SS2E22CC0001 / S & H Motor Pte Ltd ENTRY DATE & TIME: 12/12/2022 12:02 (SGT) SUBMITTED BY: Wong Kee Nyuk VERSION: 1 (12/12/2022 12:02 (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.

- 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 12/12/2022 12:02 (SGT) Reported by Driver Date of Accident 10/12/2022 11:25 (SGT) Exact Location of Accident Hougang Ave 10, Singapore Additional Location Information Hougang Ave 10 & Hougang Ave 4 junction towards Hougang Ave Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKX1568R

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner Lim Cheow Tee NRIC No S1435779C

Email Address tonylimzu@gmail.com Mobile Phone No (Phone) +65-96680447

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Audi Model A3

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

your vehicle? Yes Vehicle Category Private car

Transmission Auto CC 1400

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd Policy Number / Cover Note Number 722VP05032269

DRIVER

Name of Driver Lim Wen Xi Alvin NRIC No S9346837F Date Of Birth 07/12/1993

Occupation Indoor Date Of Driving Pass 28/02/2013 Driving experience 9 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-97371336 Alt. Phone Number Email Address tonylimzu@gmail.com Address 29 Jalan Tani Address complement Postcode 548569 Is the driver the policyholder? Nο 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 Collision - Cross Junction Weather Conditions after rain Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? 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 PASSENGER 1 Name wife Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Hougang Neighbourhood Police Centre Police Station Phone No (Phone) +65-18004890999 Alt. Police Station Phone No (Fax) +65-63128989 Police Station Address 60 Hougang Ave 9 Singapore 538775 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT refer attached police report. 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 SLN9807P Vehicle Manufacturer Toyota Vehicle Model Vios Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver Ng Chong Tiong NRIC No S2161324Z Contact Number (Phone) +65-94244257 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? SLN9807P Were seat belts worn? Was this injured conveyed to hospital by ambulance? Yes

INJURED 2

Name of injured person Lim Wen Xi Alvin Gender Male Phone No (Phone) +65-97371336 Address Address Complement Post Code Approximate Age Years Old Injuries Sustained

Injured person in which vehicle? SKX1568R Were seat belts worn?

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 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 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.

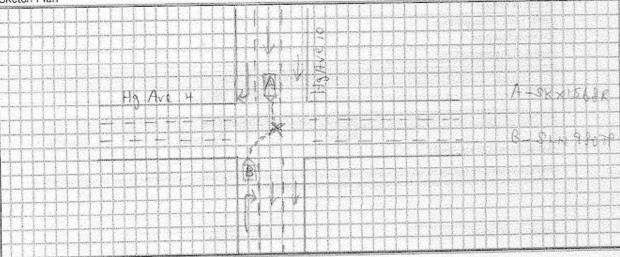
(collectively the "Purposes")

- (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

Driver's Signature (if driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



1

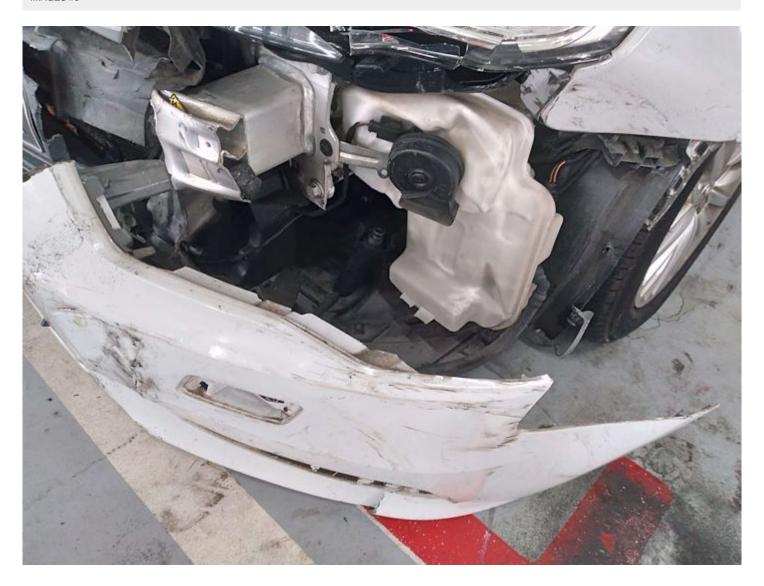
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Declaration	- the in many respect	
I/We declare the foregoing particulars	are use in every respect.	Λ
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1100 walder		
Vice vi	[0]	Witnessed by Reporting Centre Personne
Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date 8 Time	(Name as in NRIG/ID card)



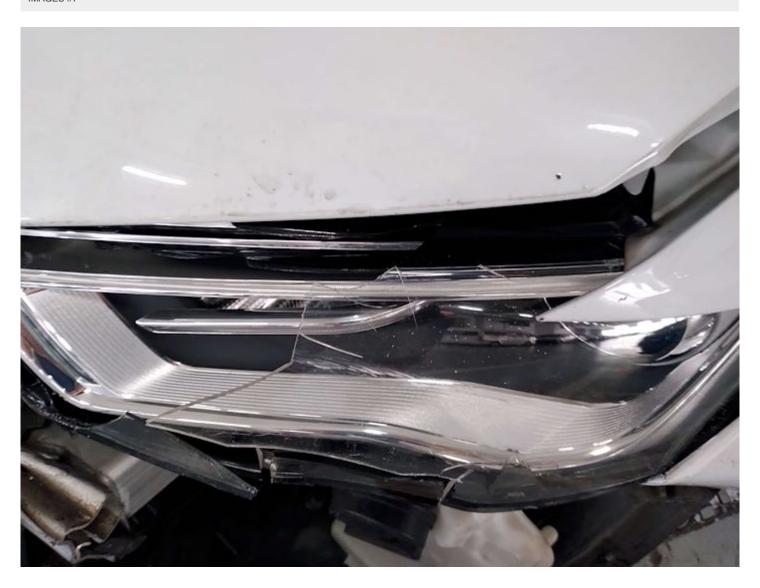


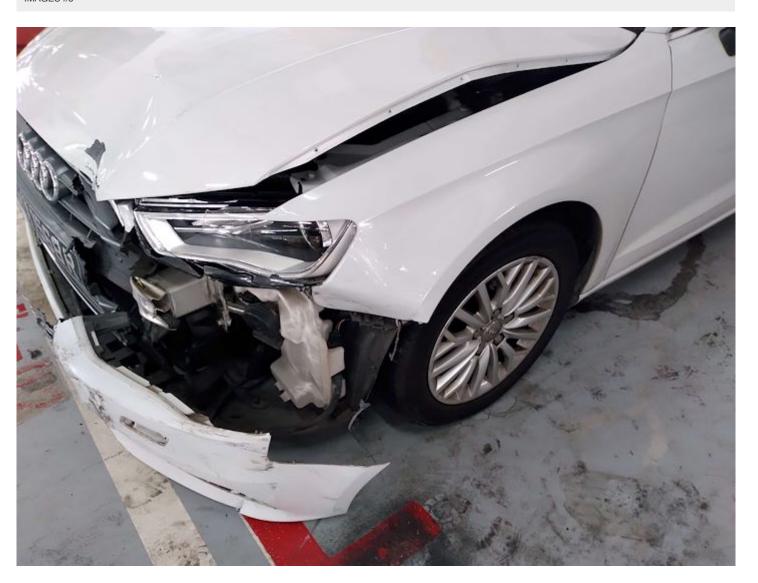








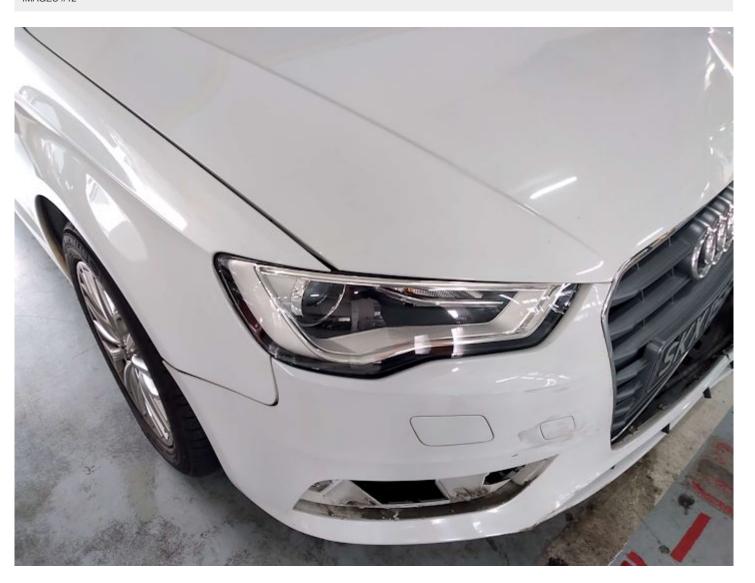


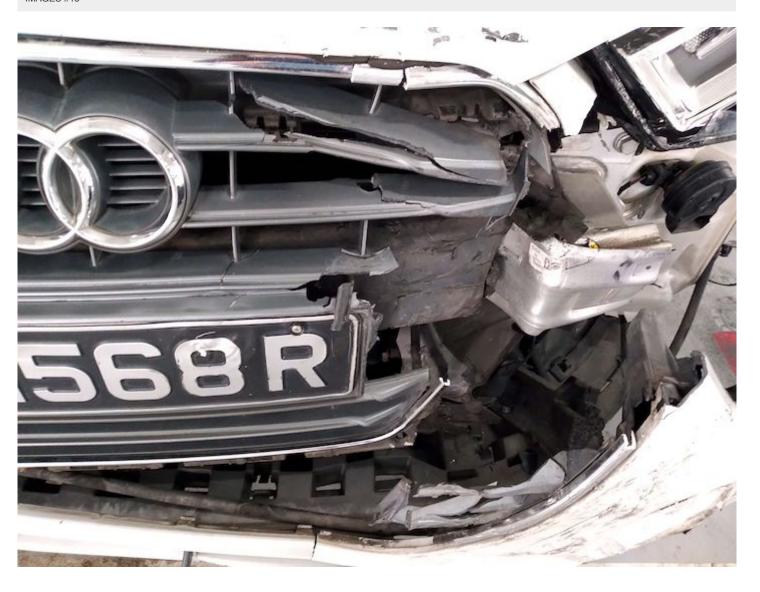






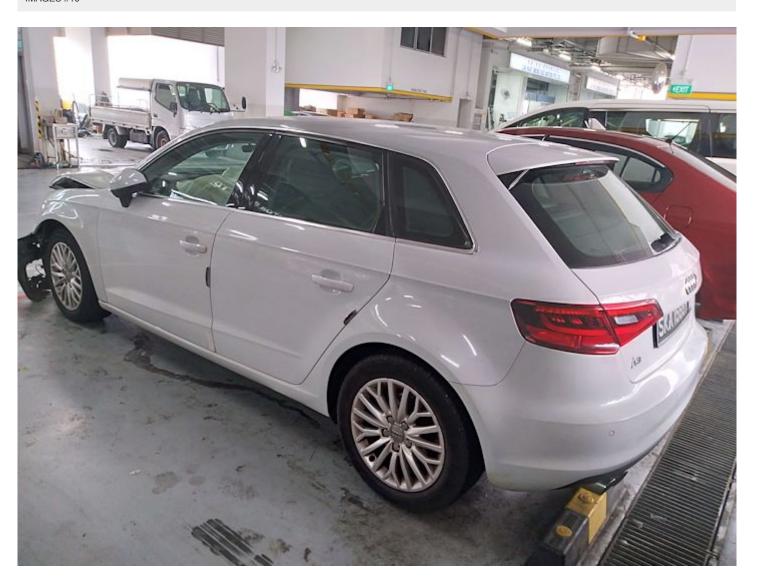




















1 of 3 Report No. T/20221210/2063

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/12/2022 15:21		Made:	Vide Report No.: F/20221210/0113	Station Diary No.: 130	
Informa	int's Partic	ulars			
Name of Informant: LIM WEN XI, ALVIN		The second secon	Address: 29 JALAN TANI SINGAPORE 548569		
ID Type / ID No.: NRIC NO / S9346837F		37F	Contact No.: Home/Office:	Mobile: 97371336	
National SINGAP	ity: ORE CITIZ	EN	Email: lim.alvin93@gmail.com		
Sex: Age: Date of Birth: Male 29 07/12/1993		The state of the s	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: TEACHER			Driving Licence Information: Class: 3A	Date of Expiry:	

General Infor	mation of the Accident	THE PARTY OF THE P			
Type of Accident:	Injury Conveyed By Ambular	Drink Drive: No	Date/Time of Accident: 10/12/2022 11:25	Type of Location X-Junction	
Location:				THE RESERVE OF	
HOUGANG A	R	load Surface:	F	Road Speed Limit:	
		raffic Control: raffic Light - Wo	A COLUMN TO THE PARTY OF THE PA	Traffic Volume:	
Type of Collision Between Movin			-	Anyone conveyed by ambulance:	

Details of V	ehicle Invo	lved	SECTION AND	ORIGINAL SERVICE	NAME OF TAXABLE PARTY.	SOCIONAL DANS
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SKX1568R	Car	AUDI	A3	White	Slightly Damaged	1
SLN9807P	Car	ТОУОТА	Vios	Silver	Slightly Damaged	1

Details of Person Involved	Service and the service and th
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA
	ose of redestrial Crossing: NA



T/20221210/2063

Lof3

Report No. T/20221210/2063

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

CONTINUATION OF REPORT

Driver		PARTIE IN			S9346837F	
Name	LIM WEN XI, ALVIN		ID No.		293400311	
Related Vehicle	SKX1568R (Car)		Contact No.		97371336	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: 3A Date of Expiry: NIL	
Date Treatment	NIL Date Dis		charge NIL			
No. of Days gran	ted Medical Leave NIL	Degree o	f Injury	Slight		
Driver	AND THE RESERVE OF THE PARTY OF					
Name	Ng Chong Tiong		ID No.		S2161324Z	
Related Vehicle	SLN9807P (Car)		Contact No.		94244257	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class; NIL Date of Expiry: NIL	
Date Treatment	NIL D		charge	NIL		
lo, of Days grant	ed Medical Leave NIL	Degree o	of Injury	NIL		

Brief Details.

On 10/12/2022 at about 1124hrs, I was driving in my car, SKX1568R, with my wife as my passenger. I was driving along Hougang Avenue 10 towards Hougang Avenue 2. I was approaching the junction of Hougang Avenue 10 and Hougang Avenue 4. The traffic light was in my favour. Suddenly, a car from the oncoming lane made a right turn while I was passing the junction. I applied my brakes, but it was too late and collided onto that car. I alighted from my car and made a check on everyone. The passenger from the other car complained of pain. I called for police.

Shortly after ambulance and police came and conveyed her to hospital. I managed to exchanged particulars with the driver. The traffic police at scene took my SD card from my in in car camera. He advised me to lodge an accident report. I have lodged an accident report with my insurance company. I have yet to go to a clinic or hospital for a check-up.

During the incident, someone came up to us and told us that she was a reporter. She asked us further on what had happened. We did not reveal anything. She spoke to the other party. I am unsure if they told her anything about the accident.





Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999 CONTINUATION OF REPORT



Report No. T/20221210/2063

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:

SR STAFF SGT MUHAMMAD SABRIL AMIN BIN SURAMIN

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP / GIT /

SGT 3 INTAN WULANDARI BUDDY SANTOSO Contact No.: 65476415

Date/Time: 10/12/2022 15:21

Classification Of Case:

Signature Of Informant:

NP168

