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.

 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 27/10/2022 16:04 (SGT) Reported by Date of Accident 26/10/2022 05:45 (SGT) Exact Location of Accident Upper Changi Rd E, Singapore Additional Location Information UPPER CHANGI ROAD EAST SINGAPORE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private use

Vehicle Registration Number SLP54T

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner PEH ENG CHOON NRIC No. S1549910I Email Address ALVINPEH.IDC@GMAIL.COM Mobile Phone No (Phone) +65-90697159 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Harrier TOYOTA / HARRIER ELEGANCE 2.0 A

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 1986

INSURANCE COMPANY

Name of Insurance Company EQ Insurance Company Ltd Policy Number / Cover Note Number DMPPHQ22-000901

DRIVER

Name of Driver PEH ENG CHOON NRIC No S1549910I Date Of Birth 08/06/1962 Occupation Indoor

Driving experience Gender Male Mobile Number Alt, Phone Number	Gender Mobile Number (Phone) +65-90697159 Att. Phone Number - Email Address Att Phone Number - Postcode
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	Name CHAN GEOK CHOON Gender Female DETAILS OF POLICE ACTION

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number PC1044L Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver ABDUL HAMID BIN ALI NRIC No S1656383H 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	PEH ENG CHOON
Gender	Male
Phone No	(Phone) +65-90697159
Address	74 PUNGGOL WALK #06-51
Address Complement	-
Post Code	828787
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLP54T
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-
INTUDED 2	

INJURED 2

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 <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>.
- 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)

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' 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 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")

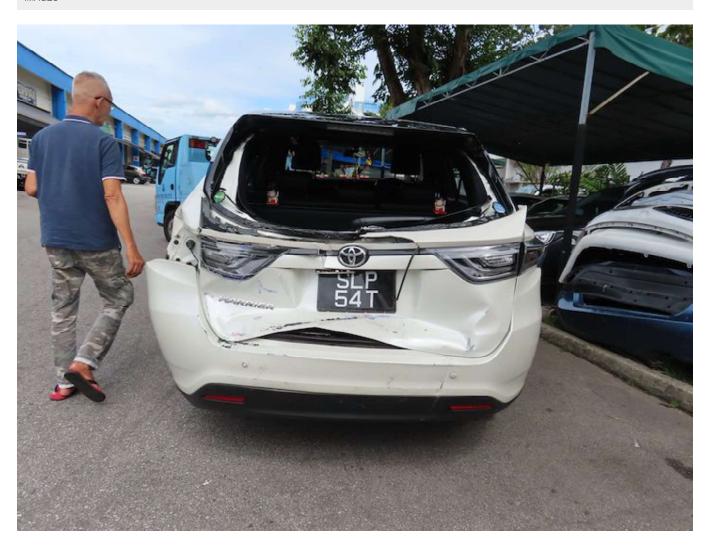
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (a) my Personal Information may/can be disclosed by any of the 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.

olicyholder's Signature / Date & Time Sketch Plan	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)
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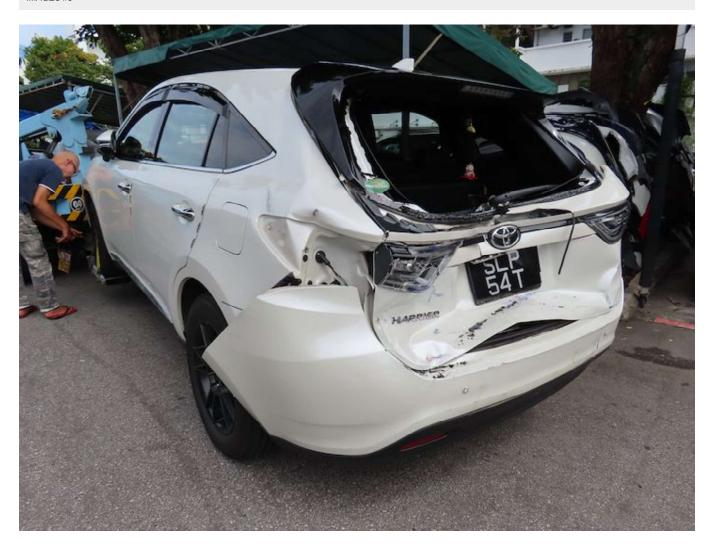
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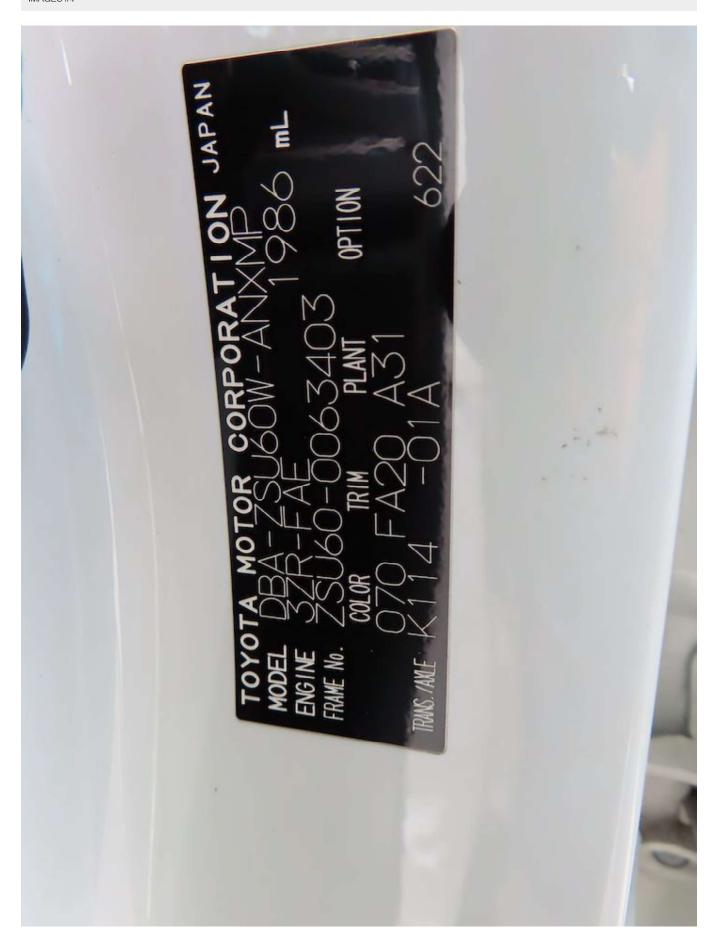
RERE	2 10 POLICE REPORT.
claration	
e declare the foregoing particulars	
ou wish to claim against your own p	olicy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim reframe from the day of occurence. Kindly check with your insurer for more details.
C h	A second state of the seco
CAR.	1 (4
licyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date Witnessed by Reporting Centre Personnel

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1 of 3

Report No. T/20221027/2046

Police Station Of Origin: Punggol N.P.C 151 Punggol Central SINGAPORE 828727 Tel No: 1800-6049999

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 122 13:36	1ade:	Vide Report No.: G/20221026/0144	Station Diary No. 22
Informa	nt's Partice	ulars		
	Informant: G CHOON		Address: 74 PUNGGOL WALK #06-51	SINGAPORE 828787
	/ ID No.: O / S15499	101	Contact No.: Home/Office:	Mobile: 90697159
National SINGAP	ity: ORE CITIZ	EN	Email:	
Sex: Male	Age: 60	Date of Birth: 08/06/1962	Type of Informant: Driver	¥
Race: Chinese			Language:	Institution / School Name:
Occupation:		5.8.5	Driving Licence Information: Class: 2B,3,4	Date of Expiry:

Type of Accident:	Injury Conveyed By Ambulance		Drink Drive: No	Date/Time of Accident: 26/10/2022 05:	45	Type of Location Straight Road	
Weather:	NGI ROAD EAST	10000	Surface:		Roa	d Speed Limit:	
Clear		Dry			-		
11.0011			raffic Control: raffic Light - Working			Traffic Volume: Heavy	
		Trame	C LIGHT - VVO	ikiig	1100	ivy	

Details of V	ehicle Involved					
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
PC1044L	Bus/Coach/Mi nibus				Seriously Damaged	P3330
SLP54T	Car	TOYOTA	HARRIER ELEGANCE 2.0 A	White	Seriously Damaged	10000

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLP54T	EQ INSURANCE COMPANY LTD.	DMPPHQ22- 000901	02/02/2022	01/02/2023



T/20221027/2046

Police Station Of Origin: Punggol N.P.C 151 Punggol Central SINGAPORE 828727 Tel No: 1800-6049999

Report No. T/20221027/2046

CONTINUATION OF REPORT

Any Pedestrian In	nvolved: No				
No. of Pedestrian	s Injured: NIL	Use of Pedes	strian	Cross	ing: NA
Driver					
Name	PEH ENG CHOON	10	D No.		S1549910I
Related Vehicle	NIL	C	Contac	t No.	90697159
Hospital/Clinic	CHANGI GENERAL HOSPITAL	D	Class of Driving Licence Expiry	e &	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	26/10/2022	Date Dischar	rge	NIL	
No. of Days gran	ted Medical Leave 02	Degree of In	jury	Slight	
Driver					
Name	ABDUL HAMID BIN ALI	10	ID No.		S1656383H
Related Vehicle	NIL	C	Contact No.		NIL
Hospital/Clinic	NIL	L	Class of Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discha	rge	NIL	
No. of Days gran	ted Medical Leave NIL	Degree of In		NIL	

Brief Details.

On 26/10/2022 at about 5.45pm, I was making my way to expo with my wife to pick my grandson at Expo. While I was making my way on Upper Changi Road East towards Expo, I came to a stop light. Out of a sudden, I heard a loud bang and realised that I have been rear ended by a private bus bearing plate no (PC1044L). The traffic police arrived at scene. I had slight back injuries and my wife's face was slightly swollen. Me and my wife were conveyed by the ambulance to Changi General Hospital. The bus driver mentioned that his brakes was not functioning when he tried to stop thus collided into my car. After further assessment from the hospital, there are no serious injuries and I was given 2 days MC. My wife is a housewife and is recovering at home. My certificate of insurance number is DMPPHQ22-000901.





Police Station Of Origin: Punggol N.P.C 151 Punggol Central SINGAPORE 828727 Tel No: 1800-6049999 3 of 3 Report No. T/20221027/2046

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:	Signature Of Informant:
SGT 2 NABEEL BIN OMAR PATAIL	Co.
Signature Of Interpreter: Not applicable	Date/Time: 27/10/2022 13:36
Officer In Charge Of Case: TP / GIT / SGT 3 MUHAMMAD ISMAIL BIN AMZAH Contact No.: 65476185	Classification Of Case:
NP168	