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 14/04/2023 16:22 (SGT) Reported by **Actual Driver** Date of Accident 13/04/2023 21:30 (SGT) Exact Location of Accident Singapore Additional Location Information **CHANGI ROAD & JALAN EUNOS** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **SNB7300L**

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner SIME DARBY SERVICES PRIVATE LIMITED Company Reg No 1XXXXX065W Email Address eng.agnes@yahoo.com Mobile Phone No (Phone) +65-96889083 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer **BMW** Model 218i 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 No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 1499

INSURANCE COMPANY

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

DRIVER

Name of Driver KOH SUAT KIM NRIC No SXXXX910B Date Of Birth 21/11/1954 Occupation Indoor

Date Of Driving Pass 04/07/1980 Driving experience 42 YEARS AND 9 MONTHS Gender Female Mobile Number (Phone) +65-96889083 Alt. Phone Number Email Address eng.agnes@yahoo.com Address 480 SIGLAP ROAD #04-76 Address complement Postcode 454855 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer 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 - Head to Rear 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? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name **ENG MENG LEONG** Gender **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Bedok North Neighbourhood Police Centre Police Station Phone No (Phone) +65-18002449999 Alt. Police Station Phone No (Fax) +65-62447258 Police Station Address 30 Bedok North Road Singapore 469676 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO ATTACH ATTACHMENT(S) Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Yes

Was there any video captured by Car Camera?

Vehicle Registration Number	SLK7138R
Vehicle Manufacturer	Opel
Vehicle Model	·
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NG NAI LEE
NRIC No	SXXXX112F
Contact Number	(Phone) +65-98218788
Address	BLK 639 BEDOK RESERVOIR ROAD #12-51
Address complement	-
Postcode	410639
Insurance Company Name	Lonpac Insurance Bhd
Nature Of Damage	FRONT
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

A S SNB 720C

BC SLK 7138R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

STOPPED IT PEDEZ TRIBN CROSSING TURN GHANGI RD X JUN EUWS) MBOUT 9:30 PM. TO MUON TWO PEOPLE TO GEOSS THE LAR BETHNO ME ALSO THE SYDDENUT JW. EUNOS BUMPED TO TURN RIGHT 11170 DOWN & DEZIDED TO BACK. WE GOT PARK CARS ON THE SIDE. WE TOOK PARTS NULL PHOTOG OF DUR DAMAGED OF THE DETAILS. TITE ORIVER LON 7827 LEE (NUC Ma NA NARZ 15 51200112F - PER HIS iL THE ADDRESS 15 BOOK PERHWIR RATESI 639 410639. SPULE 1 PROCEEDS POLICE TO MAKE BEDOK NAC (DIARY NOT. 100 RET OITHER an INVULLED SLK 7138R

DECLARATION

We declare the foregoing particulars are true in every respect.

Performance Motors Limited 303 Alexandra Road Sime Darby Performance Centre

Policyhelder's Signature ---Date & Tyme: Driver's Signature (If driver is not the policyndide) Date & Time: Jack Ng Guoming
Performance Motors Limited
303 Alexandra Road
Sime Darby Performance Centre

Reporting Centre Paisspaper's Signature

NRIC/FIN No.:

SKETCH PLAN

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- By the lodgment 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 .
 - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Sime Party Portennance Centre

Policyholder's Signature

Date & Time:

Driver's Signature (If driver is not the policyhelder)

Date & Time:

Jack No Guoming
Performance Motors Limited

303 Alexandra Road Sime Davy: Peyformance Centre Sugaryore 159/141

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

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ANNEX E

NOTICE OF REPORTING

This is to confirm that <u>Koh Suat Kim</u>, <u>NRIC: S0910910B</u>, <u>HP: 9688 9083</u> has reported to the Police a non-injury traffic accident which occurred along <u>Changi Road x Jalan Eunos</u> on <u>13/04/2023</u> at <u>9.30pm</u>. involving the following vehicles:-

- i) SNB 7300 L
- ii) SLK 7138 R
- 2 If this accident was reported to the Police within 24 hours of its Occurrence, then he has complied with Sec 84(2) of the Road Traffic Act, Cap 276

Rank/Name of Issuing Officer: SI Nadiyah

Date: <u>13/04/2023</u> Time: <u>2344hrs</u>

Station Diary ref: 100

Police Post/Unit: Bedok NPC

Original -Duplicate - tó be issued to informant to be submitted to Traffic Police

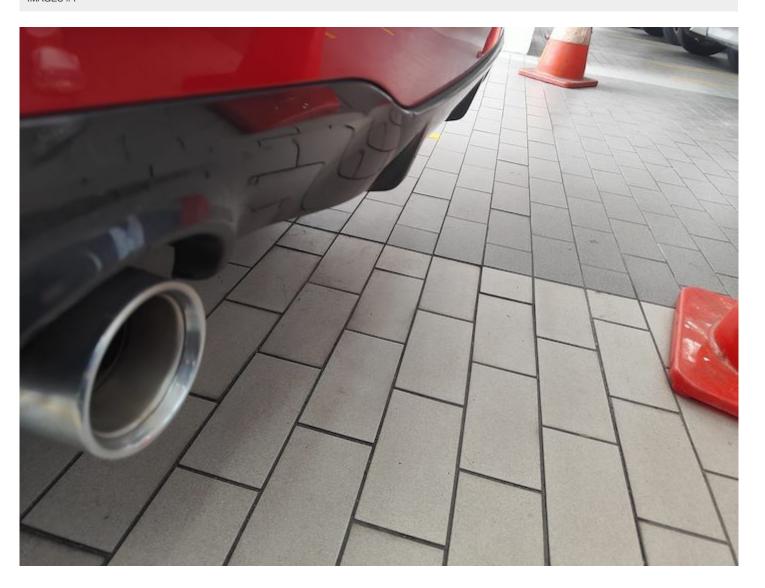
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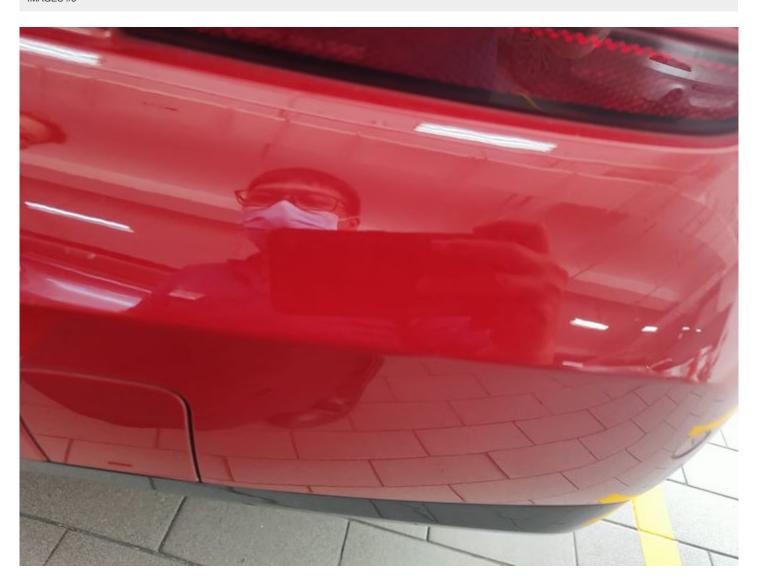
version as of 15 Sep 2000







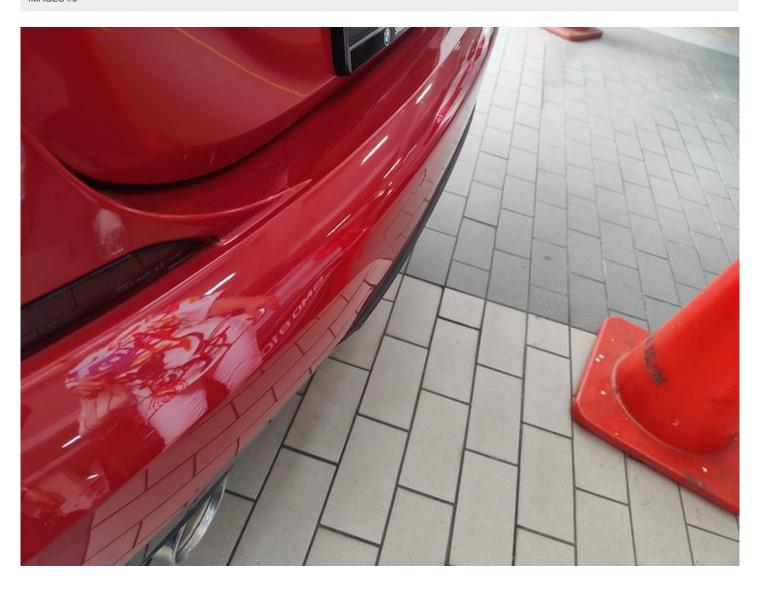


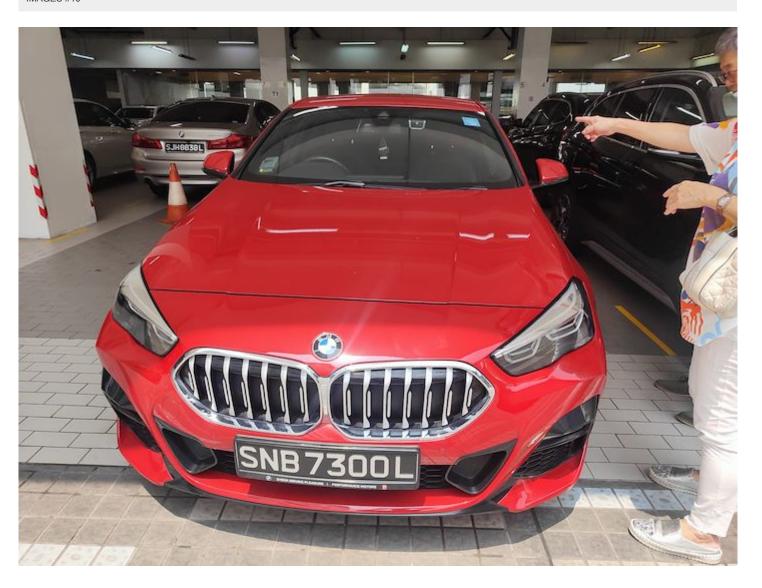












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version as of 15 Sep 2000