SN0822370007 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 07/03/2022 17:47 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (07/03/2022 17:47 (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 07/03/2022 17:47 (SGT) Date of Accident 27/02/2022 13:35 (SGT) Exact Location of Accident Marina Blvd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Volkswagen

Vehicle Registration Number SKB4554B

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LOH CHEE WAI NRIC No SXXXX332F Email Address wenjie.kelvin@hotmail.com Mobile Phone No (Phone) +65-94566477 Alternative Phone No +65-94566477

VEHICLE PARTICULARS

Manufacturer

Model Golf 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? No - Claiming third party Vehicle Category Private car Transmission Auto CC 1390

INSURANCE COMPANY

Name of Insurance Company **EQ Insurance Company Ltd** Type of Coverage Comprehensive Fleet Policy Policy Number DMPPHQ21-002675 Cover Note Number

DRIVER

Name of Driver KELVIN LOH BOON KIAT NRIC No SXXXX542I

Date Of Birth 19/12/1993 Occupation Indoor Date Of Driving Pass 04/08/2015 Driving experience 6 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-94566477 Alt. Phone Number Email Address wenjie.kelvin@hotmail.com Address BLK 265D COMPASSVALE BOW #11-30 Address complement Postcode 544265 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Child Does Driver Own Other Vehicles? Nο 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 Raining Road Surface Wet 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? No **DETAILS OF POLICE ACTION** Was the accident reported to the police? Police Station Name Ang Mo Kio Division Headquarters Police Station Phone No (Phone) +65-18002180000 Alt. Police Station Phone No (Fax) +65-64814246 Police Station Address 51 Ang Mo Kio Avenue 9 Singapore 569784 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT F/20220227/7032 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident WITH OWNER Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SLJ2699B Vehicle Manufacturer Vehicle Model

Vehicle Variant
Vehicle Colour

Vehicle Category	Private car
Name of Driver	ANN ELIZA ANG PHUAY SEE
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

- Please report correctly the details of the accident to speed up the claims process.
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 may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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' lawyers/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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Sanature Date & Time:

Driver Signature

(If driver is not the policyholder) Date

& Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

MARINIA BOULDARD

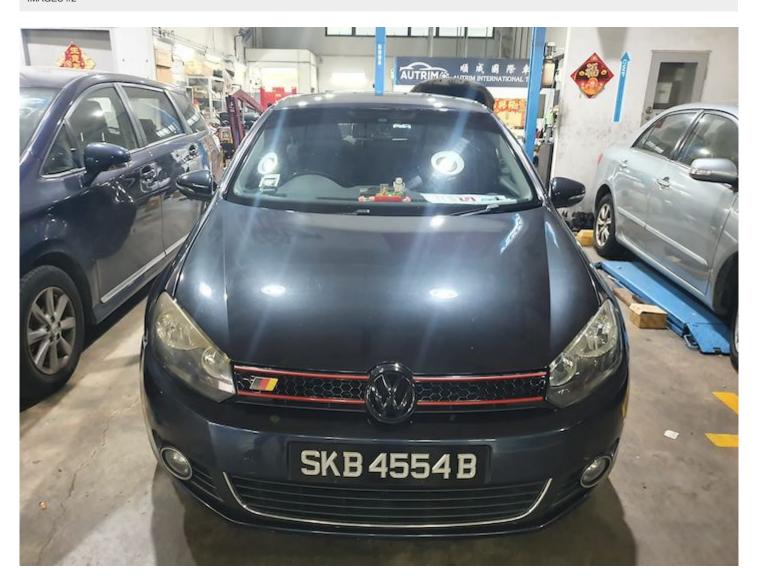
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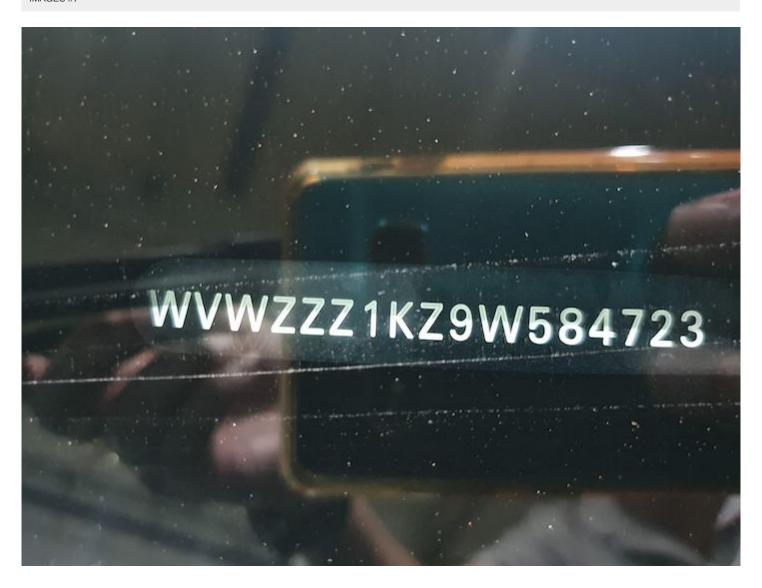
















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Report No. F/20220227/7032

POLICE REPORT (NP299)

Police Station Of Origin Ang Mo Kio Division HQ 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

Tel No:1800-2180000

Date/Time Report Made 27/02/2022 17:53	Vide Re	port No.		Station Diary No.
Name Of Informant KELVIN LOH BOON KIAT	Address 265D COMPASSVALE BOW #11-30 SINGAPORE 544265			
ID Type / ID No. NRIC NO / S9347542I	Contact No. Home/Office: Mobile: 94566477			
Nationality SINGAPORE CITIZEN	Email Address wenjie.kelvin@hotmail.com			
Occupation	Sex	Age	Date of Birth	Race
Sales and marketing manager	Male	28	19/12/1993	Chinese
Institution/School Name	Language English			
Date/Time Of Incident 27/02/2022 13:35 - 27/02/2022 13:50	Location Of Incident 265D COMPASSVALE BOW #11-30 SINGAPORE 544265			

Brief details.

I was driving along Marina Blvd at 1:38pm and was on the most left lane of the road. Preparing to "Turn Left at the traffic light towards Bayfront Ave.

It was raining and I was maintaining my speed of 30km/hr.

While making my left turn, I noticed from my right mirror that the car on my right was going really fast while turning. Therefore I had applied brake as she seemed to be too close to my lane, however the rear left of her car had collided with the front right of my car despite me already braking.

The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 27/02/2022 17:53
Classification Of Case:





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20220227/7032

Kindly note that the driver's car plate number is SLJ2699B, ANN ELIZA ANG PHUAY SEE.

Sunday, 27th February 2022, 1:38pm.

My car plate number is SKB4554B, Kelvin Loh Boon Kiat.

Victim			
Person Name	KELVIN LOH BOON KIAT		
ID Type	NRIC NO	ID No	S9347542I
Gender	Male	Age	28
Race	Chinese	Language	English
Occupation	Sales and marketing manager	Address	265D COMPASSVALE BOW #11-30 SINGAPORE 544265
Mobile No	94566477	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: 27/02/2022 17:53
Classification Of Case: