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.

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 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 04/07/2022 17:55 (SGT) Reported by Date of Accident 03/07/2022 18:00 (SGT) Exact Location of Accident Upper Bukit Timah Rd, Singapore Additional Location Information Country/State of Loss Singapore **DETAILS OF OWN VEHICLE** Vehicle Registration Number SLL4199D

Mitsubishi

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner KELVIN WONG MING QUAN NRIC No SXXXX638E Email Address amryman87@hotmail.com Mobile Phone No (Phone) +65-87870108 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Lancer 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 No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 1499

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Policy Number / Cover Note Number 5107626901-03

DRIVER

Name of Driver LOH JIE YANG (LUO JIEYANG) NRIC No SXXXX799J Date Of Birth 02/08/1987 Occupation Outdoor

Date Of Driving Pass 20/04/2007 Driving experience 15 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-96422443 Alt. Phone Number Email Address amryman87@hotmail.com Address BLK 206 CLEMENTI AVENUE 6 Address complement #02-103 Postcode 120206 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Relative 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 - 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? 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 Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Thomson Neighbourhood Police Post Police Station Phone No (Phone) +65-18004529999 Alt. Police Station Phone No (Fax) +65-65535740 Police Station Address Blk 25 Sin Ming Road #01-180 Singapore 570025 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE SEE ATTACHED SKETCH PLANS AND POLICER EPORT. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1**

SKT5490A

Toyota

Accident report SS2S22740006

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model
Vehicle Variant

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN YONG JIN ,KERWIN
NRIC No	SXXXX960I
Contact Number	(Phone) +65-97224028
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	LOH JIE YANG (LUO JIEYANG)
Gender	Male
Phone No	(Phone) +65-96422443
Address	BLK 206 CLEMENTI AVENUE 6
Address Complement	#02-103
Post Code	120206
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLL4199D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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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)

funderstand, 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;
- (i) 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, involces, 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.

Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date Time 04-07-22 Witnessed by Reporting Centre Personnel

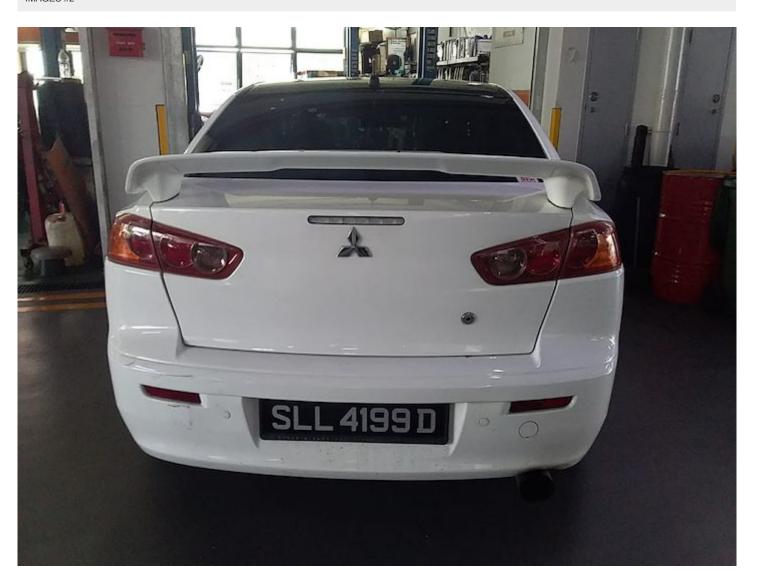
Sketch Plan

UPPER BUKI 7 7 IMPER

To the policyholder of the policyholder

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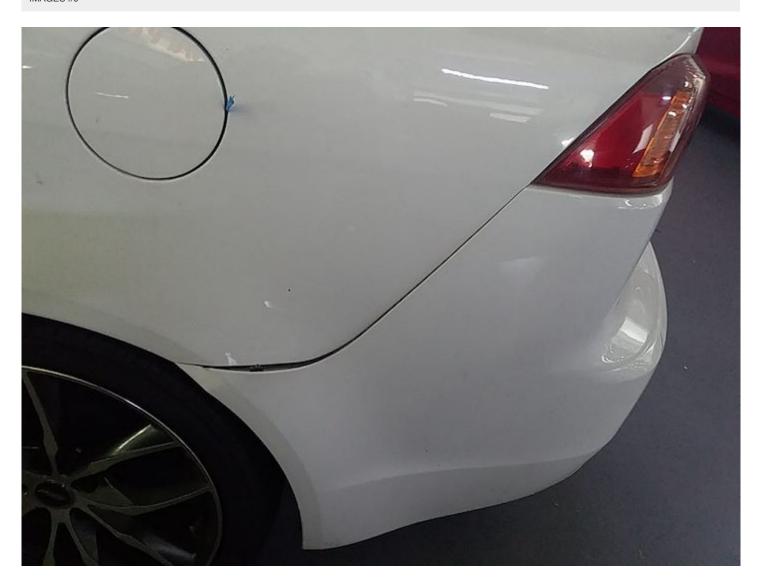






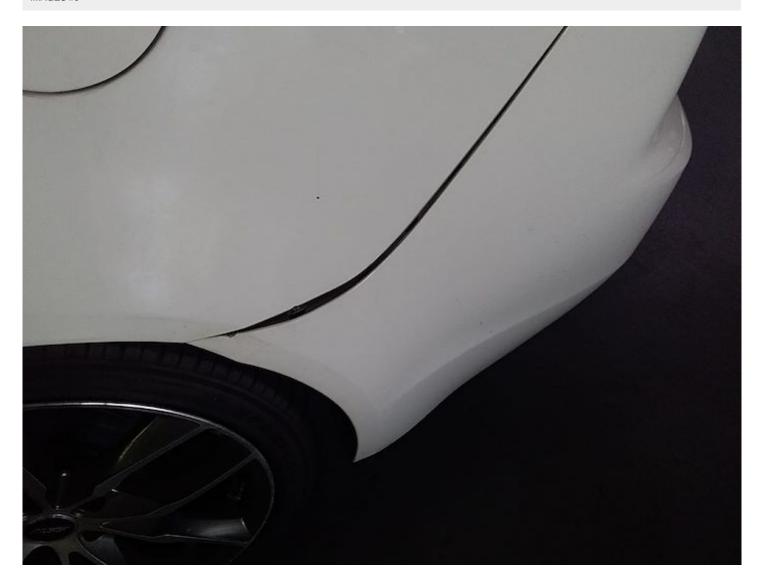




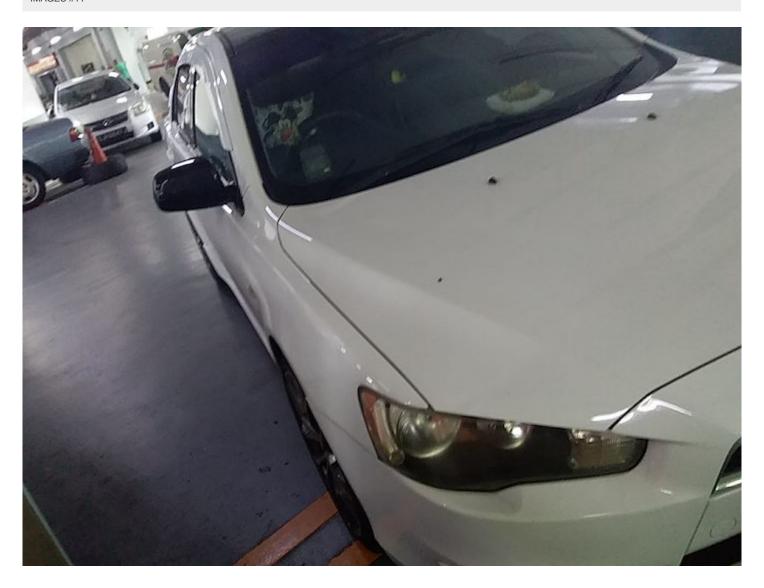




















1/20220/04/20/3

1 of 3 Report No. T/20220704/2073

Police Station Of Origin: Thomson NPP 25 Sin Ming Road #01-180 SINGAPORE 570025 Tel No: 1800-4529999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/07/2022 16:36			Vide Report No.:	Station Diary No.	
Informa	int's Partic	ulars			
Name o LOH JIE	f Informant: YANG	-	Address: APT BLK 206 CLEMEN 120206	NTI AVENUE 6 #02-103 SINGAPORE	
	/ ID No.: O / \$87237	99J	Contact No.: Home/Office: Mobile: 96422443		
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 34	Date of Birth: 02/08/1987	Type of Informant:		
Race: Chinese		Language: Institution / School Na			
Occupation: IT ENGINEER		Driving Licence Informa Class: 2B,3	ation: Date of Expiry:		

General Infor	mation of the Accid	lent			
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/07/2022 18:00	Type of Location T-Junction	
Location: UPPER BUKI Weather: Clear	T TIMAH ROAD	Road Surface:		Road Speed Limit:	
Traffic Flow: Traffic Control: One Way Not Controlled			- 1	Traffic Volume: Heavy	
Type of Collis Between Mov	ion: ing Vehicles - Head	To Rear		Anyone conveyed by ambulance: No	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKT5490A	Car				Slightly Damaged	2
SLL4199D	Car				Slightly Damaged	0

Agtails of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20220704/2023

Police Station Of Origin: Thomson NPP 25 Sin Ming Road #01-180 SINGAPORE 570025 Tel No: 1800-4529999

2 of 3 Report No. T/20220704/2073

CONTINUATION OF REPORT

Driver	· · · · · · · · · · · · · · · · · · ·	Description of the last of the			
Name	TAN YOUNG JIN, KERWIN		ID No.		L Sectional
Related Vehicle	SKT5490A (Car)			S88509601	
Hospital/Clinic			Contact No.		97224028
- Price Carrie	NIL		Class of Driving Licence &		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Expiry [
No. of Days gran	nted Medical Leave NIL	Date Dis	charge 1	VIL	
Driver	MARINE SERVICE	Degree o	of Injury N	VIL	
Name	LOH JIE YANG	LOH JIE YANG			
Related Vehicle	SLL4199D (Car)		ID No.		S8723799J
	-42 (Car)		Contact No.		96422443
lospital/Clinic NIL					
			Licence &		Class: 2B,3 Date of Expiry: NIL
ate Treatment	NIL	I Data Bi	Expiry Da	ate	
o. of Days grante	ed Medical Leave NIL	Date Disch	narge NI		
	IVIL	Degree of	Injury Sli	aht	

Brief Details.

On 03/07/2022 at about 1800hrs, I was driving along PIE in my vehicle(SLL4199D) as I was about to exit into Upper Bukit Timah Road, I signalled my intention to make a left turn while I was turning in to Upper Bukit Timah Road suddenly a vehicle in front came to a stop hence I had to E-break thus, the vehicle(SKT5490A) behind collided into my vehicle. I immediately went down to make a check and realised that there are damages to my vehicle. Thus we exchanged our particular and left the area.

On 04/07/2022 at about 1400hrs, I went to seek for medical attention at Mount Alvernia Hospital and gotten a 5 days MC from 04/07/2022 to 08/07/2022. I wish to add that I do not have in car-camera installed in my vehicle.





Police Station Of Origin: Thomson NPP 25 Sin Ming Road #01-180 SINGAPORE 570025 Tel No: 1800-4529999 3 of 3 Report No. T/20220704/2073

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report: E /	Signature Of Informant:
SGT 2 TAN QI AN	East
Signature Of Interpreter: Not applicable	Date/Time: 04/07/2022 16:36
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case;
NP168	