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 20/06/2022 10:59 (SGT) Date of Accident 18/06/2022 18:45 (SGT) Exact Location of Accident Near 6 Rivervale Link, Singapore 545042 Additional Location Information RIVERVALE LINK TOWARDS BUANGKOK DRIVE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBG210A

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **CHUA CHOONG POO** NRIC No. S0642071J Email Address chuacp49@gmail.com Mobile Phone No (Phone) +65-97537174 Alternative Phone No +65-97537174

VEHICLE PARTICULARS

Manufacturer Nissan Model Nv200 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 - Reporting only Vehicle Category Commercial vehicle Transmission Manual CC 1500

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd Type of Coverage Comprehensive Fleet Policy Policy Number Z22VC05011577 Cover Note Number

DRIVER

Name of Driver **CHUA CHOONG POO** NRIC No. S0642071J

Date Of Birth 04/05/1949 Occupation Indoor Date Of Driving Pass 07/10/1971 Driving experience 50 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-97537174 Alt. Phone Number +65-97537174 Email Address chuacp49@gmail.com Address 425 BEDOK NORTH ROAD #02-537 Address complement Postcode 460425 Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured 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 - Major/Minor Rd 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? 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? Nο PASSENGER 1 Name HENG NOY KEE Gender Female 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? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT ATTACHED THE POLICE REPORT NO: F/20220618/7048. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1**

SMD9024Y

Vehicle Registration Number

Vehicle Manufacturer

| Vehicle Model | - |
|---|----------------|
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | KUM KIN CHOONG |
| NRIC No | S8103508C |
| 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.
- This Form must 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>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.
- 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)

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 "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/Jaw firms), which may be sited outside of Singapore, for one or more of the above Purposes.

10-20 a.m

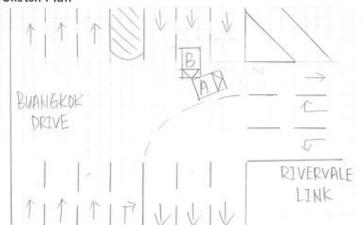
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Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A-GB6210A B:SMD90244

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Declaration

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel









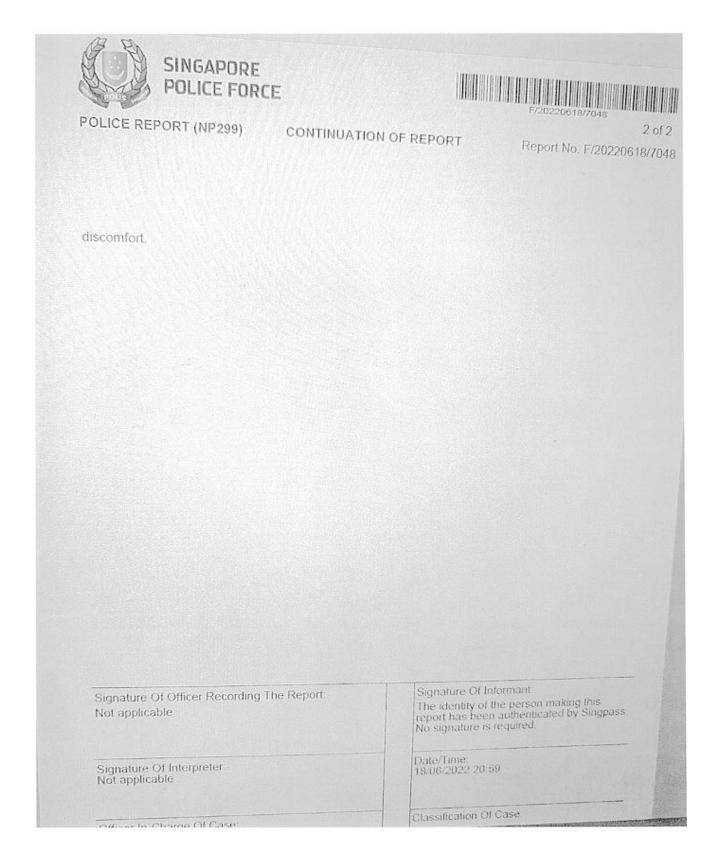












| | SINGAPORE POLICE FORCE |
|---------------------------------------|---------------------------------------|
| POLICE RI | EPORT (NP299) |
| | Division HQ Kio Avenue 9 SINGAPORE |
| Tel No:180 | |
| Tel No:180 | Report Made |
| Tel No:180 Date/Time | Report Made 20,59 |
| Date/Time 18/06/2022 Name Of In | Report Made 20,59 |



1 of 2 Report No. F/20220618/7048

| Date/Time Report Made | Vide Report No. | | | 6. |
|--|--|-----|---------------|-------------------|
| 18/06/2022 20:59 | | | | Station Diary No. |
| Name Of Informant | Address | | | |
| CHUA CHOONG POO | 425 BEDOK NORTH ROAD #02-537 | | | SINGAPORE |
| ID Done LID No. | 460425 | | | |
| ID Type / ID No. | Contact I | Vo. | | |
| NRIC NO / S0642071J | Home/Office: | | Mobile: | |
| | | | 97537174 | |
| Nationality | Email Address | | | |
| SINGAPORE CITIZEN | CLIANGEE@GMAIL.COM | | | |
| Occupation | Sex | Age | Date of Birth | Race |
| Hawker/Stall holder (excluding prepared food | Male | 73 | 04/05/1949 | Chinese |
| or drinks) | | | | |
| Institution/School Name | Language English | | | |
| Date/Time Of Incident 18/06/2022 18:45 - 18/06/2022 18:55 | Location Of Incident RIVERVALE LINK | | | |
| Particular de La Maria | | | | |

Brief details.

On 16 June 2022 (Saturday) at about 1845hr. I (Mr Chua Choong Poo, S0642071J) was driving my van (GBG210A) turning right into Rivervale link from Buangkok Drive while the traffic light was green. A saloon KIA car (SMD 9024Y) driven by Mr Kum Kin Choong (S8103508C) coming from the opposite direction hit the rear of my van left side (see attached photo).

Both vehicles then stopped at a safe spot where I exchanged particulars with the car driver. At the same time, both drivers and all passengers from both vehicles were checked and reported no visible injuries of

| Signature Of Officer Recording The Report: Not applicable | Signature Of Informant: The identity of the person making this report has been authenticated by Singpas No signature is required. | | | |
|--|---|--|--|--|
| Signature Of Interpréter Not applicable | Date/Time 18/08/2022 20:59 | | | |
| Officer In-Charge Of Case. | Classification Of Case | | | |
| | | | | |

