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 28/04/2022 17:01 (SGT) Date of Accident 27/04/2022 13:12 (SGT) Exact Location of Accident Singapore Additional Location Information SLE TOWARDS CTE LENTOR EXIT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

1496

Vehicle Registration Number SI F6056G

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner OON MOOI NGO NRIC No. SXXXX609J Email Address TEDDYTNG@GMAIL.COM Mobile Phone No (Phone) +65-96474142 Alternative Phone No +65-96474142

VEHICLE PARTICULARS

Manufacturer

Model Shuttle 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

INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd Type of Coverage Comprehensive Fleet Policy Policy Number 21-MT104178-R03 Cover Note Number

DRIVER

CC

Name of Driver LIM PENG CHENG NRIC No. SXXXX512Z

Date Of Birth 09/04/1965 Occupation Outdoor Date Of Driving Pass 08/11/1985 Driving experience 36 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-96305569 Alt. Phone Number Email Address TEDDYTNG@GMAIL.COM Address **BLK 245 PASIR RIS STREET 21 #12-83** Address complement Postcode 510245 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 Collision - Head to Rear 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? Yes Was any injured conveyed to hospital by ambulance? No 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? Nο PASSENGER 1 Name OON MOOI NGO Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Woodlands Division Headquarters Police Station Phone No (Phone) +65-18004660000 Police Station Address 1 Woodlands St 12 Singapore 738622 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO THE POLICE REPORT 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**

XD3129M

Vehicle Model

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	OON MOOI NGO
Gender	Female
Phone No	(Phone) +65-96474142
Address	BLK 245 PASIR RIS STREET 21 #12-83
Address Complement	-
Post Code	510245
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLE6056G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
,	

INJURED 2

Name of injured person Gender	LIM PENG CHENG Male
Phone No	(Phone) +65-96305569
Address	BLK 245 PASIR RIS STREET 21 #12-83
Address Complement	-
Post Code	510245
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLE6056G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Pease report correctly the details of the accident to speed up the claims process.
- This Formmist be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repurdiate policy liability</u>.
- The issue and acceptance of this Fermby Insurance companies is not an admission of policy liability on the part of the luxurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the CIA 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 aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 "Porsonal 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, involves, reports or notices to ma, 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

D

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

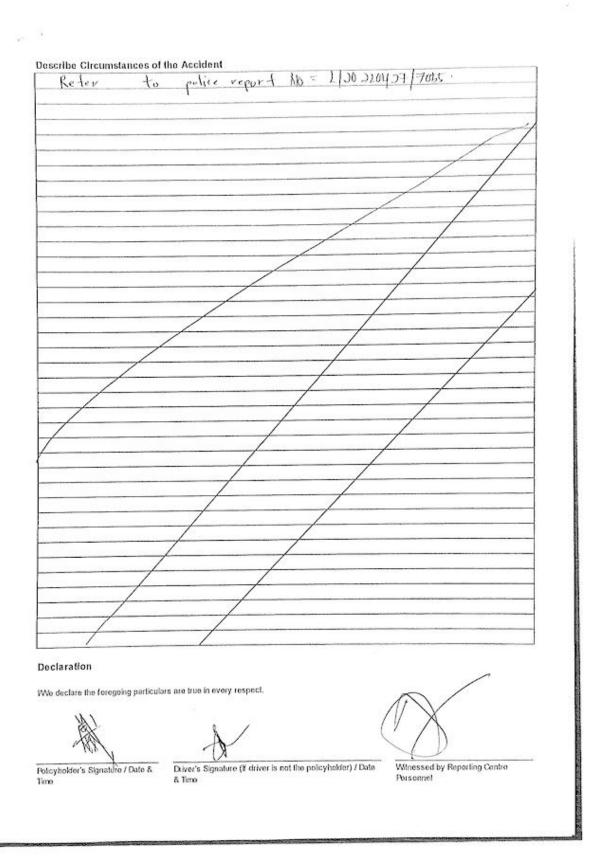
Witnessed by Reporting Centre Personnel

Sketch Plan

SLE TVds CTE Caty
betwood languages

Signature

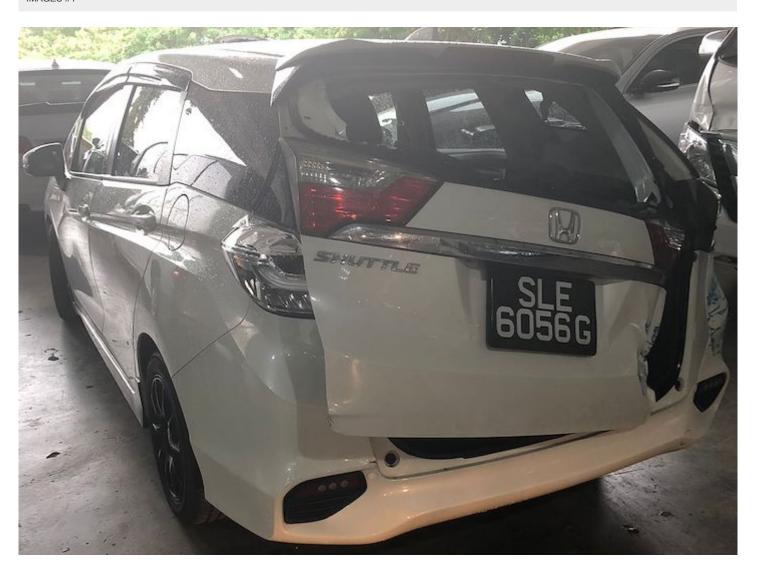
Vehicle A: SLE 6056 G

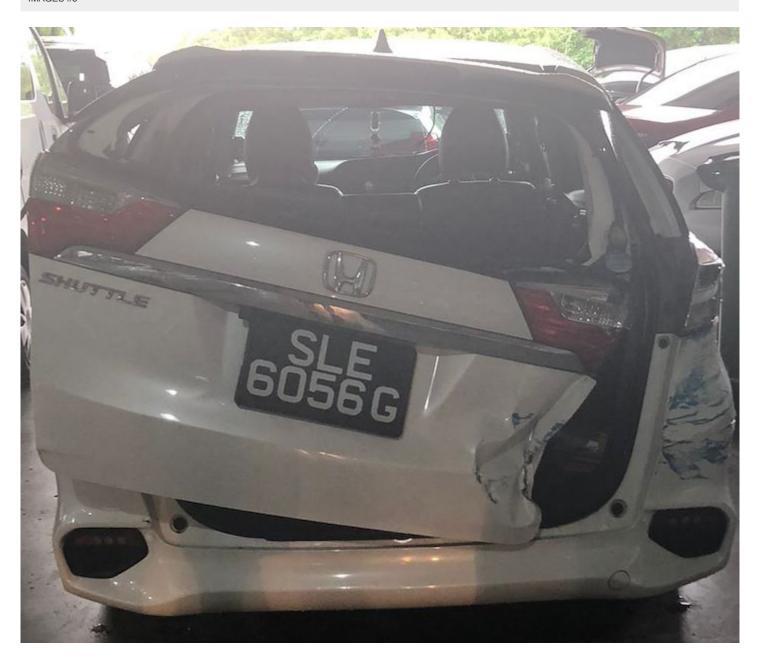


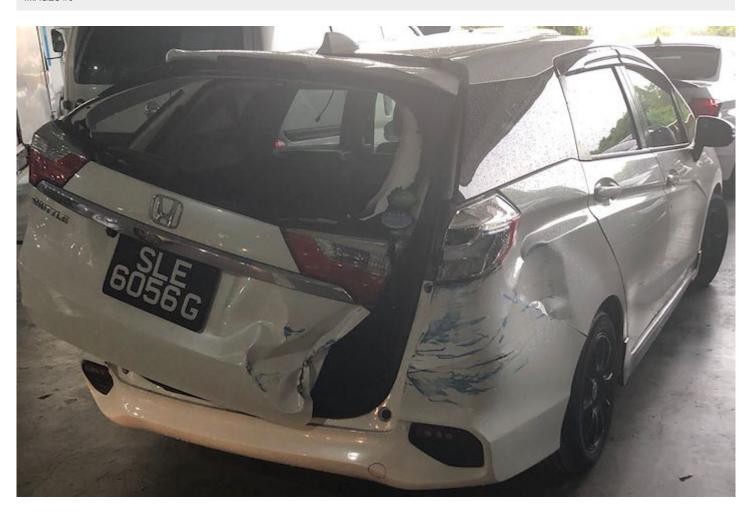






















Report No. L/20220427/7055

1 of 2

POLICE REPORT (NP299)

Police Station Of Origin Woodlands Division HQ 1 Woodlands Street 12 SINGAPORE 738622 Tel No: 1800-4660000

ontact f	No.	00000000	SINGAPORE 510245
45 PAS contact f	No.	00000000	SINGAPORE 510245
ontact f	No.	00000000	SINGAPORE 510245
	2000		
lome/Of	fice:		
	Home/Office: Mobile;		
		96305569	
Email Address			
LIMPENGCHENG50@GMAIL.COM			
ex	Age	Date of Birth	Race
lale	57	09/04/1965	Chinese
Language			
- Contract of the Contract of			
E-174	There I the		
1	IMPEN lex fale anguag inglish ocation	IMPENGCHENGS Sex Age fale 57 anguage inglish ocation Of Inciden	MPENGCHENG50@GMAIL.COM Sex Age Date of Birth fale 57 09/04/1965 anguago

On the stated date and time, I was driving my vehicle SLE6056G along SLE towards TPE with my wife Oon Mooi Ngo as my front passenger.

Both of us were belted.

I was driving straight along the second lane from the left when suddenly, a huge Impact at my rear right portion caused my vehicle to lose control.

Signature Of Informant; The Identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time; 27/04/2022 21:36
Classification Of Case:





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20220427/7055

I desperately attempted to brake and light against my steering wheel but to no avail as my vehicle spun several rounds,

I knocked my left knee against the inside of my vehicle while my wife also knocked her left shoulder, left arm and left knee.

Fortunately, oncoming vehicle's did not crash into us and our vehicle finally came to a stop at the road shoulder of the expressway,

Upon alighting, I realised that XD3129M, which was initially on the lane to my right, had swerved into my vehicle's rear right portion, causing my vehicle to spin out of control.

My entire vehicle was damaged as a result after spinning many rounds.

Later the same day, both my wife and I also started feeling screness and aches over multiple areas of our bodies.

We proceeded to Sunshine Clinic Family Practice & Surgery for treatment the same evening as our family doctor was already closed.

Both my wife and I were given 5 days MC each.

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: 27/04/2022 21:36
Officer In-Charge Of Cuso:	Classification Of Case;