

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 25/05/2022 18:14 (SGT) Date of Accident 24/05/2022 19:30 (SGT) Exact Location of Accident Singapore Additional Location Information **CROSS STREET** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNF1369H

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner SG CAR CHOICE PTE. LTD. Company Reg No 201604635K Email Address REPORTING@MYCAR.SG Mobile Phone No (Phone) +65-96886250 Alternative Phone No (Home) +65-96886250

VEHICLE PARTICULARS

Toyota Model Alphard Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private hire Transmission Auto

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy Policy Number 5127247031 Cover Note Number

DRIVER

Name of Driver GOH NAI KHEONG (WU NAIJIANG) NRIC No. S8119439D

Date Of Birth 18/06/1981 Occupation Outdoor Date Of Driving Pass 05/07/2004 Driving experience 17 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-96886250 Alt. Phone Number Email Address LUNCHEONMEAT1981@HOTMAIL.SG Address BLK 356A ADMIRALTY DRIVE, #09-84 Address complement Postcode 751356 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Hirer 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 Collision - Cross Junction 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? No PASSENGER 1 Name Passenger Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO ATTACHMENT 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? No **DETAILS OF OTHER VEHICLE PROPERTY 1**

SKP2872Y

CAccident report SY09225P0004

Vehicle Registration Number

| Vehicle Manufacturer Vehicle Model Vehicle Variant | - - |
|--|----------------------|
| Vehicle Colour | _ |
| Vehicle Category | Private car |
| Name of Driver | KAREN |
| Contact Number | (Phone) +65-98307529 |
| Address | <u>-</u> |
| 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 Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? | GOH NAI KHEONG (WU NAIJIANG) Male (Phone) +65-96886250 REFER BY POLICE REPORT SNF1369H Yes |
|---|--|
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

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- 8. Consent under the Personal Data Protection Act (PDPA)

l understand, acknowledge, agree and consent that :

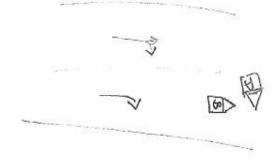
- (a) My insurer , my w orkshop and the General insurance Association of Singapora ("GIA") mov/are permitted to collect use disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or Dosessed by my hetirer (collectively the "Personal Information") and doctor and pension boun foreunal information to bi instinct (b) who have insured vehicle(s) involved in this accident (at 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;
- (ii) 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
- (a) 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

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

Witnessed by Reporting Centre Personnal

Sketch Plan



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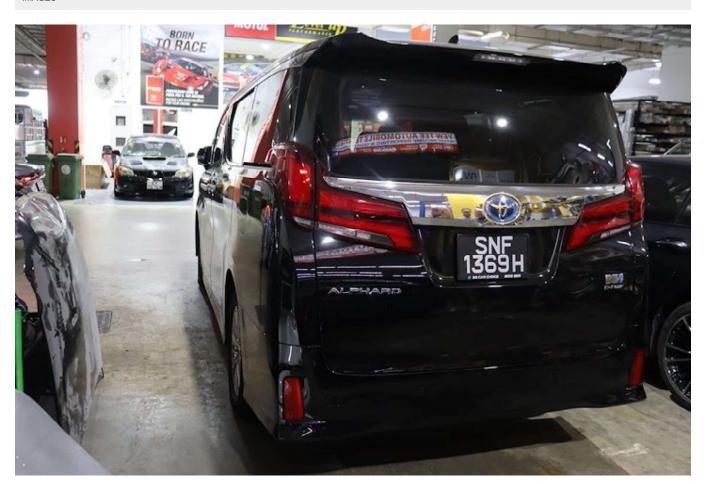
Declaration

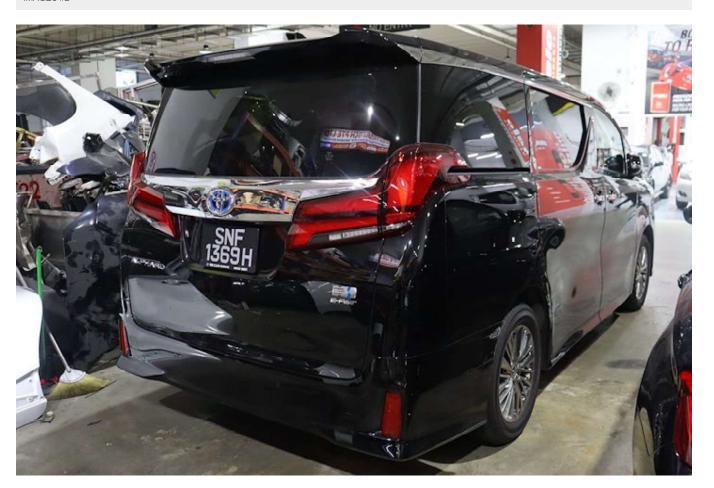
We declare the foregoing particulars are true in every respect.

Policyholder @Sdodiure / Date 8

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

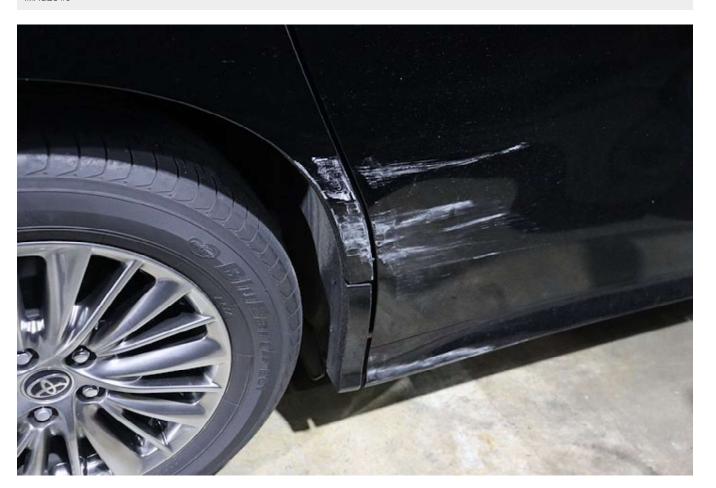
Witnessed by Reporting Centre









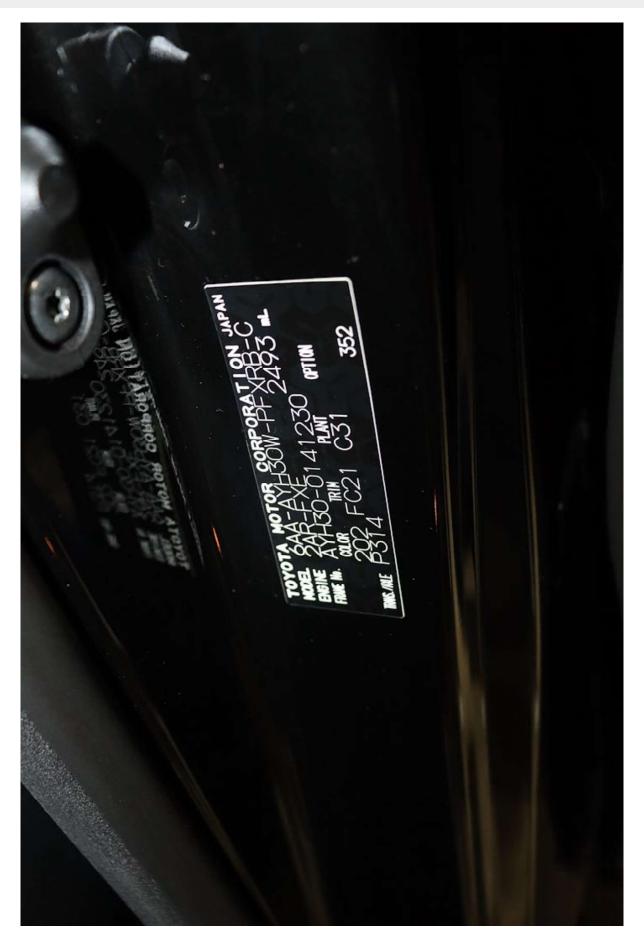
















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20220525/7029

REPORT OF A TRAFFIC ACCIDENT

| | ne Report M 22 15:31 | Made: | Vide Report No.: | Station Diary No. |
|--------------------|-------------------------|------------------------------|---|----------------------------|
| Informa | nt's Partic | ulars | | |
| | Informant: | | Address: 356A ADMIRALTY DRIVE | #09-84 SINGAPORE 751356 |
| ID Type NRIC NO | / ID No.: 0 / S81194 | 39D | Contact No.: Home/Office: | Mobile: 96886250 |
| National SINGAP | ity: ORE CITIZ | EN | Email: luncheonmeat1981@hotm | ail.sg |
| Sex: Male | Age: 40 | Date of Birth: 18/06/1981 | Type of Informant: Driver | |
| Race: Chinese | | | Language: English | Institution / School Name: |
| Occupat PHV DR | | | Driving Licence Information Class: 2B,2A,2,3,4 | n: Date of Expiry: |

| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 24/05/2022 19:30 | Type of Location: TRAFFIC LIGHT JUNCTION TURNING RIGHT |
|------------------------|------------------|---------------------------------------|---|--|
| Location: CROSS STR | EET | · · · · · · · · · · · · · · · · · · · | | |
| | | | | |
| Weather: Clear | | Road Surface: Dry | | oad Speed Limit: 0 Km/h |
| | | | 6 T | |

| Details of V | enicie invo | Ived | | | | |
|--------------|-------------|--------|-----------------------|-------|---------------------|-------|
| Vehicle No. | Туре | Make | Model | Color | Conditio | No of |
| SKP2872Y | Car | MAZDA | 6 | Blue | Slightly Damaged | 2 |
| SNF1369H | Car | тоуота | ALPHARD HYBRID 2.5 | Black | Slightly Damaged | 2 |



Details of Vehicle Insurance Vehicle No. Insurance Company



Effective

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20220525/7029

Expiry Date

CONTINUATION OF REPORT

Insurance No

| SNF1369H | NT | UC INCOME INSURANCE | AYH3 | 0014123 | 0 | 04/05/2022 | 03/05/2023 |
|---------------|--------|---------------------|----------|-----------------------------------|----------------|----------------------------|------------|
| Details of Pe | erso | n Involved | | | | | |
| Any Pedestri | ian Ir | volved: No | | | | | |
| No. of Pedes | trian | s Injured: NIL | Use of P | edestriar | Cross | ing: NA | |
| Driver | | | | | | | |
| Name | | GOTTNATKITEONG | | ID No | - | S0110480D |) |
| Related Vehi | icle | SKP2872Y (Car) | | Conta | ct No. | 96886250 | |
| Hospital/Clin | ic | NIL | | Class Drivin Licen Expin | g ce & | Class: 2B,2 Date of Exp | |
| Date | | 25/05/2022 | Date | | 25/05 | 5/2022 | |
| No. of Days | grant | ed Medical Leave 03 | Degree | of | Sligh | t | |
| Driver | | | | | Barrior Const. | | |
| Name | | KAREN | | ID No |). | NIL | |
| Related Vehi | icle | SNF1369H (Car) | | Conta | ct No. | 98307529 | A |
| Hospital/Clin | ic | NIL | | Class Drivin Licen Expin | g ce & | Class: NIL Date of Exp | iry: NIL |
| Date | | NIL | Date | | NIL | | |

Brief Details.

I was travelling on Shenton Way turning into Cross Street(Lau Pa Sat on my left side) which is a pedestrian crossing control by traffic light. While I was turning right with my right signal light on from Lane 3(able to go straight/turn right), the vehicle SKP2872Y on Lane 2(turn right only) go straight & hit my rear right. I stopped my vehicle immediately & get down to exchange handphone details & also took pictures of both vehicle. I have front & rear video both exceeding 20MB & photos as well.

Degree of

NIL

NIL

Above is for police report.

No. of Days granted Medical Leave





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20220525/7029

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

| 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: 25/05/2022 15:31 |
| Officer In Charge Of Case: TP / TPIB / TAY CHUN KEEN Contact No.: 65476436 | Classification Of Case: |



| CAR CHOICE | LN NO: 01104 | CARCHOICE | | LN NO: 01104 |
|--|---|--|---|---|
| LEASE AGREEMENT | EMENT 80C 261761987N | | LEASE AGREEMENT | A Hills See |
| Jbi Am 2 #01-21 Automobile I | Pegamari, 408898, Tal: 6337 4050 Fax: 6397 4090 | \$G CAT Chalcas 2 "14 LIE. GT UNI her Z 103-21 Automatile Mrg.mearl, 408199. Tel: 6397 4089 Fax; 6397 4050 | Epiment, 408899. Tel: 6397 4080 Fax; 639 | |
| HIRER'S PARTICULARS | 7 | BREAKDOWN AND CALCULATIONS | | |
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| Date of Birth: 34 18 / L / 1981 | Marial Status (Pis orch). (Se / Named | (may t) market | 8 | 1 |
| AGENS: APT BLK, 3564 ADMINALTY DRUE WES-14 | (2) 201516. | Road Tax (1-Year) | 88 | |
| Create functions and 1949 (Alexander) | | Addressi Charges | 25 | |
| Occupation: PHY DENER. | Nature of Industry: projy. | | s | |
| ADDITIONAL DRIVER'S PARTICULARS (if any) | | | 83 | T |
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| NRIC / Paraport No / ROC: | Tel No: | Less Other Discount | | - |
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| Address. | | | 28 (| 1- |
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| Decupation | Nature of Industry: | Total American Percents | | |
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