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 24/04/2023 14:51 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 21/04/2023 09:15 (SGT) Exact Location of Accident AYE, Singapore Additional Location Information TOWARDS KEPPEL ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private use

1496

Vehicle Registration Number SKX8999J

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner NG GEK KIAN, MONICA NRIC No SXXXX446B Email Address sealink@singnet.com.sg Mobile Phone No (Phone) +65-96201165 Alternative Phone No

VEHICLE PARTICULARS

INSURANCE COMPANY

Manufacturer Honda Model Vezel 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 Private car Transmission Auto CC

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number D22MTPV01014685

DRIVER

Name of Driver NG GEK KIAN, MONICA NRIC No SXXXX446B Date Of Birth 14/03/1965 Occupation Indoor

Date Of Driving Pass 05/12/1984 Driving experience 38 YEARS AND 4 MONTHS Gender Female Mobile Number (Phone) +65-96201165 Alt. Phone Number Email Address sealink@singnet.com.sg Address 57 PAVILION PLACE Address complement Postcode 658393 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 Type of Accident Chain Collision 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? Yes 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? Police Station Name Jurong Division Headquarters Police Station Phone No (Phone) +65-18007910000 Alt. Police Station Phone No (Fax) +65-68965647 Police Station Address No. 2 Jurong West Avenue 5 Singapore 649482 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT J/20230421/7023 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 **SMP5733Y**

Vehicle Manufacturer
Vehicle Model
Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Private car

 Name of Driver
 TONY

 Contact Number
 (Phone) +65-98300045

 Address

 Address complement

 Postcode

 Insurance Company Name

 Nature Of Damage

 Details of property damaged in accident

 No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLR4626G Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver **JASS** Contact Number (Phone) +65-90055323 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 NG GEK KIAN, MONICA Gender Female Phone No (Phone) +65-96201165 Address Address Complement Post Code Approximate Age Years Old Injuries Sustained SLIGHT INJURY Injured person in which vehicle? SKX8999J Were seat belts worn? Yes 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 wiful 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 mo, 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.

24/4/23 11.45 qm 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 NRICID card)

Sketch Plan AYE 70WAYUS CEPPEL ROAD.

A) SXX 89993

B) SMP 5133 Y

C) SCR 4676 C

e Circumstance of the Acciden	t		\$
DEGO 00	polich Rupor	Thomas	1/1/2002 -
Maria No	positive knibble	- of wase	4111000
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4506 EAVEAN			
aration declare the foregoing particulars a	re true in every respect.		
	8 11		
			w/
		82	new wheels
holder's Signature / Date & Time	Actual Driver's Signature (if driver is r	ot the policyholder) Witne	assed by Reporting Centre Person
	/ Date & Time	(Nan	ne as in NRIC/ID card)









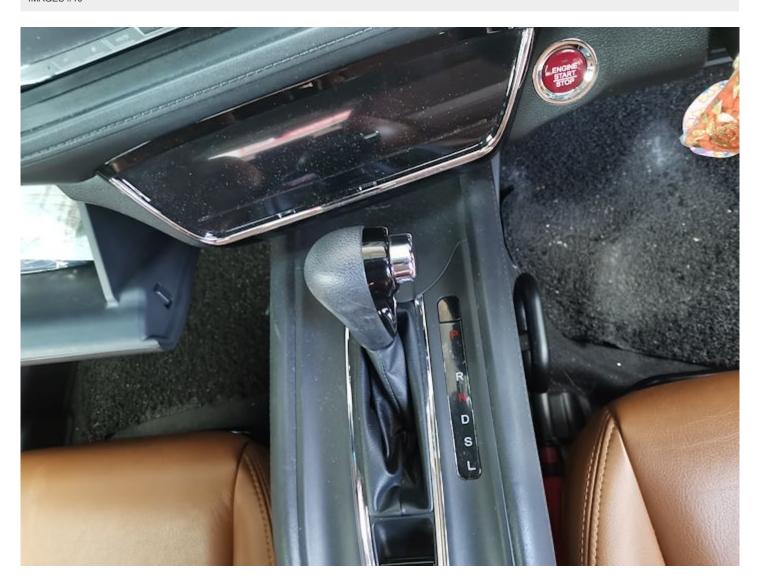




















1 of 2

Report No. J/20230421/7023

POLICE REPORT (NP299)

Police Station Of Origin Jurong Division HQ 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No:1800-7910000

Date/Time Report Made	Vide Report No.			Station Diary No.	
21/04/2023 13:00				134	
Name Of Informant	Address				
NG GEK KIAN, MONICA	57 PAVILION PLACE SINGAPORE 658393				
ID Type / ID No. NRIC NO / S1721446B	Contact No. Home/Office: Mobile:				
	96201165				
Nationality	Email Address				
SINGAPORE CITIZEN	SEALINK@SINGNET.COM.SG				
Occupation	Sex	Age	Date of Birth	Race	
SELF EMPLOYED	Female	58	14/03/1965	Chinese	
Institution/School Name	Language English				
Date/Time Of Incident	Location Of Incident 57 PAVILION PLACE SINGAPORE 658393				
21/04/2023 09:05 - 21/04/2023 09:30	57 PAVIL	ION PLAC	LE SINGAPORE 6	58393	
Brief details.					

I WAS TRAVELLING ALONG AYE TOWARD KEPPEL ROAD. I SLOWED DOWN AND STOPPED MY CAR WHEN I NOTICED THE FRONT VEHICLE CAME TO A COMPLETE HALT DUE TO HEAVY TRAFFIC. A VEHICLE SMP5733Y BEHINED ME DID NOT STOP ON TIME AND HIT THE BACK OF MY VEHICLE. THERE WAS ANOTHER VEHICLE SLR4626G HIT ON THE BACK OF SMP5733Y. THEREFORE, I FELT TWO IMPACTS AND A SHARP PAIN ON MY NECK DUE TO THE SUDDEN JERK. I HAVE CONSULTED A GP FOR IT. I AM MAKING THIS REPORT FOR FURTURE REFERENCE.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.		
Signature Of Interpreter: Not applicable	Date/Time: 21/04/2023 13:00		
Officer In-Charge Of Case:	Classification Of Case;		





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20230421/7023

Subjects Involve Suspect	<u> </u>		
Person Name	TONY		
Gender	Male	D	N2030/E-C
Mobile No	98300045	Race	Chinese
Person Name	JASS		
Gender	Female	Race	Chinese
Mobile No	90055323	1.000	Office
Victim			
Person Name	NG GEK KIAN, MONICA		CONTRACTOR ON
ID Type	NRIC NO	ID No	S1721446B
Gender	Female	Age	58
Race	Chinese	Language	English
Occupation	SELF EMPLOYED	Address	57 PAVILION PLACE
076 55500	12 P60 2 F4000 140 P1 22 600 6	P. 18 - 18 - 18 - 18 - 18 - 18 - 18 - 18	SINGAPORE 658393
Mobile No	96201165	Is Informant A	Yes
		Victim?	NATE OF THE PARTY
Person Name	NG GEK KIAN, MONICA	(Informant)	

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass No signature is required.		
Signature Of Interpreter: Not applicable	Date/Time: 21/04/2023 13:00		
Officer In-Charge Of Case:	Classification Of Case:		