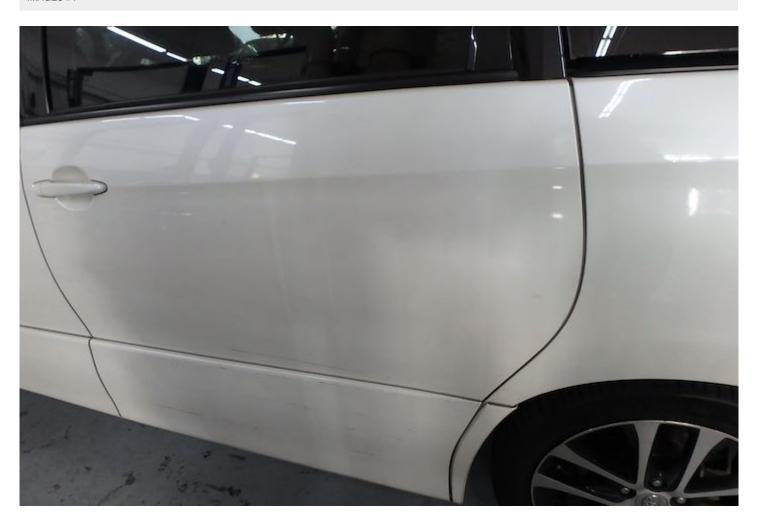
Witnessed by Reporting Centre Personnel

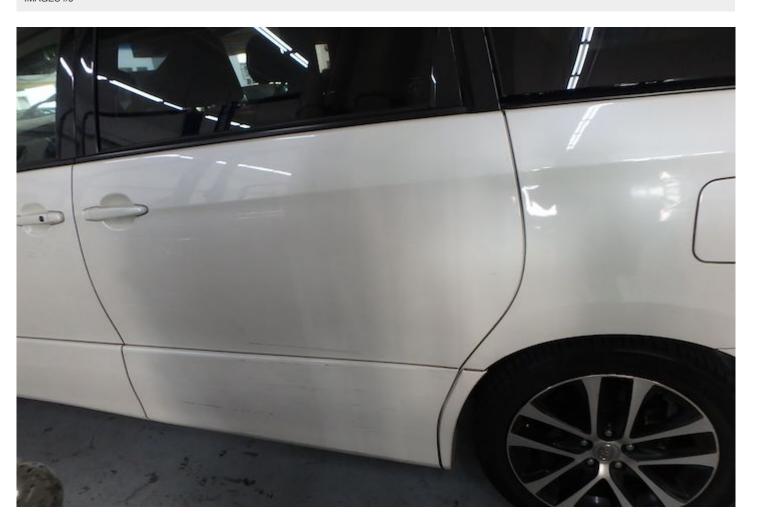
Sketch Plan

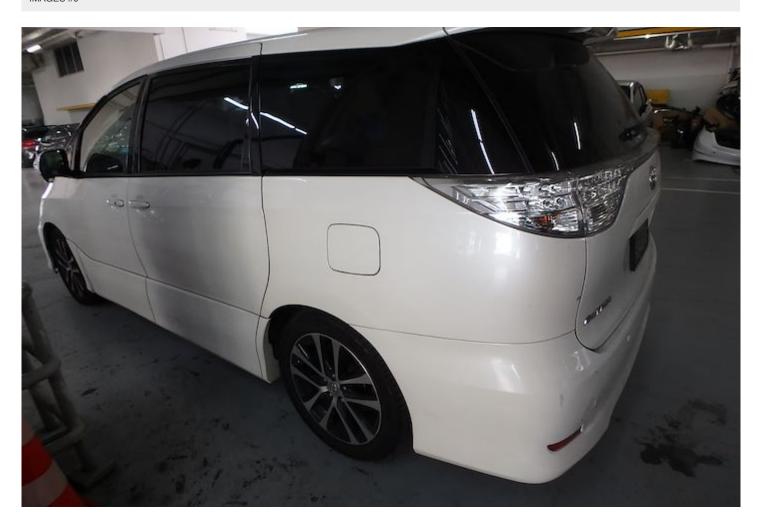


















Police Station Of Origin: Serangoon N.P.C 50 Serangoon Avenue 2 #01-02 SINGAPORE 556129 CONTINUATION OF REPORT

Report No. T/20211023/2087

Tel No: 1800-4880999

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.

Signature of Officer Recording The Report	Signature Of Informant:
Sgt 2 MUHAMMAD RIDHWAN BIN AHMAD	4
Signature Of Interpreter: Not applicable	Date/Time 23/10/2021.22:15
Officer In Charge Of Case: TP / GIT / Staff Sgt ROIZMAN BIN MOHAMED POSARI Contact No.: 65476131	Classification Of Case:

Authentication Stamp





1 of 4

Report No. T/20211023/2087

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

PEPORT OF A TRAFFIC ACCIDENT

REPORT OF A TRAFFIC ACCIDENT		Discovery Man
Date/Time Report Made:	Vide Report No.: F/20211023/0164	Station Diary No.: 74

23/10/202	1 22:15		F/20211023/0104	Company State College College
Informan	's Partice	ılars		
Name of I	nformant		Address: 5A KOVAN ROAD #01-21 SI	NGAPORE 544895
ID Type / NRIC NO	ID No.:	21B	Contact No.: Home/Office:	Mobile: 83833497
Nationality SINGAPO	y:		Email:	
Sex: Female	Age:	Date of Birth: 13/10/1972	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name.
Occupation: DIRECTOR			Driving Licence Information: Class: 3	Date of Expiry:

Type of Accident	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/10/2021 17:40	Type of Location Car Park
	N CENTRAL DRIVE	Road Surface:		Road Speed Limit:
Weather:		Dry		Traffic Volume:
Clear				
Clear Traffic Flow: One Way		Traffic Control: Not Controlled		No Traffic Anyone conveyed by

Details of V	Control of the Contro	Make	Model	Color	Condition	No of Passenge
Vehicle No. SBT7003S	Type Car	HONDA	VEZEL	Silver	Slightly Damaged	0
SMS5845S	Car	TOYOTA	ESTIMA AERAS 2.4	White	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: Yes	Consisted Not Available
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: Not Available





Police Station Of Origin: Serangoon N.P.C 50 Serangoon Avenue 2 #01-02 SINGAPORE

Report No. T/20211023/2087

Tel No: 1800-4880999

CONTINUATION OF REPORT

Driver			
Name	ONG SOO HONG	ID No.	S7236621B
Related Vehicle	NIL	Contact No	83833497
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	
Date Treatment	NIL	Date Discharge NIL	
No. of Days gran	ted Medical Leave NIL	Degree of Injury NIL	
Pedestrian			
Name	KOH ROU SHAN KRIS	ID No.	T0415293F
Related Vehicle	NIL	Contact No	97436208
	Driv Lice		
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Date of Expiry: NIL
Hospital/Clinic Date Treatment	NIL NIL	Driving Licence &	Date of Expiry: NIL

Brief Details.

On 23/10/2021 1750hrs, my vehicle(SMS5845S) was parked at the side of a one way open space carpark as my daughter, Koh Rou Shan Kris(HP: 97436208), was delivering a parcel nearby

Shortly after, a vehicle(SBT7003S) came out of parking lot number 6, turned in against the traffic flow, almost hit onto my daughter. The front left of the vehicle then hit onto the left side of my vehicle. The vehicle immediately reverse and park his car back onto the lot. I then approached the driver of the vehicle SBT7003S and he denied hitting onto my vehicle.

In the midst of talking, I informed the driver of vehicle SBT7003S to wait for the police to arrive but he tried to drive off and the front of his car hit onto my right leg. I then manage to stop him from leaving and the traffic police came to assist.

I wish to state that there are 2 cameras in my vehicle, one on the rear and one on the front, however I am not sure if it is working. I also did not see any POLCAM or CCTV nearby

Traffic police then informed me to lodge a police report, as such I am lodging this report on traffic police instructions vide incident F/20211023/0164.





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

3 of 4 Report No. T/20211023/2087

CONTINUATION OF REPORT