SW0G22BG0001 / Woodlands Transport Service Pte Ltd ENTRY DATE & TIME: 18/11/2022 11:59 (SGT) SUBMITTED BY: Goo Lee Ping VERSION: 1 (18/11/2022 11:59 (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 18/11/2022 11:59 (SGT) Reported by Date of Accident 15/11/2022 17:38 (SGT) Exact Location of Accident Singapore Additional Location Information KJE towards Woodlands Road Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

CAMC

Vehicle Registration Number XF7136K

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner WTS Logistics & Trading Pte Ltd Company Reg No 198904441R Email Address xinyi.lim@woodlandstransport.com.sg Mobile Phone No (Phone) +65-83382992 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model HN5311X40E5M6 Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle?

Vehicle Category Commercial vehicle Transmission Auto CC 11813

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd Policy Number / Cover Note Number SD22V12873

DRIVER

Name of Driver Ng Peng Boon (Huang Bingwen) NRIC No S7112209C Date Of Birth 08/04/1971 Occupation Outdoor

Date Of Driving Pass 28/10/1992 Driving experience 30 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-94881678 Alt. Phone Number Email Address xinyi.lim@woodlandstransport.com.sg Address Blk 434 Bukit Panjang Ring Road Address complement #08-645 Postcode Singapore 670434 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? No 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? No 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? Nο Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT On 15/11/2022, at about 17:38 hrs, I was driving my vehicle (XE7136K) along the KJE towards Woodlands Road on left most lane. The traffic was heavy and the weather was clear with dry surface at that point of time. As I was driving slowly within my lane, all of a sudden, vehicle B (SLZ3397G) tried to cut into my lane from the left and recklessly grazed against my vehicle. I wish to state that vehicle B was filtering through an unbroken double white line. Vehicles are not allowed to cross the line. As a result, my vehicle sustained damage on front left portion while vehicle B sustained damage on right rear passenger door. No one was injured in the accident. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration NumberSLZ3397GVehicle Manufacturer-Vehicle Model-Vehicle Variant-Vehicle Colour-



Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-94258322
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

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/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
- (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

Ng Peng Boon

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

Lim Xin Yi

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

Sketch Plan

