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SN08234E0001 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 14/04/2023 09:16 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab

VERSION: 1 (14/04/2023 09:16 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

14/04/2023 09:16 (SGT) Both Policyholder and Actual Driver 13/04/2023 19:11 (SGT) Punggol Rd, Singapore SLIP ROAD NEAR BLK 204C, HDB PUNGGOL Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMK75Y

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No

Email Address Mobile Phone No

Alternative Phone No

No

WONG JUN HONG SXXXX624C

benjaminwong91@gmail.com (Phone) +65-96827483

VEHICLE PARTICULARS

Manufacturer Model

Variant

Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to

your vehicle?

Transmission CC

Vehicle Category

Is300

Private use

No - Claiming third party

Private car Auto 1998

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

ERGO Insurance Pte. Ltd. DMPG22004782

DRIVER

Name of Driver NRIC No

Date Of Birth Occupation

WONG JUN HONG SXXXX624C 25/09/1991 Indoor

24/09/2010 Date Of Driving Pass 12 YEARS AND 7 MONTHS Driving experience Male Gender (Phone) +65-96827483 Mobile Number Alt. Phone Number benjaminwong91@gmail.com **Email Address** BLK 612 CLEMENTI WEST STREET 1 #06-326 Address Address complement 120612 Postcode Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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 Collision - Head to Rear Type of Accident Raining Weather Conditions Wet Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 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) 1 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 No Was the accident reported to the police? No Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration NumberSMT5238PVehicle ManufacturerToyotaVehicle ModelNoahVehicle Variant-Vehicle Colour-Vehicle CategoryPrivate carName of DriverBONG JOO TAKNRIC NoSXXXX806H

Contact Number	(Phone) +65-90125006
Address	-
Address complement	
Postcode	8
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

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.
- 3. 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.

- 6. 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;

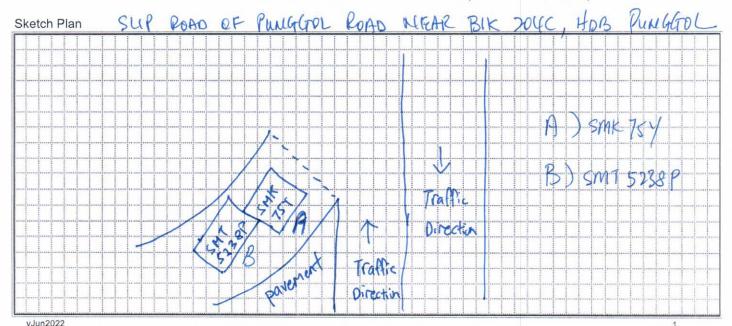
2023, 0907 hrs

- (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

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

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



Declaration

I/We declare the foregoing particulars are true in every respect.

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

ACCIDENT'STATEMENT

ACCIDENT DATE: (13 104, 2023) (DD/MM/YYYY), TIME; (19. 11) (HH:MM)	
LOCATION: Slip Road of Punggol Road Near Block 2040, HDB Po	Thought of
The state of the s	
a) VEHICLE NUMBER SMK 75 Y	
1. In Internal Limit and Interview	
CIPOLICY HUMBER! PARTY FIRE &THEF!	***
DIPOLICY TYPE: (COMPICEHENSIVE) TIMES CE PAN 1998 CC	
DIVEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE)	
HIPURPOSE OF USING AT ACCIDENT THING UNDER YOUR OWN INSURANCE (YES NO)	
IE NO BLEASE STATE IT HIRD PART COMMIT METO	
2. INSURED / POLICY HOLDER HONG MALEY FEMALE) A HAMEL WONG JUN HONG CONTACT 968 27483	
CIADDRESS! CLEMENT! WEXT	•
* CONTINUE TO 3.d IF DRIVER ALSO POUCY HOLDER	
- CINAME:	
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(_) aladdress!	
ODATE OF DIRTH: (2X) 09 / 1991 (DD/MM/YYYY)	
PROTE OF DRIVING PRIOR	
4. WAS DIGGET OF THE DRIVER WITH INSURED	
THE CONDITION! (CLEAR (RAINING) OFFICE	
LIBOAD SIIRIACIEI DIST	
6. WAS ANYBODY INJURED (YES / NO) 7. GIREPORTED TO POUCE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICE	
8, THIRD PARTY VEHICLE CMT 5238P MODEL TOTAL	
(Induding driver) b) DRIVER'S NAME: BONG JOO TAK (Induding driver) b) DRIVER'S NAME: BONG JOO TAK	
Clindwiding driver, b) DRIVER'S NAME: BOND CONTACTION OF MRIC/FIN/PASSPORTI S 736 4806H CONTACTION OF MRIC/FIN/PASSPORTI S 736 4806H	6
() O THIRD PARTY VEHICLE	
d) VEHICLE NUMBERI	
(Induding drover) DRIVER'S NAME: CONTACTION ON THE CONTACTION	
(Induding driver) 1) HRIC/FIN/PASSPORTI	•
email. = benjaminwong 916 gnail-com	9
email = benjamin word	
, VIDAD	1



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)

Certificate/Policy Number

DMPG22004782

Vehicle Registration Number

SMK75Y

Cover Type

Superior Comprehensive

Policy Type

Private Car

Name of Policyholder/Insured

WONG JUN HONG

Commencement Date of Insurance

25/04/2022

Expiry Date of Insurance

24/04/2023

Excess

EXCESS: (SECTION I)......ADD'L EXCESS: UNNAMED DRIVERS (SECTION I).

700.00

ADD'L EXCESS: NON-AUTH WORKSHOPS (SECTION I) EXCESS: WINDSCREEN

S\$ S\$

24-Hour Helpline: 6100 1620

300.00

YOUNG & INEXP DRIVERS (SECTION I)

S\$ S\$ 100.00

Finance Company/Hire Purchase Owner:

: UNITED OVERSEAS BANK LTD

*Persons or Classes of Persons entitled to drive:

- 1. The Policyholder
- 2. ISABELLE LIM EN YU
- 3. Any Person who is driving on the Policyholder's order or permission

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

* Limitations as to Use:

- 1) Use only for social domestic and pleasure purposes
- 2) Use for Policyholder's business

This Policy does not cover

- 1) Use for hire or reward, racing, pace-making, reliability trial or speed-testing and on race track
- 2) Use for the carriage of goods other than samples in connection with any trade or business
- 3) Use for any purpose in connection with the Motor Trade

Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings (*).

WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189), the Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia), Part IV of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019 (Malaysia).

For and on behalf of **ERGO Insurance Pte. Ltd.** Approved Insurer

Laul-Veint

Authorized Signature

A000498	NG XIN LING JOANNE	Contact Number: 67442093
Vehicle Chassis N	umber : JTHBA1D2505095969, Vehicle Engine Number : 8ARZ158220	PC1, 29/03/2022 17:01