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 25/01/2023 16:04 (SGT) Reported by Date of Accident 21/01/2023 21:44 (SGT) Exact Location of Accident Singapore Additional Location Information PIE TUAS, LORNIE ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

Vehicle Registration Number SMM8854C

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner ANG KWEE BOO NRIC No S6908595D Email Address KWEEBOO@GMAIL.COM Mobile Phone No (Phone) +65-93825661 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

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 your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto CC 1496

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5111230968-03

DRIVER

Name of Driver ANG KWEE BOO NRIC No S6908595D Date Of Birth 12/03/1969 Occupation Indoor

Date Of Driving Pass 10/10/2006 Driving experience 16 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-93825661 Alt. Phone Number Email Address KWEEBOO@GMAIL.COM Address BLK 440B CLEMENTI AVENUE 3, #27-20 Address complement Postcode 122440 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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 - Change/cross lane 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 WIFE Gender **Female** PASSENGER 2 Name **DAUGHTER** Gender Female **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Clementi Division Headquarters Police Station Phone No (Phone) +65-18007740000 Alt. Police Station Phone No (Fax) +65-67741705 Police Station Address 20 Clementi Avenue 5 Singapore 129858 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER SKETCH PLAN ATTACHMENT(S)

Yes

Yes

Are accident photos available for attachment?

Was there any video captured by Car Camera?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model	SLC1001H Mercedes BENZ
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	_

SKETCH PLAN

IMPORTANT NOTICE

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Any false reporting may be referred to the Traffic Police Department for investigation.

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- 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.

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.

Q. 1010And

(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)

KHONG

AU

TEL: 06452 7018

Sketch Plan

v.lun2022

Describe Circumstance of the Accident
PLEASE REPER POLICE REPORT.
NOT SURE HOW MANY PEOPLE IN THIRD PARTY VEHICLE.

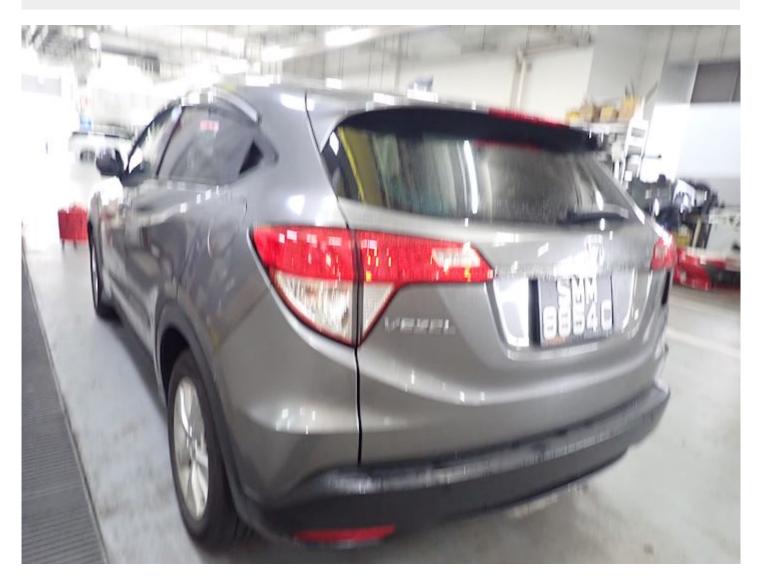
Declaration

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

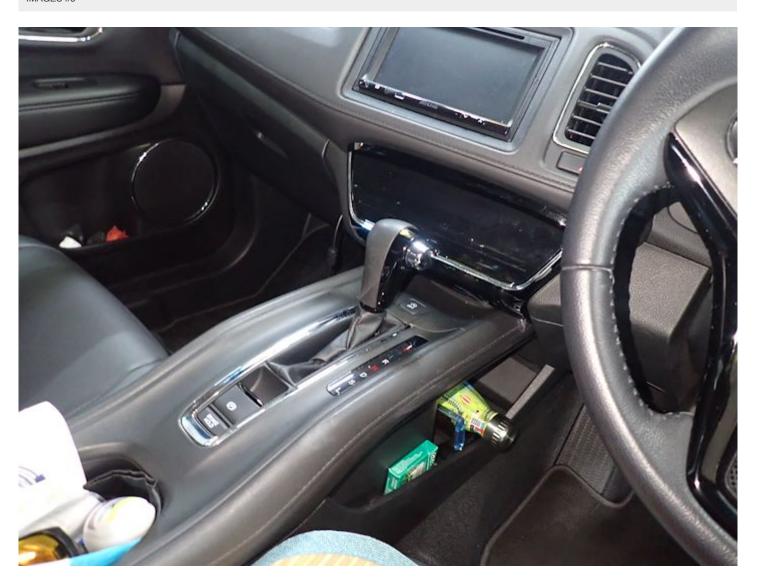
Policyholder's Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

KITONG YEE

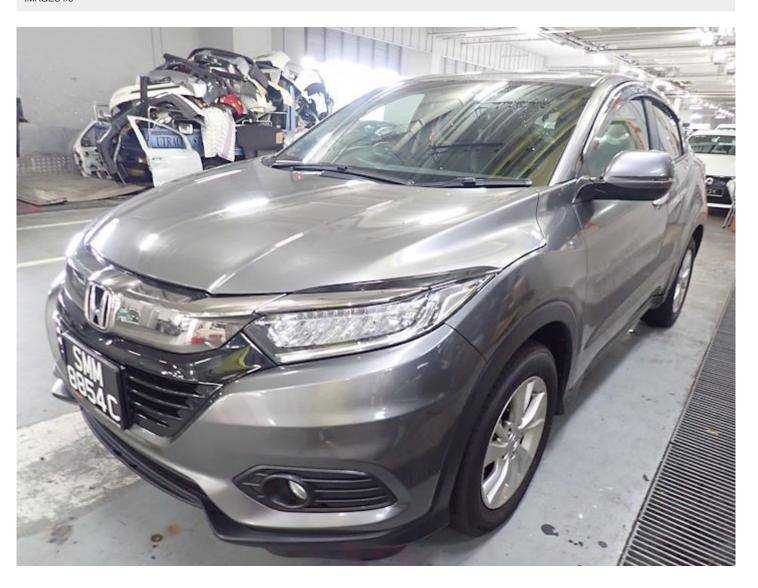
vJun2022



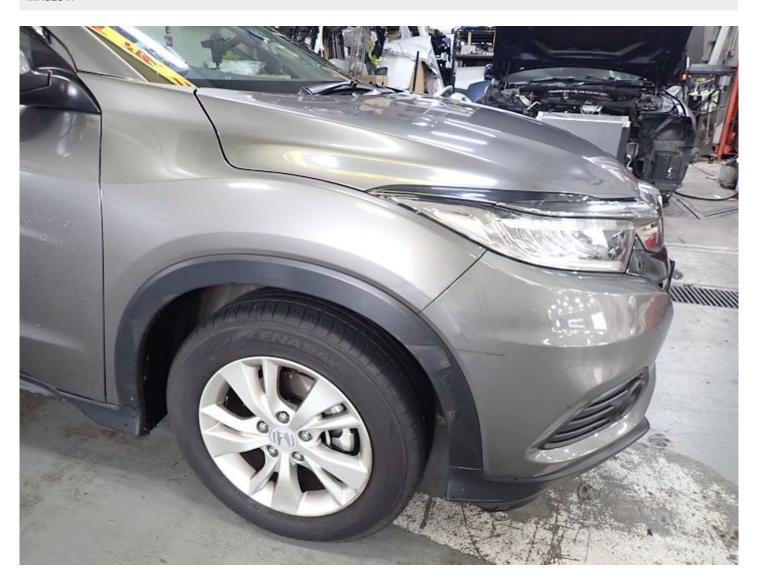


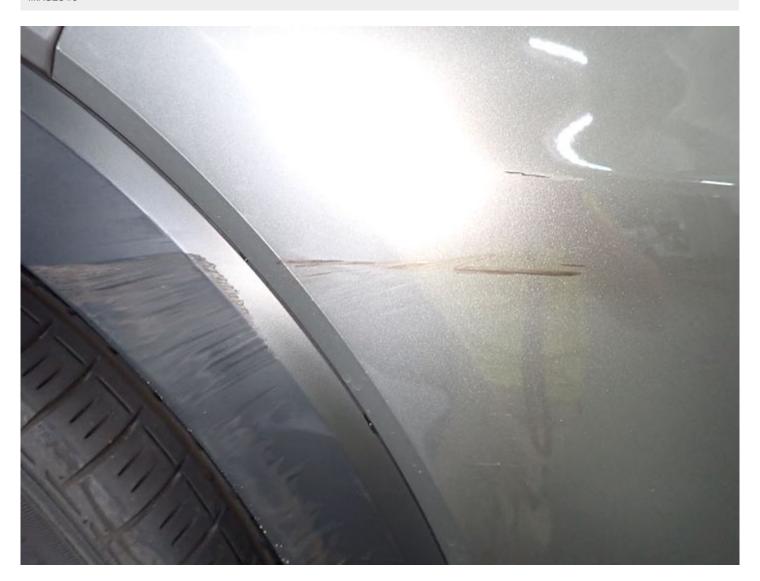
















Police Station Of Origin: Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

Report No. T/20230122/2002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/01/2023 01:43		/lade:	Vide Report No.:	Station Diary No.: 9	
Informa	nt's Partic	ulars			
	f Informant: VEE BOO		Address: APT BLK 440B CLEMENT 122440	TAVENUE 3 #27-20 SINGAPORE	
ID Type / ID No.: NRIC NO / S6908595D		95D	Contact No.: Home/Office:	Mobile: 93825661	
National SINGAP	ity: ORE CITIZ	EN	Email: kweeboo@gmail.com		
Sex: Age: Date of Birth: Male 53 12/03/1969			Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Engineer			Driving Licence Information Class: 3	n: Date of Expiry:	

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 21/01/2023 21:45	Type of Location: Straight Road	
Location: PAN-ISLAND Weather: Clear	EXPRESSWAY	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control:		Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No	

Details of V	ehicle Invo	ived				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLC1001H	Çar	MERCEDES BENZ			Slightly Damaged	0
SMM8854C	Car	HONDA	VEZEL	Grey	Slightly Damaged	2

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Report No. T/20230122/2002

Police Station Of Origin: Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

CONTINUATION OF REPORT

Driver	建设,中华大学的自己的				
Name	lan Sik				S8032461H
Related Vehicle	SLC1001H (Car)			ct No.	94511241
Hospital/Clinic	NIL			of g ce & Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL	
No. of Days gran	Degree of	of Injury NIL			
Driver					
Name	ANG KWEE BOO		ID No.		S6908595D
Related Vehicle	SMM8854C (Car)			ct No.	93825661
Hospital/Clinic	NIL			of g ce & / Date	Class; 3 Date of Expiry; NIL
Date Treatment	NIL	harge	NIL		
No. of Days gran	ted Medical Leave NIL	Degree of	finjury	NIL	

Brief Details.

On 21/01/2023 at about 2144hrs I was driving my car SMM8854C along PIE towards Tuas/Clementi. Earlier I was on Lornie Road entering into PIE on my way home.

After entering the PIE, I was driving on the second lane from the left. All of a sudden, another car SLC1001H came from the right side of the road wanting to go into my lane. However, in coming into my lane, the rear left side of the car hit onto the front right of my car. Due to the collision both of us drove to the road shoulder.

Both of us exchange our particulars and agreed on a private settlement that I compensate him. The other driver claimed that I had hit onto his car. However, I have in-camera install in my car and after going back home and reviewing the footage, I saw that I was not at fault but the other driver was the one that had hit onto my car.

Both myself and my passenger consisting of my wife and daughter were not injured. The front right side bumper of my car is scratch and dented. This is near the front right tyre.





Report No. T/20230122/2002

Police Station Of Origin: Clementi N.P.C 20 Clementi Avenue 5: SINGAPORE 129858 Tel No: 1800-8729999 CONTINUATION OF REPORT

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:	Signature Of Informant:
SI SUHAIMI BIN NGAPI	₩
Signature Of Interpreter: Not applicable	Date/Time: 22/01/2023 01:43
Officer In Charge Of Case: TP / GIA / * SR STAFF SGT FAHKRUL RAZI BIN SUHAIME Contact No.: 65470000	Classification Of Case:
NP168	