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.

- 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 02/09/2022 14:30 (SGT) Reported by Date of Accident 01/09/2022 14:40 (SGT) Exact Location of Accident Singapore Additional Location Information SELETAR WEST LINK Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Kia

Vehicle Registration Number SMR5383M

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **NEO CHOONG YONG** NRIC No S7223771D Email Address normancyneo@gmail.com Mobile Phone No (Phone) +65-93823689 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model STONIC 1.0 DCT Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto CC 998

INSURANCE COMPANY

Name of Insurance Company ERGO Insurance Pte. Ltd. Policy Number / Cover Note Number DMPG22000948

DRIVER

Name of Driver **NEO CHOONG YONG** NRIC No S7223771D Date Of Birth 02/07/1972 Occupation Indoor

Date Of Driving Pass 02/07/1998 Driving experience 24 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-93823689 Alt. Phone Number Email Address normancyneo@gmail.com Address BLK 99 JALAN SENDUDOK #04-96 (S) 769475 Address complement Postcode Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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 Raining Road Surface Wet 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 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? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER WITH ATTACH. 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 NumberSJS1346CVehicle ManufacturerHondaVehicle ModelVezelVehicle Variant-



Vehicle Colour Vehicle Category Private car Name of Driver KALIAPERUMAL KUMARESAN NRIC No S7660701Z Contact Number (Phone) +65-90027140 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 SJS864E Vehicle Manufacturer Hyundai Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car TEI HUI HUI BERNICE Name of Driver NRIC No S9025896F Contact Number (Phone) +65-96442515 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 **NEO CHOONG YONG** Gender Male Phone No (Phone) +65-93823689 Address BLK 99 JALAN SENDUDOK #04-96 (S) 769475 Address Complement Post Code Approximate Age Years Old Injuries Sustained RAFFLES MEDICAL- 3 DAYS MC Injured person in which vehicle? SMR5383M Were seat belts worn? Was this injured conveyed to hospital by ambulance?

SKETCH PLAN

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.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding 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 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/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 malling 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 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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

1.507

Policyholder's Signature / Date & Time

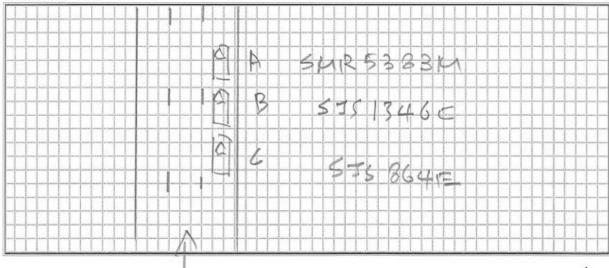
Driver's Signature (if driver is not the policyholder) / Date

& Time

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Co. Reg. No 22146800E

Sketch Plan



1

| escribe Circumstance o | | 0. L+ 1 | 1 | |
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| ote: Please note that y | our insurer may ha | ve 14days time frame for yo | u to submit an own damage | claim under your own polic |
| ease check your polic | | | | |
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I/We declare the foregoing particulars are true in every respect.

cyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

2





1 of 4 Report No. T/20220902/7020

REPORT OF A TRAFFIC ACCIDENT

| Date/Time Report Made: 02/09/2022 12:32 | | Vide Report No.: | Station Diary No.: | |
|--|-------------------|---|-------------------------------------|-----|
| Informa | nt's Partic | ulars | | |
| Name of Informant: NEO CHOONG YONG | | Address: 99 JALAN SENDUDOK #04-96 SINGAPORE 769475 | | |
| ID Type / ID No.: NRIC NO / S7223771D | | Contact No.: Home/Office: | Mobile: 93823689 | |
| National SINGAP | ity: ORE CITIZ | EN | Email: normancyneo@gmail.e | com |
| Sex: Male | Age: 50 | Date of Birth: 02/07/1972 | Type of Informant: Vehicle Owner | |
| Race: Chinese | | Language: English | Institution / School Name: | |
| Occupation: | | Driving Licence Inform Class: 3 | ation: Date of Expiry: | |

| General Infor | mation of the Acci | dent | | | |
|-------------------------------|-----------------------------|------------------------------------|---|--|--|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 01/09/2022 14:40 | Type of Location: Straight Road | |
| SELETAR WI | EST LINK | | | | |
| Weather: Raining | | Road Surface: Wet | | Road Speed Limit: 80 Km/h | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Moderate | |
| Type of Collis Between Mov | ion: ing Vehicles - Head | l To Rear | | Anyone conveyed by ambulance: No | |

| Vehicle No. | Туре | Make | Model | Color | Conditio | No of |
|-------------|------|---------|--------|-------|---------------------|-------|
| SJS1346C | Car | HONDA | Vezel | Blue | | 1 |
| SJS864E | Car | HYUNDAI | | Blue | | 1 |
| SMR5383M | Car | KIA | Stonic | Grey | Slightly Damaged | 1 |





2 of 4 Report No. T/20220902/7020

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|-------------------|--------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SMR5383M | | DMPG22000948 | 13/01/2022 | 12/01/2023 |

| Details of Perso | | | | | |
|-------------------|---|--|--|---|--|
| Any Pedestrian I | | | | | |
| No. of Pedestrian | ns Injured: NIL | Use of Pedestrian Crossing: NA | | | |
| Driver | | | | | |
| Name | KALIAPERUMAL KUMARES | AN | ID No. | S7660701Z | |
| Related Vehicle | SJS1346C (Car) | | Contact No | 90027140 | |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: 3,4 Date of Expiry: NIL | | |
| Date | NIL | Date | NIL | | |
| No. of Days gran | ted Medical Leave NIL | Degree o | | | |
| Driver | | | No state of the state of | | |
| Name | TEO HUI HUI BERNICE | | ID No. | S9025896F | |
| Related Vehicle | SJS864E (Car) | | Contact No | . 96442515 | |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry | Class: 3 Date of Expiry: NIL | |
| Date | NIL Date | | NIL | | |
| No. of Days gran | 10000 | | | 17-07-17-17-18-18-18-18-18-18-18-18-18-18-18-18-18- | |
| Vehicle Owner | A DESCRIPTION OF THE PROPERTY | | | | |
| Name | NEO CHOONG YONG | | ID No. | S7223771D | |
| Related Vehicle | SMR5383M (Car) | | Contact No | . 93823689 | |
| Hospital/Clinic | RAFFLESMEDICAL | | Class of Driving Licence & Expiry | Class: 3 Date of Expiry: NIL | |
| Date | 01/09/2022 | Date | | 9/2022 | |
| | ed Medical Leave 03 | Degree o | | | |





3 of 4 Report No. T/20220902/7020

CONTINUATION OF REPORT

Brief Details.

Was driving on the extreme right lane along Seletar West Link on 1 Sep 2022 around 2.40pm towards CTE. It was raining at that time and the car in front of me stop suddenly. So I apply my brakes and my vehicle came to a halt, near to lamp post 17, just in time without hitting the vehicle in front of me. After awhile, a vehicle hit the back of my vehicle. I exited the vehicle, feeling pain on my back and neck, to check on the 2nd vehicle that hit the back of my vehicle. The 2nd vehicle was a blue Honda Vezel driven by Mr. Kaliaperumal Kumaresan (S7660701Z). There was a 3rd vehicle, a Blue Hyundai SJS 864E driven by Ms. Teo Hui Hui, Bernice (S9025896F), that was behind the 2nd vehicle. According to Mr. Kaliaperumal Kumaresan, his car was hit by the 3rd vehicle causing him to hit my vehicle. The pics of the car and drivers license are as attached.





4 of 4 Report No. T/20220902/7020

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: 02/09/2022 12:32 |
| Officer In Charge Of Case: TP / TPIB / TAN JEOK LENG Contact No.: 65476151 | Classification Of Case: |