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 07/09/2022 16:53 (SGT) Reported by Driver Date of Accident 06/09/2022 17:30 (SGT) Exact Location of Accident Xilin Ave, Singapore Additional Location Information TWDS SIMEI BETWEEN EXPO AND MRT DEPOT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Byd

Vehicle Registration Number SNF405T

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner JACK CARS LEASING AND RENTAL PTE LTD Company Reg No 201505043G Email Address THANA@JACKCARS.COM.SG Mobile Phone No (Phone) +65-91267055 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model E₆h 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

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2002597171

DRIVER

Name of Driver NG KIM YEOW NRIC No S7614136C Date Of Birth 08/05/1976 Occupation Indoor

Date Of Driving Pass 14/01/1998 Driving experience 24 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-91267055 Alt. Phone Number Email Address KIMYEOWNG@HOTMAIL.COM Address 19 SENGKANG EAST AVE #07-17 Address complement Postcode 544808 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **CUSTOMER** 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? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Yes 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 **Bedok Division Headquarters** Police Station Phone No (Phone) +65-18002440000 Alt. Police Station Phone No (Fax) +65-64443009 Police Station Address 30 Bedok North Road Singapore 469676 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT: G/20220906/7178 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 FBS2706K Vehicle Manufacturer

Vehicle Model
Vehicle Variant

Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMW5698D Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident **VEHICLE C** No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	RIDER
Gender	-
Phone No	_
Address	_
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBS2706K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

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 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;

xilin Ave

- (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/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder s Signature

Date & Time :

Date & Time: 109 2022 10:44

Witnessed by Reporting Centre Personnel

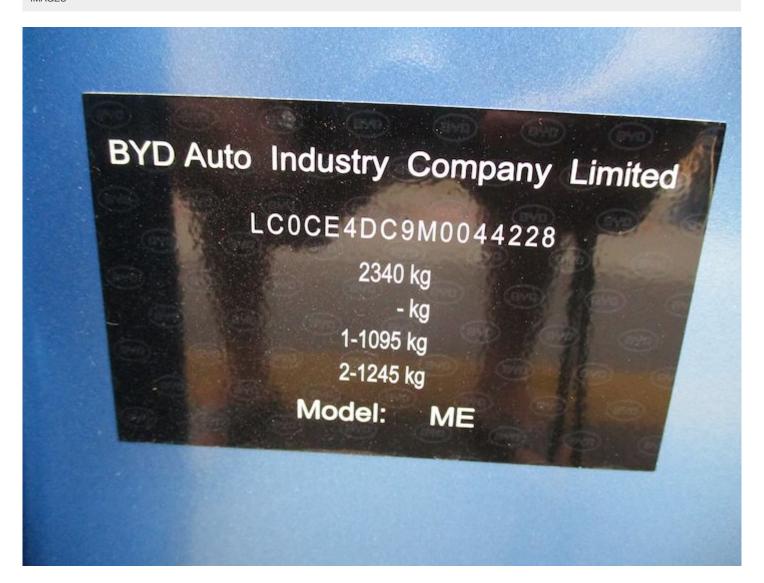
Sketch Plan

巨村

Changi Mat Dags DATE: 06/09/2022

TIME:

C.Orig	Xilin Road tow	ond other	
VEHICLES INVOLVED	SNF 40ST, FR	SS 2706 K, Smws VEHICLE B VEHICLE D	6980
VEHICLE A: SNF	HOST	VEHICLE B	: FBS 2706K
VEHICLE C: SMU	N 5698D	VEHICLE D	
NO. OF PASSENGERS	S: ()		
OID OUR OTANIOED OF	ACCIDENT		
CIRCUMSTANCES OF	ACCIDENT:		
refor to po)	te report		
			Company of the compan
eclaration We declare the foregoing parti	culars are true in every respec	t	
(3.00 LLA (3.00 M) 10 (3.00 M)	o A		
licyholder s Signature ate & Time :		ver is not the policyholder) 99 2022 4-4	Witnessed by Reporting Centre Personnel



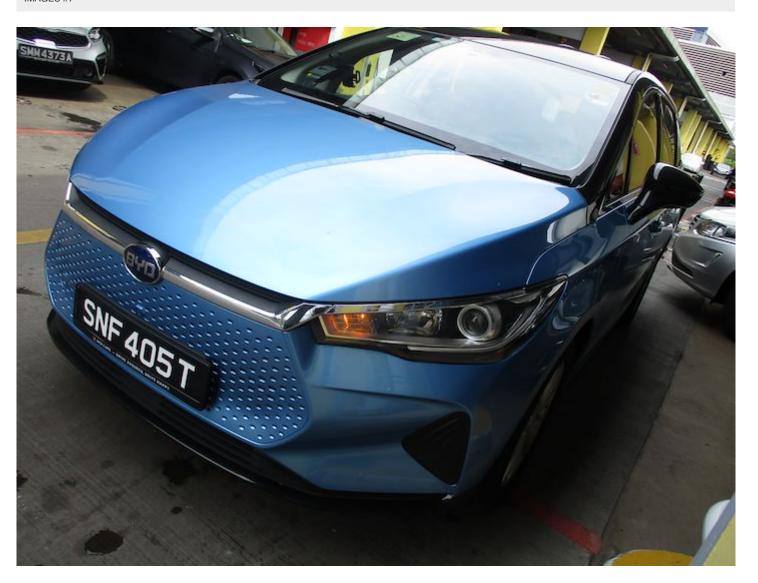
















1 of 2

Report No. G/20220906/7178

POLICE REPORT (NP299)

Police Station Of Origin Bedok Division HQ 30 Bedok North Road SINGAPORE 469676 Tel No:1800-2440000

Date/Time Report Made	Vide Re	port No.		Station Diary No.
06/09/2022 20:41				
Name Of Informant	Address			
NG KIM YEOW	19 SENGKANG EAST AVENUE #07-17 SINGAPOR		-17 SINGAPORE	
	544808			
ID Type / ID No.	Contact	No.		
NRIC NO / S7614136C	Home/C	Office:	Mobile:	
			91267055	
Nationality	Email A	Email Address		
SINGAPORE CITIZEN	KIMYEC	KIMYEOWNG@HOTMAIL.COM		
Occupation	Sex	Age	Date of Birth	Race
Management executive	Male	46	08/05/1976	Chinese
Institution/School Name	Language English			
Date/Time Of Incident	Location Of Incident			
06/09/2022 17:30 - 06/09/2022 17:35	XILIN AVENUE			

Brief details.

Accident involve 3 vehicles as below

- 1. SNF 405 T, Driver Ng Kim Yeow, S7614136C
- 2. FBS 2706 K, Driver Ang , NRIC unknow, he was taken away in ambulance. Tel. No. 81234188
- 3. SMW 5698 D , Driver, Ng Kai Ling , S9212422C

I am driving SNF405T, along XiLin Ave, after passing the bridge, I slowed down and stopping behind another car, waiting for traffic light to clear. Just as I stopped, I heard a bang and felt a collision.

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: 06/09/2022 20:41
Officer In-Charge Of Case:	Classification Of Case:





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20220906/7178

I alighted the vehicle and saw a motorcycle with it front wheel and part of the handle stuck under my Car bumper, the motorist is also trapped but conscious. I immediately call 995 and together with the driver of SMW5698D, Ms Ng Kai Ling help the motorist to freed himself from the bike, he is able to walk and cross the road to pavement.

The traffic police came after the ambulance, told my statement, collected the Dash-Cam SD card, and under his guidance, I drove the to side of the road.

A case card is given, report number G/20220906/0184

Signature Of Officer Recording The Report:	Signature Of Informant;
Not applicable	The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter; Not applicable	Date/Time: 06/09/2022 20:41
Officer In-Charge Of Case:	Classification Of Case: