SS2E22860001 / S & H Motor Pte Ltd ENTRY DATE & TIME: 06/08/2022 15:55 (SGT) SUBMITTED BY: Wong Kee Nyuk VERSION: 1 (06/08/2022 15:55 (SGT))

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 Actual 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 06/08/2022 15:55 (SGT) Reported by Driver Date of Accident 05/08/2022 17:05 (SGT) Exact Location of Accident Yishun Ring Rd, Singapore Additional Location Information along Yishun Ring Road outside Blk 787 just after the bus stop near LP 82 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **SNG5488R**

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Thin Thin Nwe NRIC No G5044011M Email Address nwethint@gmail.com Mobile Phone No (Phone) +65-98548722 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Volkswagen Model Tiguan 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? Yes Vehicle Category Private car Transmission Auto CC 1400

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd Policy Number / Cover Note Number Z/22/VP05/031236-001

DRIVER

Name of Driver **Teong Tew Cheng** NRIC No S6863191B Date Of Birth 11/05/1968

Occupation Outdoor Date Of Driving Pass 12/06/1989 Driving experience 33 YEARS AND 2 MONTHS Gender Male Mobile Number (Phone) +65-92775488 Alt. Phone Number Email Address teongtc@hotmail.com Address Blk 701 Yishun Ave 5 #04-315 Address complement Postcode 760701 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Spouse 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 Chain Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? 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? 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? No Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT refer attached report. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SG5062B Vehicle Manufacturer

 Vehicle Registration Number
 SG5062B

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Bus

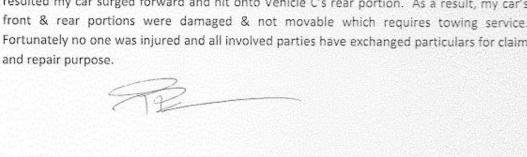
 Name of Driver
 Tong Mun Loo

Work Permit No	F1378406W
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 Vehicle Manufacturer Vehicle Model Vehicle Variant	SJE6167T Toyota Camry
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Tan Kim Chan
NRIC No	S0174677D
Contact Number	(Phone) +65-96167881
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

I was driving straight along Yishun Ring Road outside Blk 787 just after the bus stop near LP 82. Suddenly Vehicle C applied emergency brake and swerved to his left, immediately I applied sudden brake to avoid hitting the front car. All of sudden, I felt an enormous impact from my car's rear. Vehicle B had collided into my car's rear left portion which resulted my car surged forward and hit onto Vehicle C's rear portion. As a result, my car's front & rear portions were damaged & not movable which requires towing service. Fortunately no one was injured and all involved parties have exchanged particulars for claim and repair purpose.



SKETCH PLAN

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- 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 Traffic Police Department for investigation.

- This report will be forwarded by the insurers to 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:

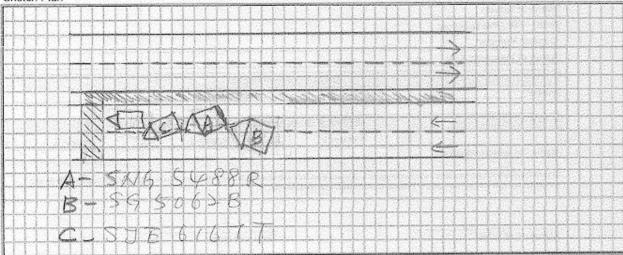
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' lawyers/faw 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' lawyers/law lims, 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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Hersonnel (Name as in NRIC/ID ctrd)

Sketch Plan



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aration lectare the foregoing particul	ars are true in every respect.	
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	192-	
holder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date	Witnessed by Reporting Centre Personnel
	& Time	(Name as in NRIC(D card)

