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 30/09/2022 15:40 (SGT) Reported by Driver Date of Accident 30/09/2022 08:45 (SGT) Exact Location of Accident 153 Serangoon North Ave 1, Singapore 550153 Additional Location Information **CARPARK** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMM4485K

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner PNG ENG HONG NRIC No SXXXX047G Email Address jonpng97@gmail.com Mobile Phone No (Phone) +65-83891691 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Mitsubishi Model Attrage 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? Vehicle Category

Transmission CC

Private use

No - Claiming third party Private car

Auto 1200

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number A 300592583 QMX

DRIVER

Name of Driver PNG WEI SONG JONATHAN NRIC No SXXXX596I Date Of Birth 15/05/1997 Occupation Indoor



Date Of Driving Pass 31/07/2018 Driving experience 4 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-90694349 Alt. Phone Number Email Address jonpng97@gmail.com Address BLK 758 WOODLANDS AVE 6 Address complement #10-46 Postcode 730758 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Child 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 Side Swipe 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 PASSENGER 1 Name YU SING NGUK Gender **Female 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 PLS REFER TO THE POLIE REPORT:T/20220930/7026 ATTACHMENT(S)

DETAILS OF OTHER VEHICLE PROPERTY 1

Yes

No

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Vehicle Registration Number Vehicle Manufacturer Vehicle Model	SLL9014X -
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	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	-
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn?	- - - - - SLIGHT SMM4485K
Was this injured conveyed to hospital by ambulance?	No

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

Sketch Plan

153 SERANGOON NORTH

AUE / CARPARK

B = SLL 90/4X

A A

Describe Circumstances of the Accident

Please	heler police report no. T/20	0220930/7026	
2 12			
eclaration			
No dealers the fermion in			
We declare the foregoing particula	rs are true in every respect.		
		-	
		0	
	B.	Sym 30/09/22	
licyholder's Signature / Date &	Driver's Signature (If driver is not the policyholder) / Date	Withoutend by Beneding Contro	
me	& Time	Witnessed by Reporting Centre Personnel	





3 of 4

Report No. T/20220930/7026

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

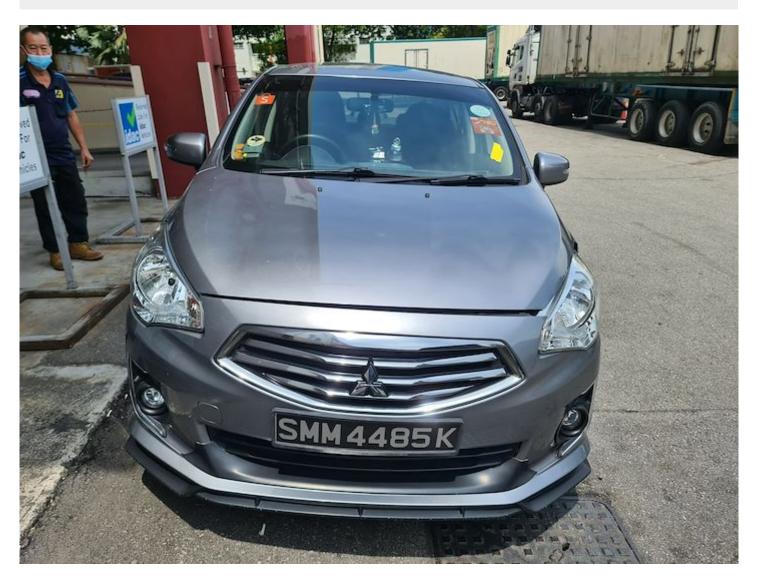
CONTINUATION OF REPORT

Brief Details.

ON 30.09.2022 AT ABOUT 0845 HRS. I WAS TRAVELLING IN THE CAR PARK 153 SERANGOON NORTH AVE 1. SUDDENLY, THE VEHICLE B COMEOUT FROM THE PARKING LOT AND HIT MY VEHICLE FRONT LEFT PORTION.

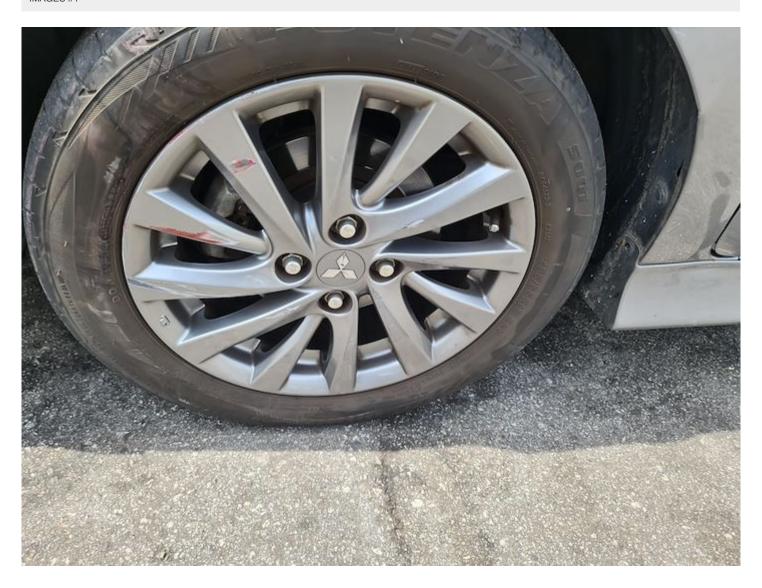
I FELT PAIN ON MY NECK, BACK AND RIGHT HAND AFTER THE ACCIDENT. I WAS GIVEN 7 DAYS MC FROM "A LIFE CLINIC PTE LTD"

I HAD ONE PASSENGER IN MY VEHICLE.



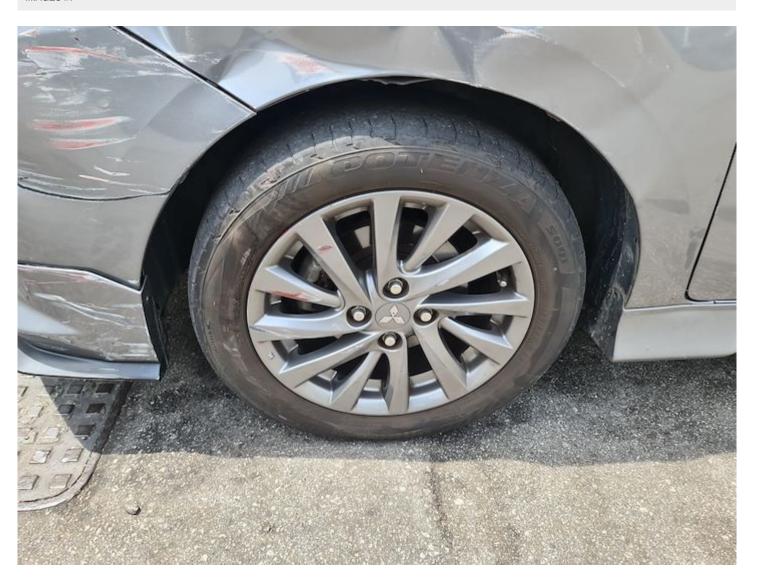


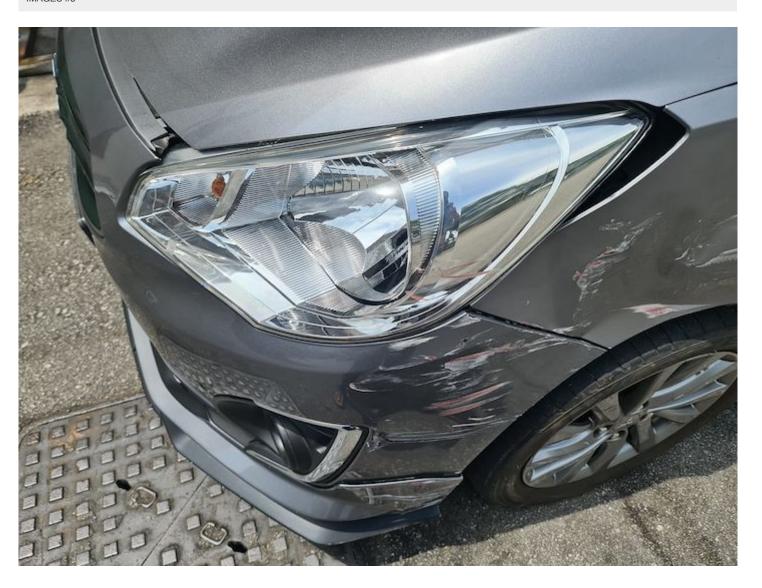




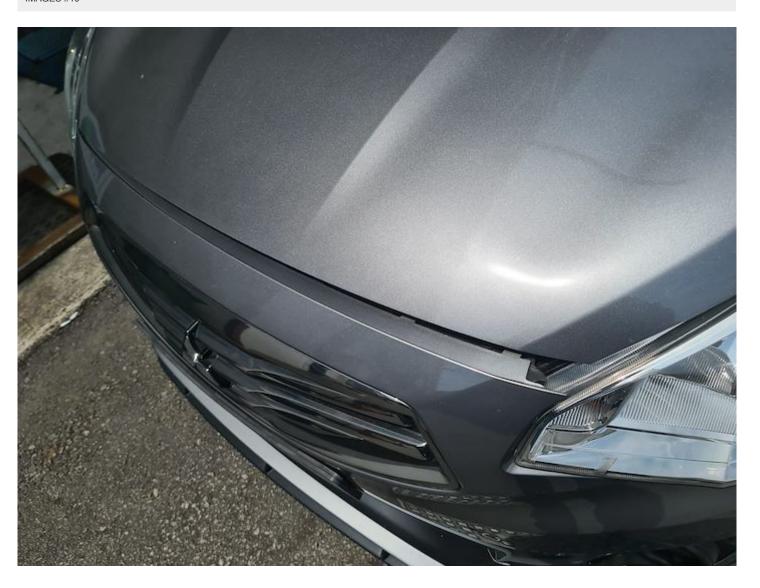


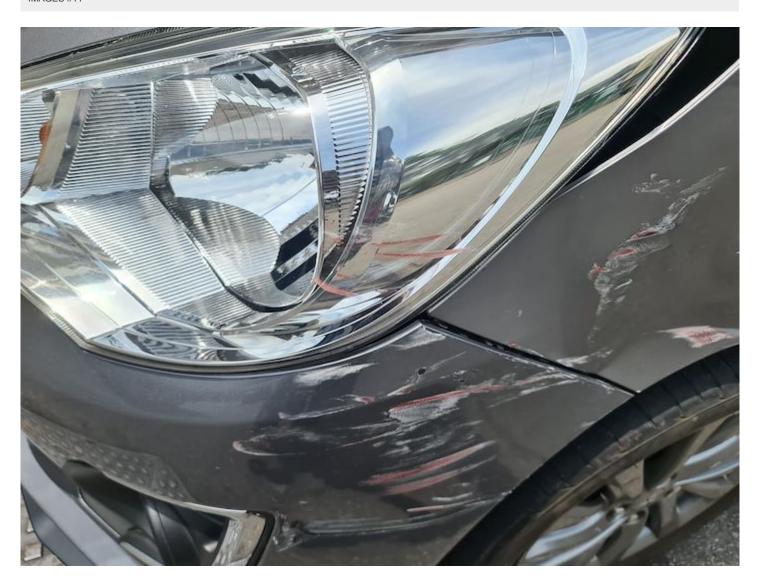




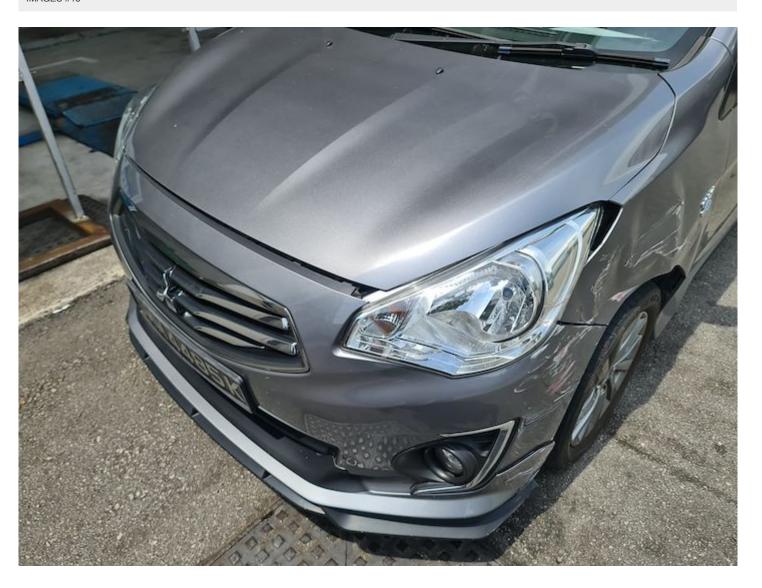


















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 4 Report No. T/20220930/7026

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 122 13:37	/lade:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars			
Name of Informant: PNG WEI SONG JONATHAN		Address: 758 WOODLANDS AVENUE 6 #10-46 SINGAPORE 730758			
	/ ID No.: D / S971759	961	Contact No.: Home/Office:	Mobile: 90694349	
Nationali SINGAP	ity: ORE CITIZ	EN	Email: JONPNG97@GMAIL.0	СОМ	
Sex: Male	Age: 25	Date of Birth: 15/05/1997	Type of Informant: Driver		
Race: Chinese		Language: Institution / School Na English			
Occupation:		Driving Licence Inform Class: 3A	ation: Date of Expiry:		

General Inform	mation of the Accide	ent	The state of the s	
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/09/2022 08:45	Type of Location: Straight Road
Location: SERANGOOI	N NORTH AVENUE 1			
Weather: Clear		Road Surface: Dry	R	oad Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		raffic Volume: ight
Type of Collis Between Mov	ion: ing Vehicles - Head T	o Side	Later and the second se	nyone conveyed by mbulance: o

Vehicle No.	Type	Make	Model	Color	Conditio	No of
	Type	IVIARE	Model	COIOI	Conditio	No of
SLL9014X	Car			Red		0
SMM4485K	Car	MITSUBISHI	ATTRAGE 1.2 CVT	Grey	Seriously Damaged	2

Details of V	ehicle Insurance			The second
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 4 Report No. T/20220930/7026

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMM4485K	MSIG INSURANCE (SINGAPORE) PTE, LTD.	A300592583QMX	28/06/2022	27/06/2023

Details of Perso	n Involved					
Any Pedestrian Ir	volved: No					
No. of Pedestrian	Use of Pe	edestria	n Cross	ing: NA		
Driver	STATE OF THE STATE OF					
Name	KHOR BOON CHYE			ID No.		S6975631Z
Related Vehicle	SLL9014X (Car)			Contact No.		NIL
Hospital/Clinic	NIL			Class Drivin Licen Expir	g ce &	Class: NIL Date of Expiry: NIL
Date	NIL	79/20-00-20-0	Date	-	NIL	
No. of Days gran	ted Medical Leave	Degree o	of	NIL		
Driver						
Name	PNG WEI SONG JONATHAN			ID No		S9717596I
Related Vehicle	SMM4485K (Car)			Conta	ct No.	90694349
Hospital/Clinic	A LIFE CLINIC PTE		Class Drivin Licen Expir	g ce &	Class: 3A Date of Expiry: NIL	
Date	30/09/2022 Date			30/09/2		/2022
No. of Days grant	ed Medical Leave	07	Degree o			
Passenger						
Name	YU SING NGUK			ID No		S6871297A
Related Vehicle	SMM4485K (Car)			Conta	ct No.	97773432
Hospital/Clinic	NIL			Class Drivin Licen Expin	g ce &	Class: ,3A Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days grant	ed Medical Leave	NIL	Degree o	f	NIL	





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 4 Report No. T/20220930/7026

CONTINUATION OF REPORT

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I HAD ONE PASSENGER IN MY VEHICLE.



Sketch Plan



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Informant is not able to provide sketch

4 of 4 Report No. T/20220930/7026

CONTINUATION OF REPORT

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: 30/09/2022 13:37
Officer In Charge Of Case: TP / TPIB / TAN JEOK LENG Contact No.: 65476151	Classification Of Case: