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 18/04/2022 16:39 (SGT) Date of Accident 17/04/2022 15:22 (SGT) Exact Location of Accident Lebuhraya Utara-Selatan, Taman Serdang Raya, Seri Kembangan, Selangor, Malaysia Additional Location Information NORTH SOUTH EXPRESSWAY Country/State of Loss Malaysia/Wilayah Persekutuan

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLD8470K

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner LUM SONG KIM (LIN SONGJIN) NRIC No S8323419I Email Address henry_16788@hotmail.com Mobile Phone No (Phone) +65-91779462 Alternative Phone No (Home) +65-91779462

VEHICLE PARTICULARS

Manufacturer Mazda Model Variant 1.5A 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 Yes your vehicle? Vehicle Category Private car Transmission Auto CC 1500

INSURANCE COMPANY

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited. Type of Coverage Comprehensive Fleet Policy Nο Policy Number P10678233R00 Cover Note Number

DRIVER

Name of Driver KANG CHIEW YING NRIC No S8682204.I Date Of Birth 03/04/1986 Occupation Indoor Date Of Driving Pass 28/11/2016 Driving experience 5 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-96472260 Alt. Phone Number Email Address henry_16788@hotmail.com Address 674A YISHUN AVENUE 4 #10-728 FERN GROVE @ YISHUN Address complement Postcode 761674 Is the driver the policyholder? Nο If No, Relationship of the Driver with the Insured Spouse 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 Chain 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? No 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? PASSENGER 1 Name HUSBAND Gender PASSENGER 2 Name SON Gender Male **DETAILS OF POLICE ACTION** Was the accident reported to the police? Police Station Name Yishun North Neighbourhood Police Centre Police Station Phone No (Phone) +65-18008529999 Alt. Police Station Phone No (Fax) +65-68522299 Police Station Address 31 Yishun Central Singapore 768827 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT ATTACHMENT(S)

Yes

Yes

No

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKR505K
Vehicle Manufacturer	_
Vehicle Model	-
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SCR6500D
Vehicle Manufacturer	-
Vehicle Model	-
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)	_

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMG6158Z
Vehicle Manufacturer	-
Vehicle Model	-
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)	_

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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. 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' 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.

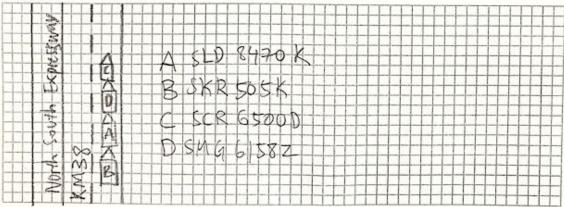
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Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



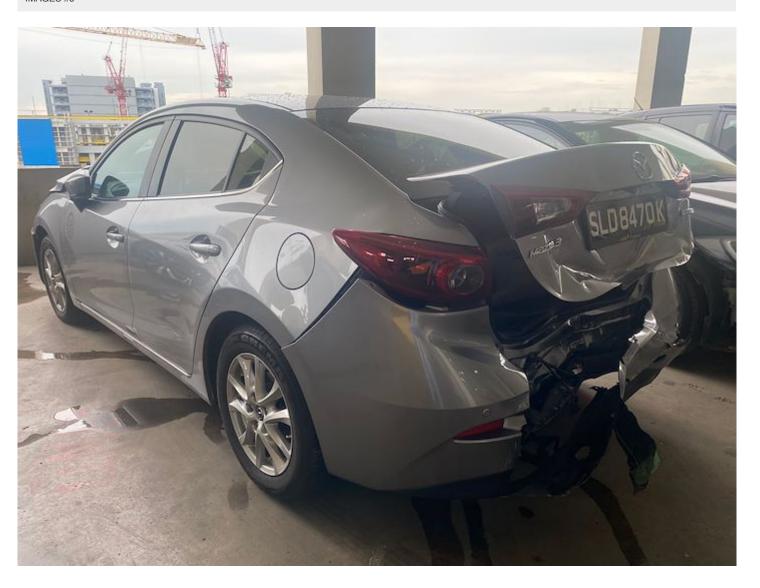
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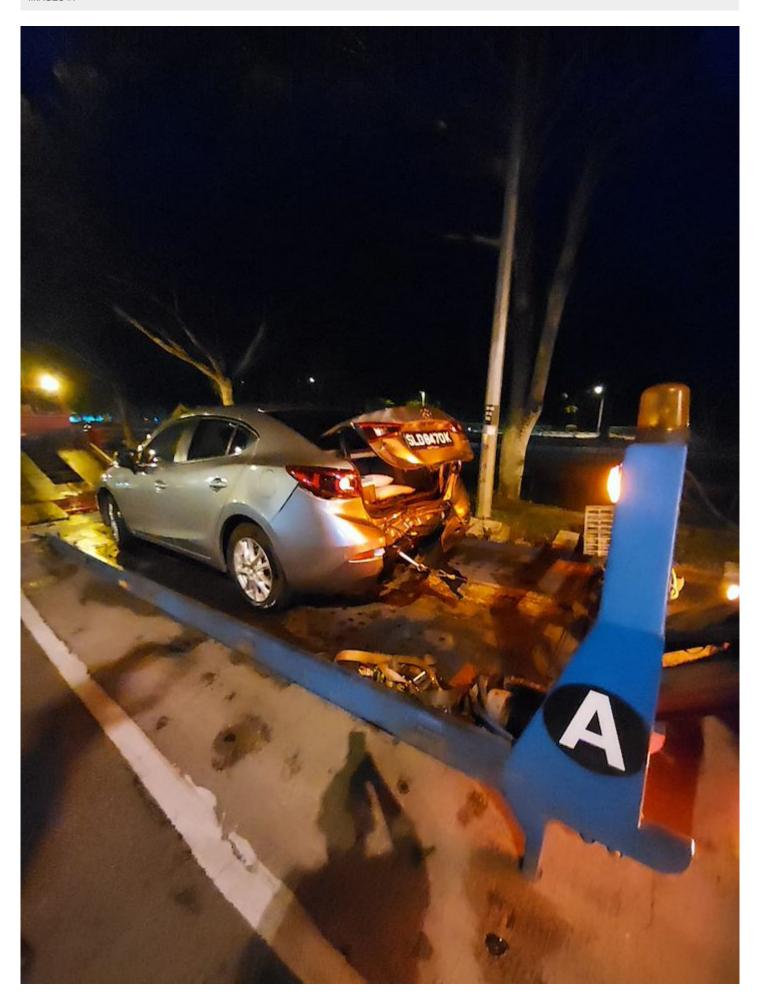




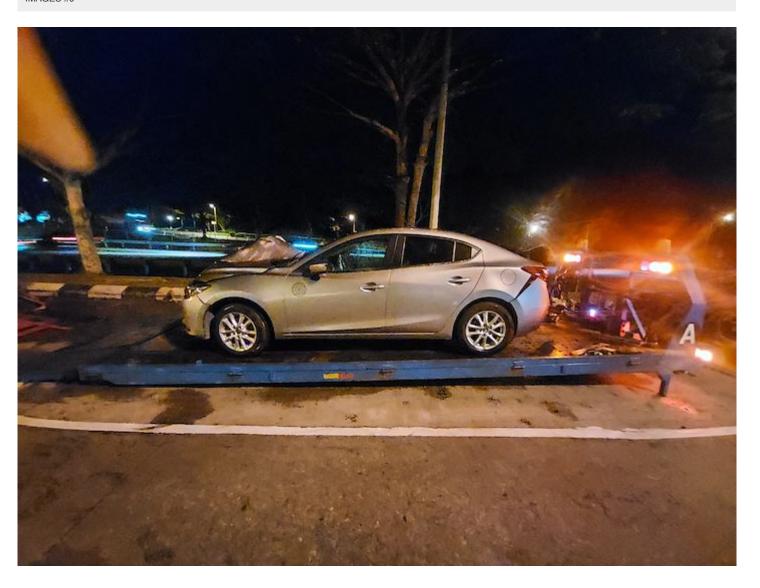
















46

Report No. L/20220418/2046

POLICE REPORT (NP299)

Police Station Of Origin Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999

Date/Time Report Made 18/04/2022 15:22	Vide Report No.		Station Diary No.	
Name Of Informant KANG CHIEW YING	Address APT BLK 674A YISHUN AVENUE 4 #10-728 SINGAPORE 761674			
ID Type / ID No. NRIC NO / S8682204J	Contact No. Home/Office Mobile 96472260			
Nationality MALAYSIAN	Email Address			
Occupation HOUSEWIFE	Sex Female	Age 36	Date of Birth 03/04/1986	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 17/04/2022 18:20	Location Of Incident NORTH SOUTH EXPRESSWAY MALAYSIA			

Brief details.

On 17/04/2022 at about 1820hrs, I was driving my husband's (Lum Song Kim, S8323419I) vehicle bearing the registration number SLD8470K with my family from Kuala Lumpur, Malaysia back to Singapore. When I was driving along KM38 North South Expressway to South, on the most right lane of the expressway. At that time, I noticed that the traffic was heavy. I was just following the car in front and was keeping a safe distance. Suddenly saw that the car in front made a stop and I also applied my brakes. I could see that the car is getting closer. Suddenly, I heard and felt an impact. I then alighted and

Signature Of Officer Recording The Report: L / SR STAFF SGT MOHAMMED ZUFARHAN BIN BOHARI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/04/2022 15:22
Officer In-Charge Of Case: L / Woodlands Police Divisional Investigation Branch / INSP (1) MOHAMAD ZAKRI BIN MOHAMAD RASHED Contact No.:	Classification Of Case:





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20220418/2046

realized that I was involved in a chain accident. There was another vehicle, SKR505K which hit onto the rear of my vehicle. I had collided to the rear of another vehicle SMG6158Z. The vehicle SMG6158Z had hit onto the rear of another vehicle SMG6158Z which then hit onto another vehicle, SCR6500D in front of it. I am not too sure on how the accident happened as it was too fast. My 9 year old son, Charsley Lum Chee Heng sustained bruises on his right cheek. He also suffered dizziness and vomited. My husband also felt pain on his head. I also have pain on the left side of my neck due to the collision. My car suffered damages on the front and rear bumper, bonnet, boot, front and rear panels, head lamp, tail lamp, radiator, fenders and the right side doors. I have an in car camera installed.

Signature Of Officer Recording The Report:
L / SR STAFF SGT MOHAMMED
ZUFARHAN BIN BOHARI

Signature Of Interpreter:
Not applicable

Date/Time:
18/04/2022 15:22

Classification Of Case:
L / Woodlands Police Divisional Investigation Branch / INSP (1) MOHAMAD ZAKRI BIN MOHAMAD
RASHED
Contact No.: