SS1Y214J0003 / SME MOTOR PTE LTD ENTRY DATE & TIME: 19/04/2021 12:39 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (19/04/2021 12:39 (SGT))



SINGAPORE ACCIDENT STATEMENT

Please report <u>correctly</u> 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

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 Form by insurance companies is not an admission of policy nability 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

19/04/2021 12:39 (SGT) Date of Submission 17/04/2021 12:30 (SGT) Date of Accident W Coast Hwy, Singapore Exact Location of Accident Additional Location Information TWDS TELOK BLANGAH Singapore Country/State of Loss

DETAILS OF OWN VEHICLE SLI 5792J Vehicle Registration Number INSURED/POLICYHOLDER Is company? LAU WOAN HWA MOLLY Name Of Registered Owner SXXXX289Z NRIC No jasonkcapl@gmail.com Email Address (Phone) +65-97281829 Mobile Phone No +65-97281829 Alternative Phone No VEHICLE PARTICULARS Manufacturer 05 Model Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Private car Vehicle Category Auto Transmission 2000 INSURANCE COMPANY Auto & General Insurance (Singapore) Pte. Limited. Name of Insurance Company Comprehensive Type of Coverage No

Fleet Policy P10510111R00 Policy Number Cover Note Number

LAU WOAN HWA MOLLY Name of Driver SXXXX289Z

Date Of Birth Occupation Date Of Driving Pass 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 Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	13/06/1975 Indoor 20/05/1995 25 YEARS AND 11 MONTHS Female (Phone) +65-97281829 +65-97281829 jasonkcapl@gmail.com 6A LINCOLN ROAD #30-15 - 308366 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Raining Wet
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 material or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 3 No - Yes 2 No
PASSENGER 1	
Name Gender	TRISTON FANG Male
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 Clementi Neighbourhood Police Post (Phone) +65-18007759999 (Fax) +65-67764246 Blk 427 Clementi Avenue 3 #01-456 Singapore 120427 No
CIRCUMSTANCES OF ACCIDENT	
REFER TO POLICE REPORT: T/20210417/2075.	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer

XD9782L

-



Vehicle Model	
Vehicle Variant	
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	: = :
Address	
Address complement	-
Postcode	i and
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number **SLW131S** Vehicle Manufacturer Vehicle Model 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 VEHICLE C No. Of Passenger (Including Driver)

SKETCH PLAN

SKETCH PLAN

IMPORTANT NOTICE

- i. Please report correctly the details of the addition to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver
- 3. Information provided must be as truthful and accurate as possible. Any wiful insrepresentation or withholding of material facts may alow marrance comparses to repudiate policy liability.
- 4. The issue and acceptance of this Formity insurance companies is not an admission of policy satisfy on the part of the insurance
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GM Recetes Management Centre established by the General Insurance Association
- of Singapere (GM) for anciding and that ropes of this report will for a fee be made available upon application by rate ested parties.
- 7. By the balgement of this legical to the inspaces, you knowly consend to the archiving of this legical at the nestre and to capits of the report being made available aforesaid.
- 8 Consent under the Personal Data Protection Act (PDPA)

Funderstand, acknowledge lagree and consent that

fall My Insurar I my workshop and the Concret his prance Association of Silipapore ("GIA") may are permitted to collect use disclose antifor process my personal detailpersonal 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 this. Insurers i, the sissiers law yershaw furns, the Monetary Audionsty of Singapore and any relevant government agency authority (such as the partic), for the purpose(s) of

by processing, transforg aprior dealing with my cluster holisping the settlement of the claims and any necessary investigations relating to the chies

till invest acting the actident and/or my chies.

(ii) carrying not and for douling with my instructions or responding to any ensures by $m_{\rm c}$

(iv) administrating my claims (including the making of correspondence, statements, involves, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as widths on the external cover of cavalocus hand. packages) and/or

(v) complying with applicable law in administering processing handling and/or deating with my plains

(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurery law yeights 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 (molutang free law yers law time), which may be sted outside of Singapore, for one or more of the above Purposes,

Anticyholder & Signature / Date & Terre

L ...

Driver's Startature (Fidover's not the potoyholder) / Date

& Time

Winessed by Reporting Centre

Personnal

Sketch Plan 1011 ELLI? Li C. SLAY 13:5 MI 11 ila j formal a language

TOTOTA

Describe Circumstances of the Accident
UP 13. UH JULE RE ANOLE 15:30 PMT 1 TRING TRONGLING GROUP ROOT FORWALL
tamped total Blancash I may alabapear, tanance the frant while broken laws.
Said Star a Rei Co Mina Tion the 1801 stee the writer thrown thrown to me
The from reductor i have incomed in a 3 homeo choic calliston.

USKETCH PLAN#2 USB US STORE URBURGE ELSE URBURGE STELL MERCHER URBURGE GERENNE STELL URBURGE GERENNE STELL URBURGE GERENNE GERENNE STELL URBURGE GERENNE GEREN

Dactaration

If Me declare the forecomo particulars are true in every reathest

Policyholdinic Signature (Date &

Eme

Driver's Signature of driver is not the not exhalded "Date

& Time

Winessed by Reporting Centre

Paragrand





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1 of 4

Report No. T/20210417/2075

Police Station Of Origin: Clementi NPP 427 Clementi Avenue 3 #01-456 SINGAPORE 120427 Tel No: 1800-7759999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/04/2021 19:14			Vide Report No.: D/20210417/0085	Station Diary No.: 14			
Informant'	s Particul	ars					
Name of Informant: LAU WOAN HWA MOLLY			Address: 6A LINCOLN ROAD #30-15 SINGAPORE 308366				
ID Type / ID No.: NRIC NO / S7520289Z			Contact No.: Home/Office:	Mobile: 97281829			
Nationality SINGAPO	:		Email:				
Sex: Female	Age: 45	Date of Birth: 13/06/1975	Type of Informant: Driver	(
Race: Chinese			Language:	Institution / School Name:			
Occupation: SALES			Driving Licence Information: Class: 3	Date of Expiry:			

seneral informaci	on of the Accident	Drink	Date/Time of	Type of Location:
Type of Accident:	Injury Conveyed By Ambulance	At a drive was	Accident: 17/04/2021 12:40	Straight Road
Location:				
WEST COAST H	IGHWAY			
Lamp Post Numb	per: 94	10 6	F	Road Speed Limit:
vveatrier.		ad Surface: et		toad opood
Raining Traffic Flow:	Traffic Control:		Traffic Volume: Light	
Type of Collision Between Moving	: Vehicles - Head To Rear		8	Anyone conveyed by ambulance: No

Details of V	A DESCRIPTION OF THE PARTY OF T		Model	Color	Condition	No of Passenger
Vehicle No.	Туре	Make		The state of the s	ZNIA DESCRIPTION OF THE	4
SLL5792J	Car	AUDI	Q5 2.0 TFSI	Black	Seriously	1
SLL5/925	Odi	,,,,,,	QU (180 BHP)		Damaged	
011111010	0-1	TOYOTA	HARRIER	Black	Seriously	2
SLW131S Car	TOTOTA	TOTOTA		Damaged		
		0000000		Multi-Colored	Slightly	0
XD9782L	Trailer	SCANIA		Widiti-Solored	Damaged	

Detelle of V	ehicle Insurance			
		I-ourongo No	Effective	Expiry Date
Vehicle No. Insurance Company	Insurance No	LITECTIVE		





T/20210417/2075

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Report No. T/20210417/2075

Police Station Of Origin: Clementi NPP 427 Clementi Avenue 3 #01-456 SINGAPORE 120427 Tel No: 1800-7759999

CONTINUATION OF REPORT

Details of V	ehicle Insurance			on the second transmission
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLL5792J	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED	P10510111R00	28/02/2021	27/02/2022

Details of Pers	on Involved	12000	Paralacaneal			
Any Pedestrian				onium tibue ti		
No. of Pedestria			Use of Pe	destria	n Cross	sing: NA
Driver			10000110	uestria	II Clus	sing. NA
Name	LAU WOAN HWA MOLL	Υ	<u> . Teens e Hiller (n. 19</u>	ID No).	S7520289Z
Related Vehicle	SLL5792J (Car)			Contact No.		97281829
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran	ted Medical Leave NI		Degree of		NIL	
Driver			100,000	injury		il ar Salty ir norm se sigapowa konzesso se se
Name	MALE CHINESE DRIVER	?		ID No		NIL
Related Vehicle	SLW131S (Car)			Contact No.		98204718
Hospital/Clinic	NIL			Class Driving Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disch			
	ted Medical Leave NIL		Degree of		NIL NIL	
Driver			Degree of	irijury	INIL	
Name	ZHANG TINGHE			ID No.	Assessment of the second	G2906097K
Related Vehicle	XD9782L (Trailer)			Contact No.		XD9782L
Hospital/Clinic	NIL			Class Driving Licenc Expiry	e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disch		NIL	
No. of Days grant	ed Medical Leave NIL		Degree of I		NIL	





3 of 4

Report No. T/20210417/2075

Police Station Of Origin: Clementi NPP 427 Clementi Avenue 3 #01-456 SINGAPORE 120427 Tel No: 1800-7759999

CONTINUATION OF REPORT

Brief Details.

On 17/04/2021 at about 1240hrs, I was driving my black Audi Q5 car, reg no: SLL5792J along West Coast Highway (towards Pandan) together with my 4 years old son. It was raining and the road surface was wet. I was driving along lane 2 and while driving, I saw a black Toyota Harrier car, reg no: SLW131S stopped in the middle of the road. The car was stationary but I am unable to remember if the hazard light was on. I then gradually slowed down my car and when my car was about to stop, I checked on my rear mirror and saw a Scania trailer, reg no: XD9782L was so closed with my car. The said trailer unable to stop and hit onto the rear of car causing my car to surge forward and hit onto the rear of the Toyota Harrier.

After the collision, I was unable to get out of my car as the door was badly damaged and stuck. The trailer's driver came to open my door and the driver of the Toyota Harrier offered me and my son to stay in his car while waiting for the Police and Ambulance to arrive.

The Traffic Police and Ambulance arrived shortly reference to incident: D/20210417/0085. After talking to the Traffic Police and the Paramedic, the driver of the Toyota Harrier together with his wife and daughter were conveyed by the Ambulance to hospital. I managed exchanged contact details with them and also exchanged particulars with the driver of the Trailer. I also managed to take photos of the damages on the cars. Due to the collision, my car was towed away.

Both my son and I did not need any medical assistance earlier however I am going to the Clinic later as I felt pain on my body.

I am lodging this report for my car insurance and Traffic Police necessary actions.





Police Station Of Origin: Clementi NPP 427 Clementi Avenue 3 #01-456 SINGAPORE 120427 Tel No: 1800-7759999

4 of 4 Report No. T/20210417/2075

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:
Sr Staff Sgt ABDUL KHABIR BIN MOHAMED YUSOF	
Signature Of Interpreter: /	Date/Time:
Not applicable	17/04/2021 19:14
Officer In Charge Of Case:	Classification Of Case:
TP / GIT /	
Sgt 3 INTAN WULANDARI BUDDY SANTOSO	
Contact No.: 65476256	
SINGAPORE SINGAPORE	SN 40
Authentication Stamp NP168	
SIGNATURE	
Control of the Contro	