SE0C²11F0004 / ETHOZ PROTECT PTE. LTD. [658075] ENTRY DATE & TIME: 15/01/2021 12:38 (SGT) SUBMITTED BY: Rakesh Anand VERSION: 1 (15/01/2021 12:38 (SGT))



SINGAPORE ACCIDENT STATEMENT

Please report <u>correctly</u> the details of the accident to speed up the claims process.

This Form must be completed by the Policyholder and/or the Authorised Driver 2. This Form must be completed by the Folicyholder and/or the Authorised Differ.

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

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 norm by insurance companies is not an admission of policy industry of the part of the Police for Investigation.

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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

15/01/2021 12:38 (SGT) 09/01/2021 21:41 (SGT) Near Opp Blk 635A, Singapore KJE Exit to Woodlands Rd (Slip Rd) Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMF5066S

Subaru

Forester

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** Mobile Phone No Alternative Phone No

Sin Lee Peng Christina SXXXX907C chrisnatashasin@yahoo.com (Phone) +65-82888166 +65-82888166

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? Vehicle Category

No - Claiming third party Private car

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

Sompo Comprehensive D20MTPV01014690 15/11/2020-14/11/2021

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

Kieran Yeo Yu Hao TXXXX892F 28/01/2000 Indoor

25/08/2020 Date Of Driving Pass 5 MONTHS Driving experience Male Gender (Phone) +65-98421041 Mobile Number Alt. Phone Number yyhkieran@gmail.com **Email Address** Blk 523 Jelapang Road #10-135 Address Address complement 670523 Postcode No Is the driver the policyholder? If No, Relationship of the Driver with the Insured Child 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 Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No 2 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 material or property damaged? Yes 2 Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? PASSENGER 1 Christina Name Female Gender DETAILS OF POLICE ACTION Yes Was the accident reported to the police? Traffic Police Police Station Name (Phone) +65-65470000 Police Station Phone No (Fax) +65-65474900 Alt. Police Station Phone No 10 Ubi Avenue 3 Singapore 408865 Police Station Address Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT Kindly refer to the Sketch Plan ATTACHMENT(S) Are accident photos available for attachment? Yes Yes Was there any video captured by Car Camera? No Was there any audio recorded? DETAILS OF OTHER VEHICLE PROPERTY 1

ES8818X

Audi

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant



Vehicle Colour	-	
Visit and the second se	P	rivate car
Vehicle Category		
Name of Driver	-	*
Contact Number	-	
Address	-	
Address complement	-	1.*
Postcode	-	
Insurance Company Name		
Nature Of Damage	-	
Details of property damaged in accident	-	
No. Of Passenger (Including Driver)	- 2	

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 Authorised Oriver.
- 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>.
- 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. The 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.
- 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 trensfer such Personal information to 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 daims (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 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.

Policyholder's Signature Date & Time:

15/1/2021

Oriver's Signature

(if driver is not the policyholder)

Date & Time: 15/01/2021 11:06

Reporting Centre Personnel's Signature Name: Role & Dran . Asp

NEIC/FIN No.:

(nA W.C. SegichPlanForm _V3

	A - SMP 50665
	B- ES8818X
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meastant:	- Reporting Only
mportant: You have been advised by the workshop that in the event that you wish to baim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREPY MUST BE MADE within the stipulated time frame	- Reporting Only

DECLARATION

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

Policyholder's signature

Date & Time 15/1/2021

Driver's Signature (if driver not the policyholder)
Date & Time | | | | | 202 |

Reporting Centre Personnel's Signature Name: Rabeswaran, Aard Nric/Fin No.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 . Tel No: 65470000

1 of 3 Report No. T/20210109/7032

DEBORTOS	A	TOAFFIC	ACCIDENT

	AINMILIE			Station Diary No.:		
Date/Time Report Made: 09/01/2021 21:41			Vide Report No.:	0.0.0.		
Informan	t's Partice	lars				
Name of Informant: KIERAN YEO YU HAO			Address: 523 JELAPANG ROAD #10-135 SINGAPORE 670523			
ID Type / ID No.: NRIC NO / T0003892F Nationality: SINGAPORE CITIZEN			Contact No.: Home/Office:	Mobile: 98421041		
			Email: yyhkieran@gmail.com			
Sex: Male	Age:	Date of Birth: 28/01/2000	Type of Informant: Driver			
Race: Chinese Occupation: National Service Full Time			Language: English	Institution / School Name:		
		ull Time	Driving Licence Information: Class:	Date of Expiry:		

Seneral Information Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 09/01/2021 19:50	Type of Location T-Junction	
Location: KRANJI EXP	RESSWAY		*		
Weather:		Road Surface:		Road Speed Limit: 50 Km/h	
Drizzling Traffic Flow: One Way Wet Traffic Control: Pedestrian Crossing				Traffic Volume:	
		sing	Moderate Anyone conveyed by		
Tona of Collin	sion: ving Vehicles - Head T	o Rear	*	ambulance: No	

Details of V	ehicle invo	ved	Model	Color	Conditio	No of
Vehicle No.		Make	Model			0
ES8818X	Car	AUDI				0
SMF5066S	Car			* 1		

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Details of	Parenn	PLIAMILACO
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2 of 3 Report No. T/20210109/7032

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Passenger			Control of Street	ID No.		S7046907C
Name	CHRISTINA SIN			10 110		
*				Contac	t No.	82888166
Related Vehicle	SMF5066S (Car)					
Hospital/Clinic	NIL			Class	3	Class: NIL . Date of Expiry: NIL
				Licenc		
	NIL		Date	The Residence of the Section of the	NIL	
Date	nted Medical Leave	NIL	Dagree o	of ·	NIL	
	A CARLES OF THE PARTY OF THE PA			P S	5.7%	T0003892F
Driver Name	KIERAN YEO YU HA	0	•	ID No		
= i	SMF5066S (Car)	•		Conta	ict No.	98421041
Related Vehicle	31011 300000 (4-1)	ABOUT				Class: NIL
Hospital/Clinic	NIL'			Class	g	Date of Expiry: NIL
		,		Licen		
			Date	*	NIL	
	NIL		Degree		NIL	

I was exiting KJE via the Woodlands Road exit, towards Bukit Panjang. I stopped my vehicle at a Give Way line where there is a pedestrian crossing. The driver of ES8818X (Audi) rear-ended me. I managed Way line where there is a pedestrian crossing. The driver of ES8818X (Audi) rear-ended me. I managed to retrieve the video from my car's camera, however, it is more than 2MB. From the video, you can see that the driver was not looking ahead to see if I had moved off, but he was looking at his right for anceming vehicles. After hitting me, the driver drove away. oncoming vehicles. After hitting me, the driver drove away.



T/20210109/7032

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20210109/7032

CONTINUATION OF REPORT

Sketch Plan		
Informant is	not able to provide	sketch

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: 09/01/2021 21:41
Officer In Charge Of Case: TP / TPIB / KALESWARI PALANI Contact No.: 65476902	Classification Of Case:

Authentication Stamp