SB0G221P0003 / Borneo Motors Pte Ltd ENTRY DATE & TIME: 25/01/2022 11:49 (SGT) SUBMITTED BY: Ashlyn Chng VERSION: 1 (25/01/2022 11:49 (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.

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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

25/01/2022 11:49 (SGT) 24/01/2022 13:50 (SGT) Singapore PIE JURONG TOWN HALL EXIT Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SKW7590R

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner

NRIC No Email Address

Mobile Phone No Alternative Phone No. No

PANG KEONG SXXXX229.I

YQPANG@GMAIL.COM (Phone) +65-96329102 (Home) +65-96329102

VEHICLE PARTICULARS

Manufacturer Model Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission

CC

Toyota Corolla

No - Claiming third party

Private car Auto 1600

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number Cover Note Number MSIG Insurance (Singapore) Pte. Ltd.

Comprehensive

No

A29137458AT2

DRIVER

Name of Driver NRIC No

ANG POO YONG SXXXX918J



Page 1 of 20

Date Of Birth Occupation

Date Of Driving Pass Driving experience

Gender

Mobile Number Alt. Phone Number **Fmail 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

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions

Road Surface

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?

DETAILS OF POLICE ACTION

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 ATTACHED SEKTCH PLAN AND STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Yes Yes No

Was there any audio recorded?

Vehicle Registration Number

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Manufacturer Vehicle Model

Vehicle Variant Vehicle Colour Vehicle Category

Accident report SB0G221P0003

Page 2 of 20

Scanned with CamScanner

27/05/1957

23/04/1981

40 YEARS AND 9 MONTHS

BELLANGPY@GMAIL.COM

BLK 141 BUKIT BATOK ST 11 #08-21

(Phone) +65-96693046

Collision - Head to Rear

Jurong Division Headquarters

No. 2 Jurong West Avenue 5 Singapore 649482

(Phone) +65-18007910000

(Fax) +65-68965647

Indoor

Female

650141

Spouse

No

No

Clear

Dry

No

No

Yes

No

No

SG5960J

Bus

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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 withholding of reaterial 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 flability on the part of the insurance
- 5. 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)

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.

der's Signature / Date & 9.20 AN

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

Witnessed by Reporting Centre Personnel

Francis Cher Motor Claims Assessor Borneo Motors (S) Pte Ltd

Sketch Plan

| escribe Circumstances of the Accident | | | | |
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Declaration

IWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Francis Cher Motor Claims Assessor Borneo Motors (S) Pte Ltd





1 of 2

Report No. J/20220124/7032

POLICE REPORT (NP299)

Police Station Of Origin Jurong Division HQ 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No:1800-7910000

| Date/Time Report Made | Vide Report No. | | Station Diary No. | | |
|-------------------------------------|--|-----|-------------------|---------|--|
| 24/01/2022 14:55 | | | | | |
| Name Of Informant | Address | | | | |
| ANG POO YONG | 141 BUKIT BATOK STREET 11 #08-21 SINGAPORE | | | | |
| | 650141 | | | | |
| ID Type / ID No. | Contact No. | | | | |
| NRIC NO / S1243918J | Home/Office: M | | Mobile: | Nobile: | |
| | | | 96693046 | | |
| Nationality | Email Address | | | | |
| SINGAPORE CITIZEN | bellangpy@gmail.com | | | | |
| Occupation | Sex | Age | Date of Birth | Race | |
| IT consultant (HR systems) | Female | 64 | 27/05/1957 | Chinese | |
| Institution/School Name | Language English | | | | |
| Date/Time Of Incident | Location Of Incident | | | | |
| 24/01/2022 13:50 - 24/01/2022 13:55 | PAN ISLAND EXPRESSWAY | | | | |
| Brief details. | | | | | |

The incident occurred when I was looking to exit the PIE exit.

While waiting for the traffic to clear up, I moved up slightly to prepare for my exit.

I still noticed a few more cars and decided to wait for a safer moment to exit. However, the bus behind did not notice that I stopped and rear ended me.

Dashcam footage is available.

| 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: 24/01/2022 14:55 |
| Officer In-Charge Of Case: | Classification Of Case: |
| | |





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20220124/7032

Driver name: Chen Huayong Driver license: G8609034T

Vehicle Type: SMRT double decker bus

Vehicle number: SG5960J

| Person Name | ANG POO YONG | | | |
|-------------|----------------------------|------------------------|--|--|
| D Type | NRIC NO | ID No | S1243918J | |
| Gender | Female | Age | 64 | |
| Race | Chinese | Language | English | |
| Occupation | IT consultant (HR systems) | Address | 141 BUKIT BATOK STREET 11 #08-21 SINGAPORE 650141 | |
| Mobile No | 96693046 | Is Informant A Victim? | Yes | |

| 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: 24/01/2022 14:55 | | |
| Officer In-Charge Of Case: | Classification Of Case: | | |
| | | | |