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.

 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 First Submission 24/12/2024 14:50 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 24/12/2024 11:20 (SGT) Exact Location of Accident Singapore Additional Location Information MARINA GARDENS DRIVE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Porsche

Vehicle Registration Number SKA3511L

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LEO CHEN RYUNG NRIC No S7735730J Email Address CHENRYUNGLEO@HOTMAIL.COM Mobile Phone No (Phone) +65-93699126 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model 911 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 3600 Vehicle Fuel First Regisration Date Chassis no WP0ZZZ99ZAS700139 Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company EQ Insurance Company Ltd Policy Number / Cover Note Number DMPPHQ24-001461

DRIVER

Name of Driver NRIC No Date Of Birth Occupation Driving Pass Date Driving License Pass Class Driving License Validity Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured	LEO CHEN RYUNG S7735730J 10/12/1977 Indoor 05/08/1997 3 Valid 27 YEARS AND 4 MONTHS Male (Phone) +65-93699126 CHENRYUNGLEO@HOTMAIL.COM 8 GREENWOOD LANE 286999 Yes
Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	No
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Side Swipe Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? 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 Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Marina Bay Neighbourhood Police Centre (Phone) +65-18002229999 (Fax) +65-64359276 No 70 Marina View Singapore 018962 No
CIRCUMSTANCES OF ACCIDENT	
AS PER POLICE REPORT NO.: T/20241224/2027	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGH6194J
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MUHAMMAD NUR IMAN WEE BIN MUHAMMAD RAHMAN WEE
NRIC No	S9346624A
Contact Number	-
Address	314 BUKIT BATOK STREET 32
Address complement	#04-59
Postcode	650314
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

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 <u>traftful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may above 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.
- 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 to made available upon application by interested pastles.
- By the fudgement of this report to the insurers, you hereby consent to the urchiving of this report at the contra and to copies of the report teling made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

Limderstand, acknowledge, agree and consent first;

(a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclass 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 (ine "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' keyyers/law tirms, 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;

(b) admirástelles my claims (including the mailing of correspondence, statements, involces, 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 anti/or dealing with my ctaims.(collectively the "Purposes")

(ii) 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 maylean be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (kircluding their favyers/law litms), which may be sited outside of Singspore, for one or more of the above Purposes.

Shirley Lee Yen Nee Claims Advisor 8686 5183

Policyholdes's Signalure / Datu & Ylsso

Sketch Plan

Driver's Signature (il driver is not the policyholder) / Date

Wilnessed by Repetting Conto Personnel (Name as in NRIC/ID card)

A: SKA3511L B: SGH6194J

CAccident report SM1E24CO0001

An anxiolist o	eport 1/20241224/2027		
As perpolice r	07.1.1/2024/1224/2011	<u> </u>	
			1
	and the second of the second o	110-100-11	
			-
			1
	The state of the s		1
			-{
	ia ma		
			1
			1
			-
			-
	The second secon		
			-
Dadardina			
Declaration I/We declare the foregoing particulars	are true in every respect.	Soft norther	
	CRESCHARACTER CONTRACTOR	Shirley Lee Yen Nee Glaims Advisor 8686 5188	
110		94000000000	
heola Paga		W. d. P. d. P.	
Policyholdor's Signature / Data & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Wilnessed by Reporting Centre Personnel (Name as in NPIC/ID cent)	
			2



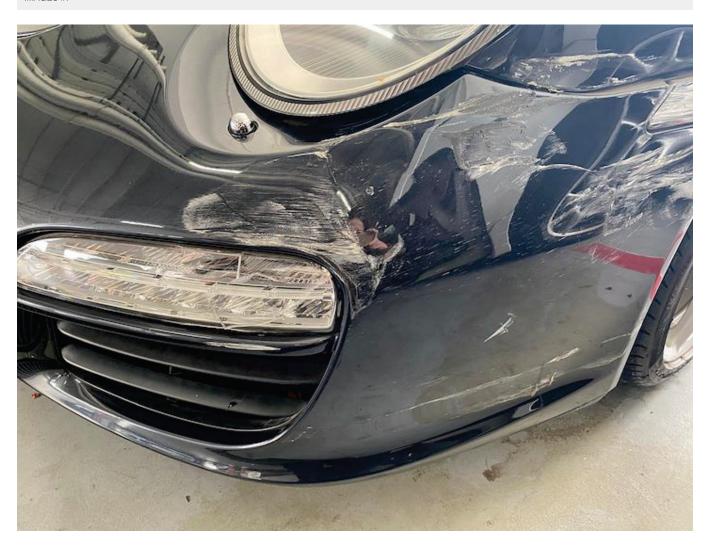


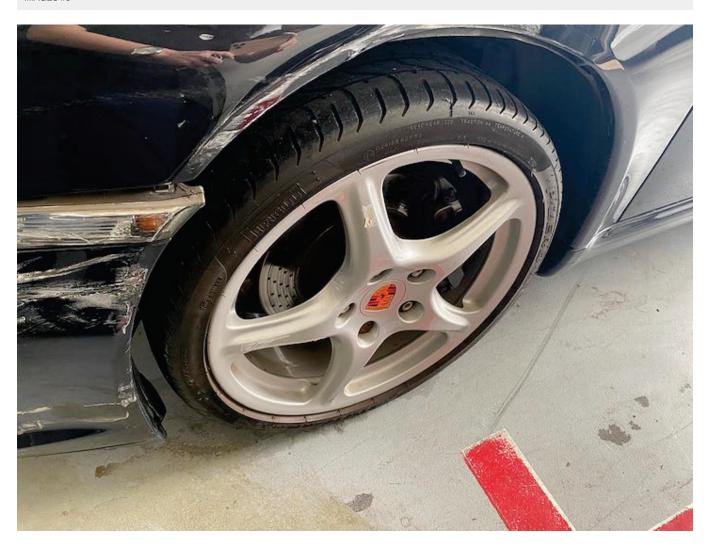










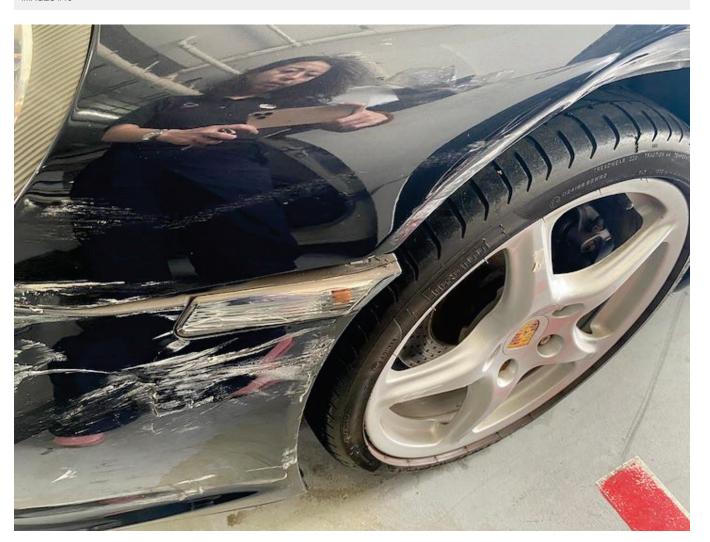












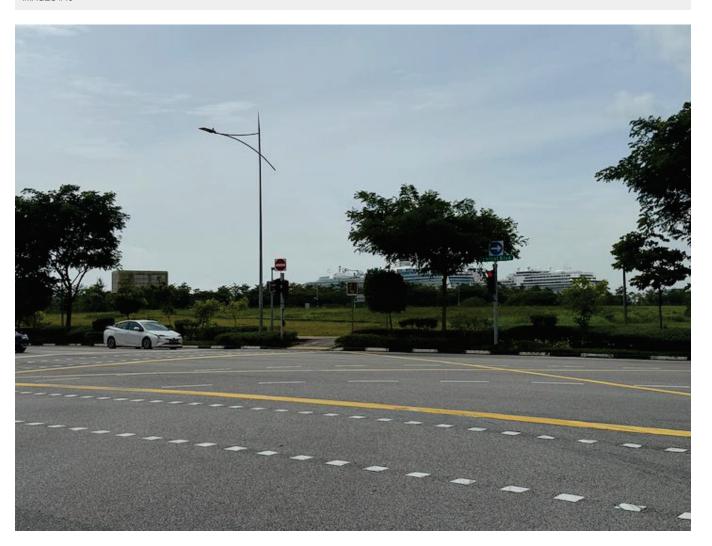




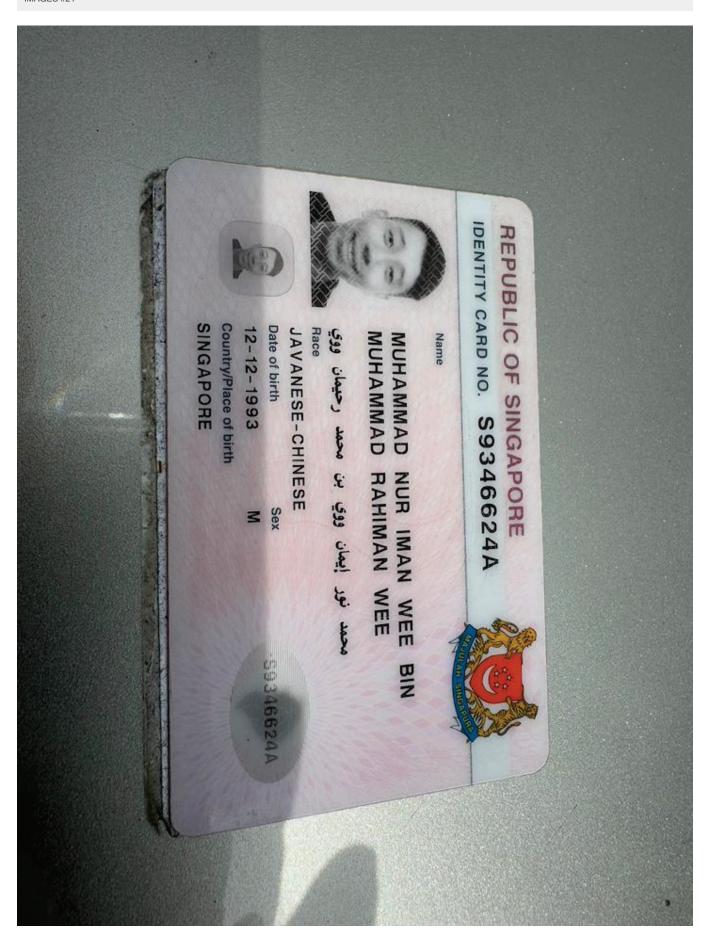


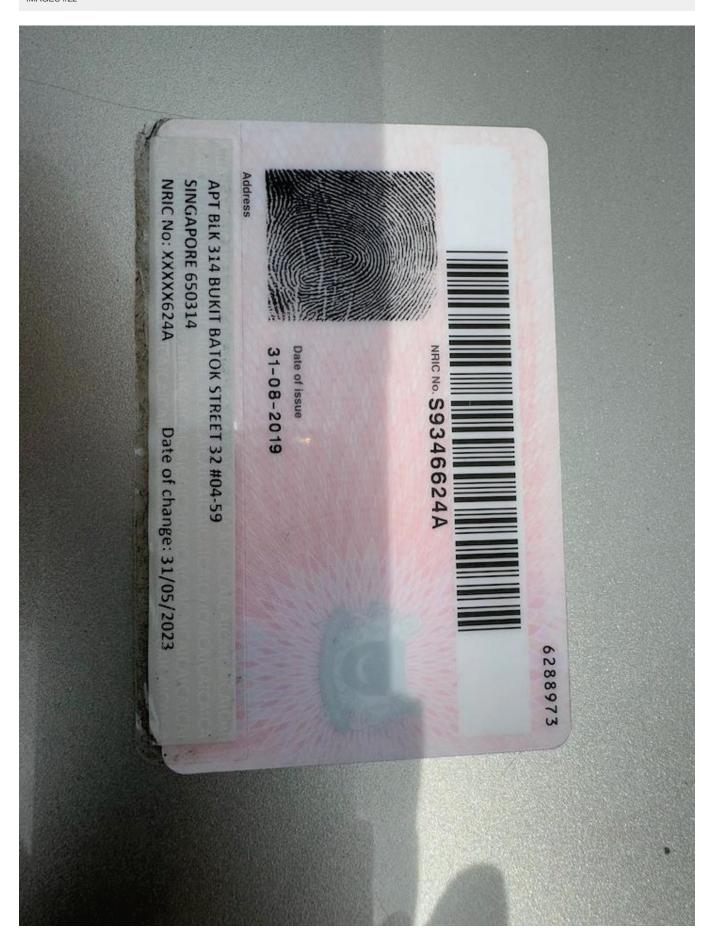




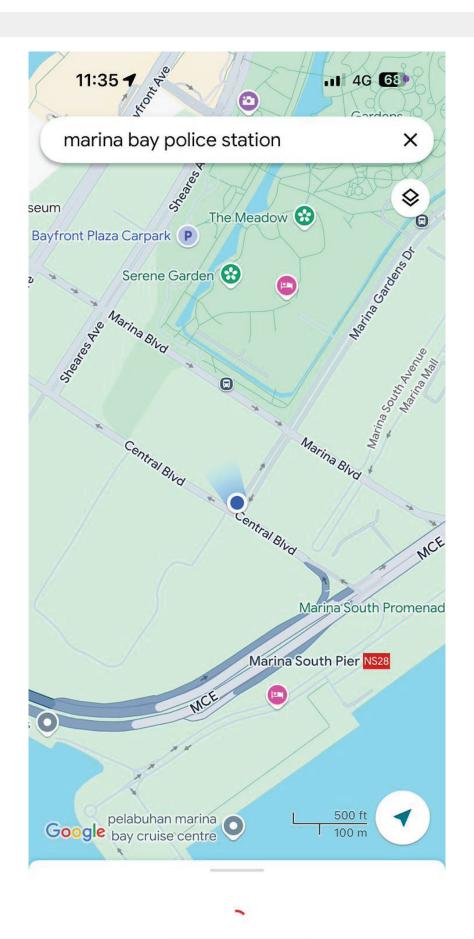


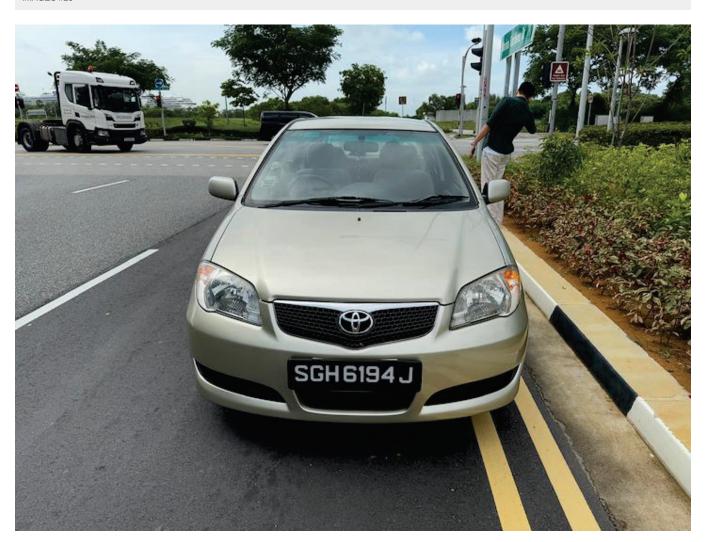




























Police Station Of Origin:

Marina Bay N.P.C 70 Marina View SINGAPORE 018962 Tel No: 1800-2229999

lof3

Report No. T/20241224/2035

Date/Time Report Made: 24/12/2024 13:03		Vide Report No.: T/20241224/2027	Station Diary No. 58		
	nt's Particu	ılars			
	Informant: EN RYUNG)	Address: 8 GREENWOOD LANE	SINGAPORE 286999	
ID Type / ID No.: NRIC NO / S7735730J		Contact No.: Home/Office:	Mobile: 93699126		
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Age: Date of Birth: Male 47 10/12/1977		Type of Informant: Driver			
Race: Chinese Occupation: Company director		Language:			
		Driving Licence Informa Class: 3	tion: Date of Expiry:		

seneral intol	mation of the Accide		D 1 192	Time of Legation
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 24/12/2024 11:20	Type of Location: T-Junction
Location:				
MARINA GD	NS DR			
Weather: Clear		Road Surface: Dry		
		Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance;

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenge
SGH6194J	Motor car	TOYOTA	VIOS	Gold	Seriously Damaged	
SKA3511L	Motor car	PORSCHE	Carrera	Blue	Seriously Damaged	

	ehicle Insurance		THE athen	Expiry Date
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGH6194J	SOMPO INSURANCE SINGAPORE PTE, LTD.	11459641		



T/20241224/2035

Police Station Of Origin: Marina Bay N.P.C 70 Marina View SINGAPORE 018962

Tel No: 1800-2229999

2 of 3 Report No. T/20241224/2035

CONTINUATION OF REPORT

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKA3511L	EQ INSURANCE COMPANY LTD.	DMPPHQ24- 001461	22/02/2024	21/02/2025

Details of Perso	n Involved	179.1				
Any Pedestrian Ir	wolved: No			- 7		
No. of Pedestrians Injured: NIL Use of Ped				destrian Crossing: NA		
Driver						
Name	LEO CHEN RYUNG			ID No		S7735730J
Related Vehicle	NIL			Contact No.		93699126
Hospital/Clinic	NIL			Class Drivin Licen Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date Di		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	f	NIL	

Brief Details

On the above-mentioned date and time, I was driving my Porsche 911 (SKA3511L) on the second lane from the right at Central Boulevard and was approaching the junction between Marina Gardens Drive and Central Boulevard. The second lane allows cars to turn right or go straight. I intended to go straight.

When I was crossing the junction, a gold coloured Toyota Vios (SGH6194J) swerved suddenly and violently from the third lane into my lane in an attempt to make an illegal right turn into Marina Gardens Drive.

I stammed the brakes and my car horn as hard as I could but his reckless driving made it impossible for me to avoid him and I collided into the right rear door of his car.

We stopped and exchanged particulars. The driver's wife and child were also in the car at the time of the accident. There were no injuries sustained, and police did not attend to our accident.

We met again at Marina Bay Neighbourhood Police Centre and the police verified verbally that none of the passengers suffered any injuries nor did they require any medical attention.

I wish to lodge this report for insurance purposes.



Police Station Of Origin: Marina Bay N.P.C 70 Marina View SINGAPORE 018962 Tel No: 1800-2229999



3 of 3 Report No. T/20241224/2035

CONTINUATION OF REPORT

Signature of Officer Recording The A / SGT 2 NORILHAM BIN MOHAMAD BAKHED	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 24/12/2024 13:03
Officer In Charge Of Case: TP / GIA / SR STAFF SGT LEE GUANG HUI Contact No.: 65476414	Classification Of Case:
NP168	