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 17/12/2021 17:14 (SGT) Date of Accident 17/12/2021 12:40 (SGT) Exact Location of Accident Near Sungei Tengah Rd, Singapore Additional Location Information SUNGEI TENGAH RD TOWARDS BRICKLAND RD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKU8870L

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner ER KUAN YI WILSON NRIC No. SXXXX811Z Email Address WIL BTOP@HOTMAIL.COM Mobile Phone No (Phone) +65-96808929

Alternative Phone No +65-96808929

VEHICLE PARTICULARS

Manufacturer Mercedes Model E200 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? Yes Vehicle Category Private car

Transmission Auto CC 1796

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd Type of Coverage Comprehensive Fleet Policy Policy Number Z21VP05030182

Cover Note Number

DRIVER

Name of Driver ER KUAN YI WILSON NRIC No. SXXXX811Z

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	30/03/1956 Indoor 25/04/1977 44 YEARS AND 8 MONTHS Male (Phone) +65-96808929 +65-96808929 WIL_BTOP@HOTMAIL.COM BLK 210 BUKIT BATOK ST 21 #08-218 650210 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Cross Junction Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? 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? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? PASSENGER 1 Name	No 2 Yes No Yes 2 No
Gender DETAILS OF POLICE ACTION	Female
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO THE POLICE REPORT (J/20211217/7084) 8	SKETCH PLAN FOR ACCIDENT DETAIL.
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident Was there any audio recorded?	SD CARD TAKEN BY TP
DETAILS OF OTHER	VEHICLE PROPERTY 1

SCG31M

CACcident report SW0C21CH0001

Vehicle Registration Number

Vehicle Manufacturer	Toyota
Vehicle Model	Previa
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	_
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKU8870L
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 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' lawyers/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 17 / (2/202)

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Vehicle B: SCG 31M

Vehicle B: SCG 31M

SUNGEL TENGAH RD TOWARDS
BRICKLAND RD

	Circumstances of the Accident
P	lease refer to police report no. J/20211217/7084.
	AND THE CONTRACT OF THE CONTRA
- 1112	
	A
_	

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date Time 17/12/2021 & Time Time 17/13/3031

Witnessed by Reporting Centre Personnel





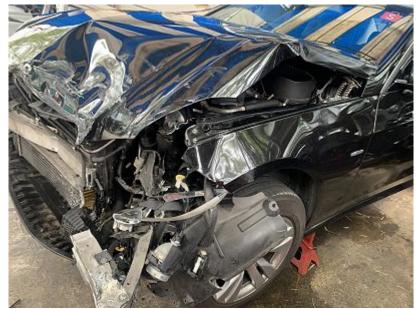








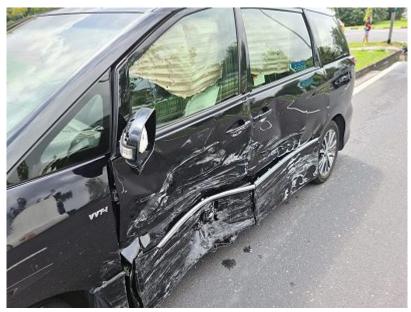
















1 of 3

POLICE REPORT (NP299)

Police Station Of Origin Jurong Division HQ 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No:1800-7910000

Report No. J/20211217/7084

Date/Time Report Made	Vide Rep	ort No.		Station Diary No
17/12/2021 16:10				
Name Of Informant	Address			
TAN SEOK CHENG	210 BUKIT BATOK STREET 21 #08-218 SINGAPORI 650210		218 SINGAPORE	
ID Type / ID No. NRIC NO / S7306258F	Contact N Home/Off	9779	Mobile: 96808929	
Nationality SINGAPORE CITIZEN	Email Address wil btop@hotmail.com			
Occupation	Sex	Age	Date of Birth	Race
Retiree	Female	48	11/02/1973	Chinese
Institution/School Name	Language English			
Date/Time Of Incident 17/12/2021 12:40 - 17/12/2021 12:40	Location Of Incident 210 BUKIT BATOK STREET 21 #08-218 SINGAPORE 650210			

Brief details.

On 17/12/2021 at about 12:40pm, I was driving my vehicle (A) SKU8870L along Sungei Tengah Rd towards Brickland Rd. While I approach the cross junction traffic light, I slowed down and proceed with caution. Beside the lanes at the moment, there was a private bus at the middle lane and a lorry at the extreme right lane.

The traffic light was green at the moment, it was in my favor to drive ahead. Suddenly vehicle (B)

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 17/12/2021 16:10
Officer In-Charge Of Case:	Classification Of Case:





2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20211217/7084

SCG31M came dashing in front of me which I believe that he was beating the red traffic light from his direction of way.

I applied emergency braked and due to the the short distance, My vehicle collided with vehicle (B) SCG31M. I stopped my vehicle immediately to check if my wife and I were injured at the point of accident. We did not suffer any major injury at the moment. So I proceed to check vehicle (B) SCG31M driver if he was fine too before dialing 995 for help. After speaking with the driver of vehicle (B) SCG31M, he seems no physical injury due to the accident collision cause by himself. So I dialed 999 to seek assist from the police officer on the phone.

Around 12 minutes later, SCDF arrived on site and check on us follow by the Traffic Police Officer who then took down our particular and collected our dashcam memory card for investigation.

Victim			
Person Name	TAN SEOK CHENG		
ID Type	NRIC NO	ID No	S7306258F
Gender	Female	Age	48
Race	Chinese	Language	English
Occupation	Retiree	Address	210 BUKIT BATOK STREET 21 #08-218 SINGAPORE 650210
Mobile No	96808929	Is Informant A Victim?	Yes

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 17/12/2021 16:10
Classification Of Case:





3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20211217/7084

Person Name	ER KUAN YI WILSON	N .	
ID Type	NRIC NO	ID No	S1179811Z
Gender	Male	Age	65
Race	Chinese	Language	English
Occupation	Retiree	Address	210 BUKIT BATOK ST 21 #08- 218 SINGAPORE 650210
Mobile No	96808929	Relation To Informant	SPOUSE

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 17/12/2021 16:10
Officer In-Charge Of Case:	Classification Of Case:



IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

Al	DDENDUM
PARTICULARS OF PERSON MAKING THE AM	ENDMENTS:
Original Report No: SWOC21 CH 800 1	Vehicle Registration No: 3KU 8870 L
Name (as shown in NRIC): ER KUAH YI W	NRIC/FIN/Passport No: SXXXX 8(1)
(*Vehicle Driver/Vehicle Owner) (*) Please d	elete as appropriate
Address: SLK 210 BUKIT BATOK ST	<u> 外のとりまります。 </u>
Email Address: WIL - STOP @ HUT WHIL	
Date of Accident: 17/12/201	Time of Accident: (7:14HP)
	towners Brickland RD
Insurance Company: LOHRAC	
) ADDITIONAL INFORMATION /AMENDMENTS:	
Manage from TP Claims	to OD Clains due to 3rd Part
Ellizi	ONDH MAN + OLL THE
Policyholder / Driver's Signature Date: 28 12 (201)	Reporting Centre Personnel's Signature Name: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\





LONPAC INSURANCE BHD (S98FC5635C)

Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 199555. Tel: (65) 6250 7388 Fax: (65) 6295 3767 Website: www.lonpec.com.sg GST Reg No.: F0-0005635-C

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CAP 189) REPUBLIC OF SINGAPORE. MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1960 (REPUBLIC OF SINGAPORE). ROAD TRANSPORT ACT 1987 (MALAYSIA). ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA). THE MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No.: Z21VP05030182

Type of Cover: COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

MERCEDES-BENZ E200 BLUE EFFICIENCY 1.8

- SKU8870L

2. Name of Policy Holder

ER KUAN YI, WILSON

3. Effective Date of the Commencement of Insurance

for the purpose of the Act

16/11/2021

4. Date of Expiry of the Insurance

15/11/2022

5. Persons or Classes of Persons entitled to drive (A) THE POLICYHOLDER (B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS/HER PERMISSION

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use

USE ONLY FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND FOR THE POLICYHOLDER'S BUSINESS. THE POLICY DOES NOT COVER USE FOR HIRE OR REWARD, RACING, PACE-MAKING, RELIABILITY TRIAL, SPEED-TESTING OR THE CARRIAGE OF GOODS (OTHER THAN SAMPLES) IN CONNECTION WITH ANY TRADE OR BUSINESS OR USED FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.

Excess

: S\$ 0.00(SECTION 1) INSURED / NAMED DRIVERS

S\$ 1,000.00(SECTION 1) UNNAMED DRIVERS

S\$ 3,000.00(SECTION 1) ADDITIONAL EXCESS FOR ELDERLY OR YOUNG AND/OR INEXPERIENCED DRIVERS S\$ 100.00WINDSCREEN EXCESS

LONPAC'S AUTHORISED WORKSHOPS

Condition : ACCIDENT REPAIRS AT LONPAC'S AUTHORISED WORKSHOPS

Limitations rendered inoperative by Section 95 of the Road Transport Act 1987 (Malaysia) or Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore are not included under heading.

I/WE hereby certify that this covering Note is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia) and Motor Vehicles (Third-Party Risks and Compensation) Act (Cap 189) Republic of Singapore.

H.P. Owner: DBS BANK LTD

CHIEF EXECUTIVE (Singapore Branch)

User ID: EMOTORPAM Date Issued: 27/10/2021