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.

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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 09/02/2021 15:09 (SGT) Date of Accident 08/02/2021 22:25 (SGT) Exact Location of Accident Kim Keat Link, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKU6240T

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner P-PARKING INTERNATIONAL PTE LTD

Company Reg No

Email Address WILLYEOH@PPARKING.COM.SG

Mobile Phone No (Phone) +65-67494119

Alternative Phone No +65-67494119

VEHICLE PARTICULARS

Manufacturer Nissan Model Almera

Variant

Exact purpose for which vehicle was being used at time of accident Employment

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 **MSIG**

Type of Coverage Comprehensive

Fleet Policy

Policy Number A 300332690 MCX

Cover Note Number

DRIVER

Name of Driver YEOH KIAT FAH NRIC No SXXXX611Z Date Of Birth 23/02/1978 Occupation Outdoor

Accident report SN092129000F

Date Of Driving Pass 01/10/2005 Driving experience 15 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-90055626 Alt. Phone Number Email Address WILLYEOH@PPARKING.COM.SG Address BLK 183 TOA PAYOH CENTRAL #03-254 Address complement Postcode 310183 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** 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 Collision - Head to Rear 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 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 Gender Female **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name **Tanglin Division Headquaters** Police Station Phone No (Phone) +65-18003910000 Alt. Police Station Phone No (Fax) +65-63964900 Police Station Address 21 Kampong Java Road Singapore 228892 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT E/20210209/7001 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1**

SMQ4728P

Accident report SN092129000F

Vehicle Model

Vehicle Registration Number

Vehicle Manufacturer

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

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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.
- 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)

Lunderstand, 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")

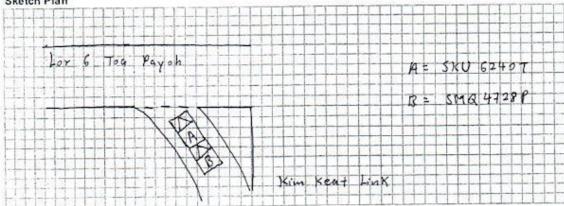
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/law firms, may/are permitted to collect, use, displaying process my Personal information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers have firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



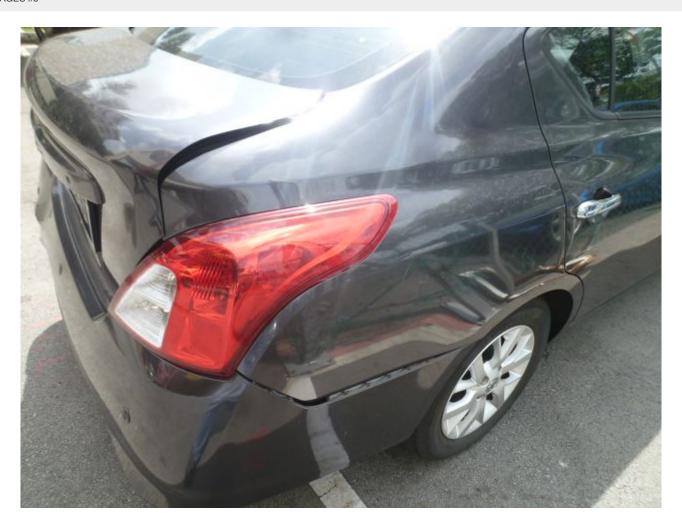
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Refer to	Police Report E/2021	0209/7001
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yholder's Signature / Date &	Driver's Signature (# driver is not the policyholder) / Date	Witnessed by Reporting Centre Personnel
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1 of 3

POLICE REPORT (NP299)

Police Station Of Origin Tanglin Division HQ 21 Kampong Java Road SINGAPORE

228892 Tel No:1800-3910000 Report No. E/20210209/7001

el No:1800-3910000			Station Diary No.	
Date/Time Report Made 09/02/2021 00:28	Vide Report No.			
Name Of Informant YEOH KIAT FAH		183 TOA F	PAYOH CENTRAI 3	_ #03-254
ID Type / ID No. NRIC NO / S7875611Z	Contact N Home/Of		Mobile: 90055626	
Nationality MALAYSIAN Occupation	Email Ad willyeoh(Sex Male	dress @pparking. Age 42	Date of Birth 23/02/1978	Race Chinese
Assistant Operations Manager Institution/School Name	Language English			
Date/Time Of Incident 08/02/2021 22:25 - 08/02/2021 22:35	Location Of Incident APT BLK 183 TOA PAYOH CENTRAL #03-254 SINGAPORE 310183			

Brief details.

On 8 Feb 2021 around 10.27pm, I was driving my company vehicle SKU6240T (Nissan Almera) from PIE entering Kim Keat Link. From Kim Keat Link, I was keeping left and drove into the slip road (in front of the Safra Toa Payoh) towards Lor 6 Toa Payoh. While I stopping to check on the oncoming vehicles from Lor 6 Toa Payoh, my car SKU6240T was hit by the car behind me bearing the vehicle licence plate SMQ4728P. The back lights cover and car boot area of my car SKU6240T were badly damaged and need to send to workshop for damage assessment and repair.

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: 09/02/2021 00:28
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20210209/7001

The driver of SMQ4728P has handed to me his namecard for follow up on the repair works. The details of the driver is as follows:

Name: Scott Lee

Handphone: 9749 0178

No people injury or damage to public property involved in the incident. The purpose of lodging this report is for insurance claims purposes.

Subjects Involved			The second second
Suspect	0 - 41 00		
Person Name	Scott Lee	Race	Chinese
Gender	Male	Mobile No	97490178
Language	English	Mobile No	01 100 .110
Relation To	No relationship		
Informant			
Informant			
Victim	YEOH KIAT FAH	ME NO VICES	070756117
Victim Person Name		ID No	S7875611Z
Victim Person Name ID Type	NRIC NO	ID No Age	42
Victim Person Name		1 (2.100)	

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 09/02/2021 00:28
Classification Of Case:

Authentication Stamp





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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20210209/7001

Address	APT BLK 183 TOA PAYOH CENTRAL #03-254 SINGAPORE 310183	Mobile No	90055626	
ls Informant A Victim?	Yes			
Person Name	YEOH KIAT FAH (Informant)			

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this
Not applicable	report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 09/02/2021 00:28
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	