SM0P21C90004 / MBM WHEELPOWER PTE LTD ENTRY DATE & TIME: 09/12/2021 17:02 (SGT) SUBMITTED BY: Alvin Koh VERSION: 1 (09/12/2021 17:02 (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 09/12/2021 17:02 (SGT) Date of Accident 06/12/2021 16:38 (SGT) Exact Location of Accident Singapore Additional Location Information ALONG TPE TOWARDS PASIR RIS Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Kia

Vehicle Registration Number SJY90281

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner ONG TEE BENG NRIC No. S1566065A Email Address WINSON TINGWEI@HOTMAIL.COM Mobile Phone No (Phone) +65-86086168 Alternative Phone No +65-86086168

VEHICLE PARTICULARS

Manufacturer

Model Cerato Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private hire Transmission Auto CC 1591

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy Policy Number 5119356772-01 Cover Note Number

DRIVER

Name of Driver ONG TEE BENG NRIC No. S1566065A

Date Of Birth 06/02/1962 Occupation Outdoor Date Of Driving Pass 22/02/1983 Driving experience 38 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-86086168 Alt. Phone Number +65-86086168 Email Address WINSON TINGWEI@HOTMAIL.COM Address BLK 523 CHOA CHU KANG STREET 51 Address complement #08-313 Postcode 680523 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 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? 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? Nο PASSENGER 1 Name **UNCLE** Gender Male PASSENGER 2 Name **AUNTIE** Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Choa Chu Kang Neighbourhood Police Centre Police Station Phone No (Phone) +65-18007659999 Alt. Police Station Phone No (Fax) +65-67644104 Police Station Address No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO THE POLICE REPORT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No

No

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJU702D
Vehicle Manufacturer	Chevrolet
Vehicle Model	Cruze
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	BARRY NICHOLAS ONG KIM CHEONG
NRIC No	S9044525A
Contact Number	-
Address	BLK 544 PASIR RIS STREET 51
Address complement	#06-03
Postcode	510544
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly 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.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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 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;
- (ii) 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

Occident report SM0P21C90004

Vehicle A STY 90282

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eclaration		
Ve declare the foregoing particulars	s are true in every respect.	1:
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	Driver's Signature (if driver is not the policyholder) / Date	Witnessed by Reporting Centre







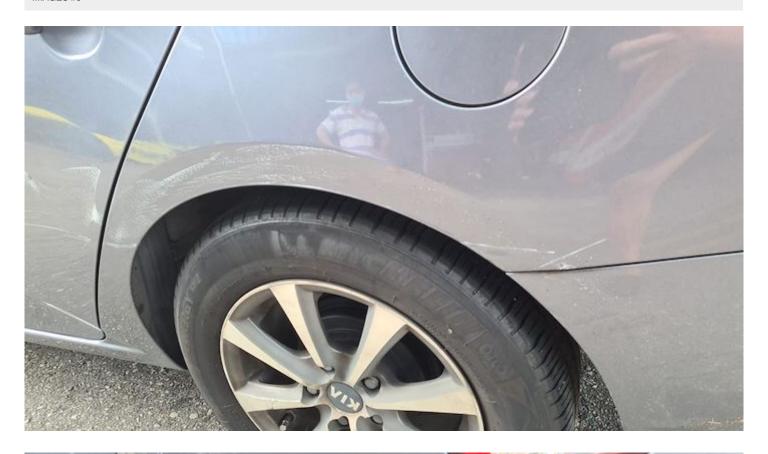




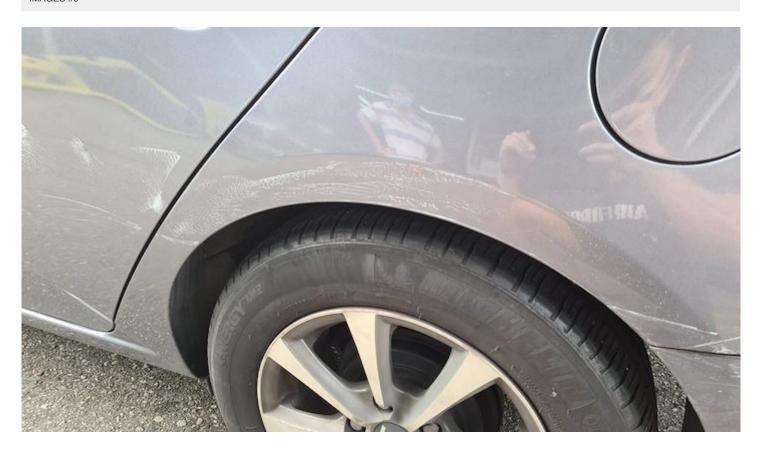




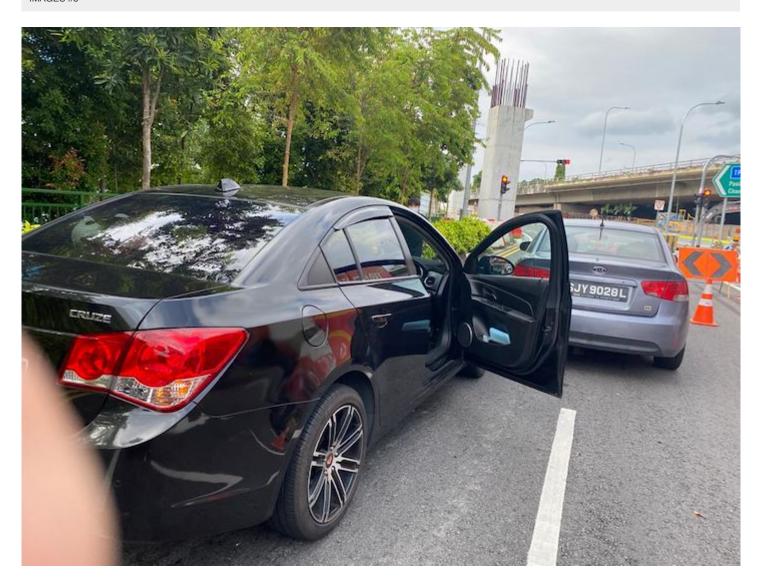


















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Report No. T/20211207/2146

Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02

SINGAPORE 689286 Tel No: 1800-7659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/12/2021 23:29			Vide Report No.:	Station Diary No. 136		
Informa	nt's Particu	ılars				
	Informant: E BENG		Address: APT BLK 523 CHOA CHU KANG STREET 51 #08- SINGAPORE 680523			
ID Type / ID No.: NRIC NO / S1566065A		35A	Contact No.: Home/Office:	Mobile: 86086168		
National SINGAP	ity: ORE CITIZ	EN	Email:			
Sex: Age: Date of Birth: Male 59 06/02/1962			Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name:		
Occupation: PRIVATE HIRER			Driving Licence Information Class: 3	on: Date of Expiry:		

Type of Accident:	Non-Injury Others	Drink Date/Time of Accident: No 06/12/2021 04:		Type of Location Straight Road	
Weather:	XPRESSWAY	Road Surface:		Road Speed Limit:	
Clear Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy	
Type of Collis		wipe - Same Direction		Anyone conveyed by ambulance:	

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJU702D	Car				Slightly Damaged	0
SJY9028L	Car	KIA	CERATO EX FORTE 1.6L M/T ABS AB 2WD 4DR		Slightly Damaged	2

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





2 of 4 Report No. T/20211207/2146

Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

CONTINUATION OF REPORT

Insurance Company	Insurance No	Effective	Expiry Date
	5119356772-01	13/10/2021	12/10/2022
	Insurance Company NTUC Income Insurance Co-Operative	The continues of the co	Insurance Company Insurance No Effective

Any Pedestrian In	n Involved					
No. of Pedestrian			Use of Pe	edestrian	Cross	ing: NA
Driver	3 Injured. Title					
Name	BARRY NICHOLAS ONG KIM CHEONG			ID No.		S9044525A
Related Vehicle	SJU702D (Car)			Contac	t No.	NIL
Hospital/Clinic	NIL			Class Driving Licence Expiry	; e&	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date D			scharge	NIL	
No. of Days gran	ted Medical Leave NIL D			e of Injury NIL		
Driver						
Name	ONG TEE BENG			ID No.	8 8	S1566065A
Related Vehicle	SJY9028L (Car)			Contact No.		86086168
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL			scharge	NIL	
No. of Days gran	nted Medical Leave	NIL	Degree	of Injury	NIL	

Brief Details.

On 06/12/2021 at about 1638hrs, I was driving my car (SJY9028L) along TPE towards Pasir Ris to drop off two passengers. At that point of time, there was ongoing road works on the road on my way there. Therefore, the traffic was tapered to one single lane on the left most lane. However, as I was driving, the driver of another car (SJU702D) drove recklessly and tried to squeeze into the lane I was on. The driver of that car namely, Barry Nicholas Ong Kim Cheong, did not comply to the prevailing traffic rules and tried to squeeze itself to overtake me, hitting my car in the process.

Due to this collision, his front right bumper was dented and scratched whereas my car's left side rear was badly damaged too. Fortunately, no one was injured nor any Government property was damaged.

No Traffic Police and Ambulance came. We got off our vehicles, exchanged particulars and went off our separate ways subsequently. However, I do want to mention that throughout the incident, Barry was very aggressive when he was talking to me.



Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999 T/20211207/2146

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Report No. T/20211207/2146

CONTINUATION OF REPORT





Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

4 of 4 Report No. T/20211207/2146

CONTINUATION OF REPORT

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 J / Sgt 2 MUHAMMAD ISKANDAR BIN ROSSALI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 07/12/2021 23:29
Officer In Charge Of Case: TP / GIA / DSP (2) YIP YEW SENG NELSON Contact No.: 65476182	Classification Of Case:

NP168

