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 Authorised 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 Submission 01/02/2021 10:09 (SGT) Date of Accident 31/01/2021 16:15 (SGT) Exact Location of Accident Singapore Additional Location Information ALONG CTE TWRS SLE NEAR YIO CHU KANG EXIT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SDQ6666C

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner LEE TECK CHYE(LU DECAI) NRIC No. S7728540G Email Address shawlee@rocketmail.com Mobile Phone No (Phone) +65-97641814 Alternative Phone No +65-97641814

VEHICLE PARTICULARS

Manufacturer Model TOYOTA / VELLFIRE ELEGANCE MOONROOF (AUTO) 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

your vehicle? No - Claiming third party Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Type of Coverage Comprehensive Fleet Policy Policy Number SD20V15024/VPC/R00 Cover Note Number

DRIVER

Name of Driver LEE TECK CHYE(LU DECAI) NRIC No S7728540G Date Of Birth 29/09/1977 Occupation Indoor

Date Of Driving Pass 28/02/1997 Driving experience 23 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-97641814 Alt. Phone Number +65-97641814 Email Address shawlee@rocketmail.com Address 41 IQBAL AVENUE Address complement Postcode 789474 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 LIGHT DRIZZLING Road Surface Wet 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 material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name LEE BEE KHIM Gender Female **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT AS PER POLICE REPORT No.T/20210131/7023; ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKG7258K

Vehicle Manufacturer Nissan

Vehicle Model NISSAN / ELGRAND HIGHWAY STAR 2.5 MCVT 8AB HID SR

Vehicle Variant -

Vehicle Colour Vehicle Category Name of Driver NRIC No	- Private car YAO YINGFENG S7782023Z
Contact Number	-
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	SLK3521T
Vehicle Manufacturer	Honda
Vehicle Model	HONDA / SHUTTLE 1.5G CVT
Vahiala Variant	HONDA / SHUTTLE 1.5G CVT
VIII OI	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	WILLIAM SUPRATMAN
NRIC No	S8464079D
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

- 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 Driver.
- 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 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' law yers/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.

(collectively the "Purposes")

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

Policyholder's Signature / Date & Time Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

scribe (Circumstances of the Accident	
	VO ()	
14-	To Police Reg A	

Declaration

VWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

Time

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

IDAC KAKI BUKIT (VAC) 23 Kaki Bukit Ave 4 #02-02 Singapore 415933 Tel: 67416697 Fax: 67492305

Email: vackb@vicom.com.sg

Witnessed by Reporting Centre Personnel 0 1 FEB 2021













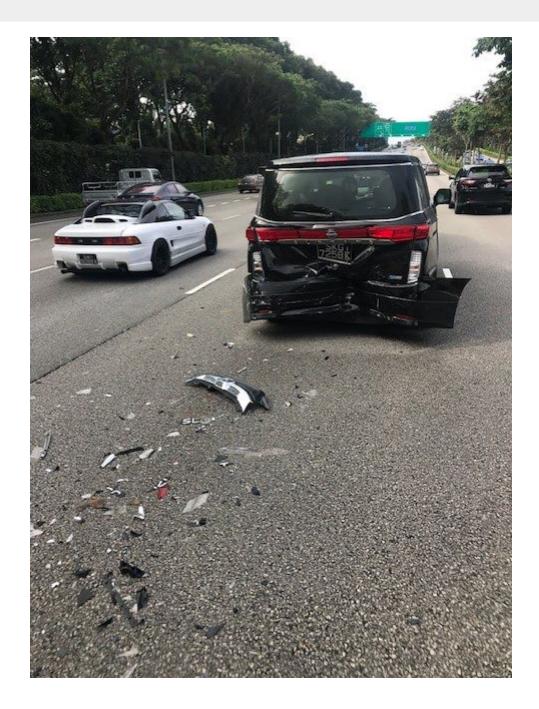
















Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 4 Report No. T/20210131/7023

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 021 19:26	Made:	Vide Report No.: E/20210131/0134	Station Diary No.:	
Informa	nt's Partic	ulars			
Name of Informant: LEE TECK CHYE			Address: 41 IQBAL AVENUE SINGAPORE 789474		
8.5	/ ID No.: D / S77285	40G	Contact No.: Home/Office:	Mobile: 97641814	
National SINGAP	ity: ORE CITIZ	ΈΝ	Email: SHAWNLEE@ROCKETMAIL	COM	
Sex: Male	Age: 43	Date of Birth: 29/09/1977	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Business consultant		t	Driving Licence Information: Class: Date of Expiry:		

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 31/01/2021 16:15	Type of Location: Expressway	
Location: CENTRAL EX	(PRESSWAY				
Weather: Drizzling		Road Surface: Dry		Road Speed Limit: 90 Km/h	
		Dry		OW INDIVIT	
		Traffic Control: Not Controlled		Traffic Volume: Moderate	

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SDQ6666C	Car					0
SKG7258K	Car	NISSAN	Elgrand	Black	Seriously Damaged	5
SLK3521T	Car	HONDA		White	Seriously Damaged	1





T/20210131/7023

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Report No. T/20210131/7023

Tel No: 65470000

CONTINUATION OF REPORT

Any Pedestrian I	nvolved: No						
No. of Pedestrians Injured: NIL			Use of P	Use of Pedestrian Crossing: NA			
Driver						Kalle a la mar	
Name	LEE TECK CHYE			ID No.		S7728540G	
Related Vehicle	SDQ6666C (Car)			Cont	act No.	97641814	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL	
Date	NIL Date			NIL			
No. of Days gran	The state of the s			e of NIL			
Driver							
Name	YAO YINGFENG			ID No	Ο,	S7782023Z	
Related Vehicle	SKG7258K (Car)			Conta	act No.	NIL	
Hospital/Clinic	NIL			Class Drivir Licen Expir	ng ice &	Class: NIL Date of Expiry: NIL	
Date	NIL Date			NIL			
No. of Days grant	ed Medical Leave	NIL	Degree o	of	NIL		
Driver							
Name	WILIAM SUPRATMAN			ID No),	S8464079D	
Related Vehicle	SLK3521T (Car)			Contact No.		NIL	
Hospital/Clinic	NIL			Class Drivin Licen Expir	g ce &	Class: NIL Date of Expiry: NIL	
Date	NIL		Date		NIL		
7.77.7	ed Medical Leave	NIL	Degree o	√f.	Slight		

Brief Details.

I was travelling along CTE towards SLE and Yio Chu Kang Exit when the vehicle in front of me slowed down and came to an abrupt stop. I managed to stop in time but suddenly felt a loud bang at the rear of my vehicle. I alighted the vehicle and realised that a white Honda (SLK3521T) had rear-ended a Nissan SKG7258K which had in turn collided into the rear of my vehicle.



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



Report No. T/20210131/7023

CONTINUATION OF REPORT





1/202101

4 of 4 Report No. T/20210131/7023

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

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: 31/01/2021 19:26
Officer In Charge Of Case: TP / TPIB /	Classification Of Case:

Authentication Stamp NP168

Contact No.: 65476256

INTAN WULANDARI BUDDY SANTOSO