SN09221D000D / National Assessment Centre Services [408933] ENTRY DATE & TIME: 13/01/2022 17:52 (SGT) SUBMITTED BY: Renee VERSION: 1 (13/01/2022 17:52 (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 13/01/2022 17:52 (SGT) Date of Accident 09/02/2021 17:50 (SGT) Exact Location of Accident Upper Serangoon Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GQ4359S

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner MG PAINTING & PLASTERCEIL SPECIALIST Company Reg No 5XXXX471A **Email Address** info@mapaintsandtrading.com Mobile Phone No (Phone) +65-83155287 Alternative Phone No +65-83155287

VEHICLE PARTICULARS

Manufacturer

Toyota Model Dyna Variant Exact purpose for which vehicle was being used at time of **Employment** accident Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only Vehicle Category Commercial vehicle Transmission Manual CC 2982

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 1900081072-01 Cover Note Number

DRIVER

Name of Driver NG MENG SOON Passport No/FIN FXXXX501N

Date Of Birth 04/06/1975 Occupation Outdoor Date Of Driving Pass 19/04/2000 Driving experience 20 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-83155287 Alt. Phone Number Email Address info@mgpaintsandtrading.com Address BLK 608 CHOA CHU KANG STREET 62 Address complement #06-93 Postcode 680608 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 No 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? Nο 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 Panjang Neighbourhood Police Centre Police Station Address No.1 Segar Road #01-05 Singapore 677738 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE POLICE REPORT: T/20210301/2124 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 SKX607T Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Private car

Vehicle Category

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)	-

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. 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 Formby insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurance of the CIA Records Management Centre established by the General Insurance Association of Singapore (CIA) 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)

Lundersland, 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 gam 13/01/2022

Driver's Signature (If driver is not the policyholder) / Date 8. Times

Witnessed by Reporting Centre

Sketch Plan

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Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Tinxe

Sam 13/01/2027

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

Witnessed by Reporting Centre













Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999 1 of 2 Report No. T/20210301/2124

REPORT OF A TRAFFIC ACCIDENT

01/03/2021 19:45			Vide Report No.:	Station Diary No.: 102		
Informa	nt's Partic	ulars				
	f Informant: NG SOON		Address: APT BLK 608 CHOA CHU KANG STREET 62 #06-93 SINGAPORE 680608			
ID Type / ID No.: FIN NO / F7253501N			Contact No.: Home/Office.	'Mobile: 83155287		
Nationality: MALAYSIAN			Email:			
Sex: Age: Date of Birth: Male 45 04/06/1975			Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name:		
Occupation: Van driver			Driving Licence Information: Class: 2B,3,4 Date of Expiry:			

General Inform	nation of the Accider	nt a second			
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 09/02/2021 17:50	Type of Location:	
Location: UPPER SERA	NGOON ROAD				
Weather:		Road Surface:		Road Speed Limit:	
Traffic Flow:	*	Traffic Control:		Traffic Volume:	
Type of Collisi	on:		1	Anyone conveyed by ambulance:	

Brief Details.

On 26/02/2021 my company "MG PAINTING & PLASTERCEIL SPECIALIST" handed me a letter from Traffic Police ref TP/IP/08775/2021 asking me to lodge a report for a traffic accident along Upp Serangoon Rd on 09/02/2021 @1750hrs involving my company vehicle GQ4359S. I was driving the aforementioned vehicle at the time, however I did not get into any traffic accident.







Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

2 of 2 Report No. T/20210301/2124

CONTINUATION OF REPORT

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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 / SC2 SOEPADMO JONATHAN WIDJAYA	Signature Of Informant:
Signature Of Interpreter:	Date/Time:
Not applicable	01/03/2021 19:45
Officer In Charge Of Case: TP / GIA /	Classification Of Case:
Staff Sgt WONG SIEU LUI Contact No.: 65476151	
Authentication Stamp	