

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.

- 4. The issue and acceptance 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 26/04/2021 17:30 (SGT) Date of Accident 25/04/2021 09:05 (SGT) Exact Location of Accident 441A Pasir Ris Drive 6, Singapore 511441 Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKS7108Y

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner MS LEE SIEW ING NRIC No. SXXXX281I Email Address KSCGP8@GMAIL.COM Mobile Phone No (Phone) +65-98492134 Alternative Phone No +65-98492134

VEHICLE PARTICULARS

Manufacturer Mercedes Model C180 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 Transmission Auto

CC 1600

INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd Type of Coverage Comprehensive Fleet Policy

Policy Number 20-MV002743-R04

Cover Note Number

DRIVER

Name of Driver MS LEE SIEW ING NRIC No. SXXXX281I



Date Of Birth 21/02/1957 Occupation Indoor Date Of Driving Pass 11/08/1977 Driving experience 43 YEARS AND 8 MONTHS Gender Female Mobile Number (Phone) +65-98492134 Alt. Phone Number +65-98492134 Email Address KSCGP8@GMAIL.COM Address BLK 700 PASIR RIS DR 10 #06-101 Address complement Postcode 510700 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 Side Swipe 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? 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? No **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? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO STATEMENT. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident WITH DRIVER Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SJR9548P Vehicle Manufacturer Vehicle Model

Vehicle Variant
Vehicle Colour

Private car
_
-
-
_
_
_
_
-
-

SKETCH PLAN

IMPORTANT NOTICE

- 1. Rease report correctly the details of the accident 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 wilful misrepresentation or withholding 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. The report will be forwarded by the insurers of the GA 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.
- 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
- (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.



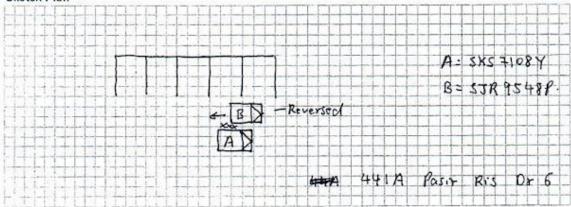
Policyholder's Signature / Date &

Time

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

Witnessed by Reporting Centre

Sketch Plan



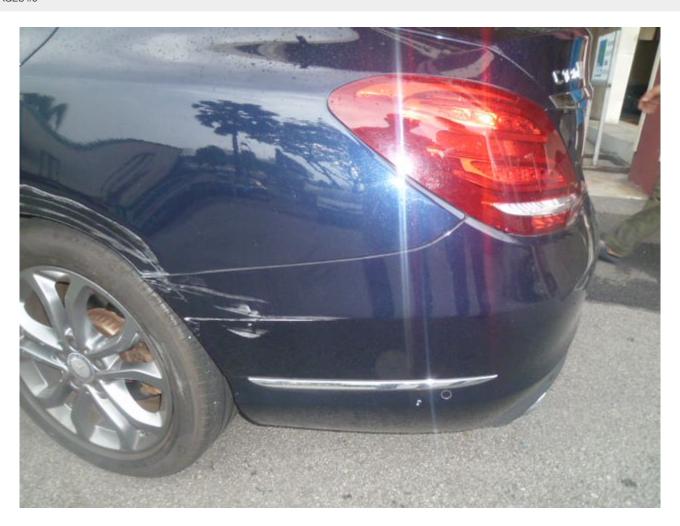
		pring								
ß	was	Station	ory	beside	the	Lo	+,	when	Z	drive
pass	that	w Veh	8	From	+he	n.g	ht	Side	Sı	oddenly
veh	В	HVERSIM	g pa	rk into	the.	I	ot W	hich :	Zu	JAS .
exit	. کاماز	t how	and	veh 8	3 hgl	ht	rear	hit	04	1+0
my	Veh	left	hand	si'de.	Afte	r	the	incie	lent	, veh
13	driver	never	· alrg	bt ans	d dro	ve	0 f f			
a.										
						_				
						_	_			
			-							
-										
										-
clarati										

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

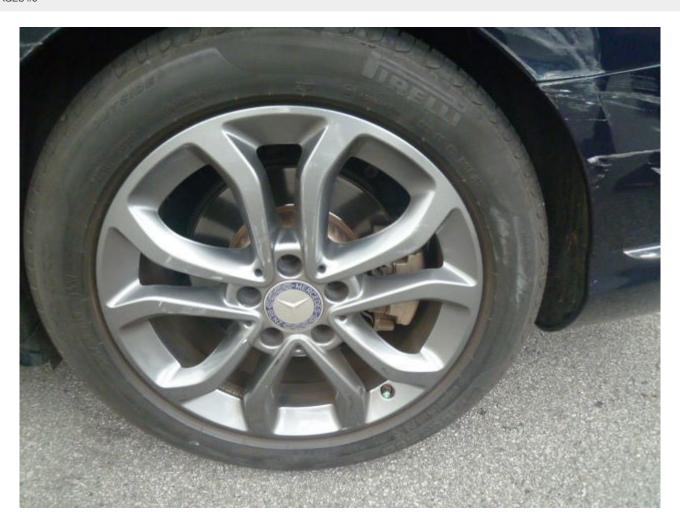
Policyholder's Signature / Date & Time Witnessed by Reporting Centre Personnel



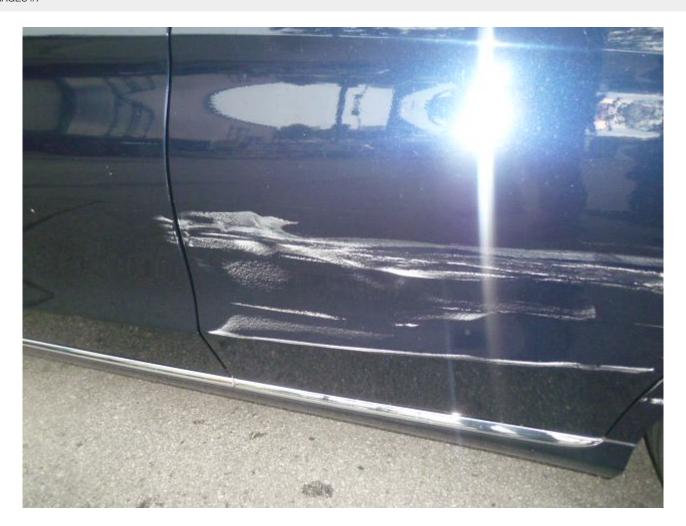




















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Report No. T/20210426/7041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/04/2021 20:54		Made:	Vide Report No.:	Station Diary No.		
Informar	nt's Partic	ulars	THE PARTY OF THE P	CHIEF CONTROL WINDOWS CONTROL OF		
Name of Informant: LEE SIEW ING			Address: 700 PASIR RIS DRIVE 10 #0	6.101 SINCADODE 540700		
ID Type / ID No.: NRIC NO / S1252281I			Contact No.: Home/Office:	Mobile: 98492134		
Nationality: SINGAPORE CITIZEN		EN	Email: siewing_lee@yahoo.com.sg			
Sex: Age: Date of Birth; Female 64 21/02/1957			Type of Informant: Vehicle Owner			
Race: Chinese	Race:		Language: English	Institution / School Name:		
Occupation Administra	on: ation mana	ager	Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 25/04/2021 09:05	Type of Location Car Park
PASIR RIS DI	RIVE 6			
Month				
Weather: Clear		Road Surface:	R	oad Speed Limit:
		Road Surface: Traffic Control:		oad Speed Limit:

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SJR9548P	Car	KIA	picanto	Grey	Condido	0
SKS7108Y	Car	MERCEDES BENZ	c180	Blue	Seriously	0

Details of V	ehicle Insurance	ALTERNATION CONTRACTOR OF THE	GOW HOW HAVE STREET	
Vehicle No.	Insurance Company	Insurance No	Effective	Te
		I modrance NO	Cliecove	Expiry Date



T/20210426/2041

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

2 of 3 Report No. T/20210426/7041

CONTINUATION OF REPORT

Vohiolo No	ehicle Insurance	STATE OF THE STATE	STATE OF THE PARTY	CONTRACTOR AND ADDRESS
SKS7108Y	Insurance Company	Insurance No	Effective	Expiry Date 29/04/2021
	TOKIO MARINE INSURANCE SINGAPORE LTD.	20-mv002743-r04		

Any Pedestrian	involved: No			CHEST CONTRACTOR	OBSTREE	
No. of Pedestria Vehicle Owner	ns Injured: NIL		Use of P	edestrian	Cross	sing: NA
Name	LEE SIEW ING	SCHOOL SERVICE	S. OF SHEEP	206584	UPATO	AND DESIGNATION OF THE PARTY.
	LLL GILW ING			ID No.		S1252281I
Related Vehicle	SKS7108Y (Car)					
	1.551 (Gai)			Contac	ct No.	98492134
Hospital/Clinic	NIL					
NOOD OF THE PARTY	Spirationing NIL			Class of Driving Licence		Class: 3 Date of Expiry: NIL
Date	NIL			Expiry		
No. of Days grant	ed Medical Leave	NIL	Date		NIL	
	- meandi Leave	INIL	Degree o	f	NIL	

Brief Details.

picture and video evidence available, but scanner is faulty. Car plate number of other vehicle is SJR9548P (Veh B). car model is Kia Picanto. After moving out from the carpark lot, Veh B was stationary beside the lot, when i drove past veh b from the right side, veh B suddenly reversed park into the lot, which i just exited, in the process, veh b right rear hit onto my veh left hand side, after the incident, veh b driver did not alight and drove off





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

3 of 3 Report No. T/20210426/7041

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; 26/04/2021 20:54
Officer In Charge Of Case: TP / TPIB / NOR AFFENDY BIN JAFFAR Contact No.: 65476368	Classification Of Case:

NP168

Authentication Stamp



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 5 Raffles Quay #18-00 Singapore 048580

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: \$468500200 / dxf Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : SN092140008 _____Vehicle Registration No: 5/15 4/017 Name(as shownin NRIC): LEE SIEW [NO ____NRIC/FIN/Passport No : ___SXXXX 281] ((Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Address Singapore(_____Mobile No.: 98492134 Contact (Tel) : HSC OP8 égmail lom **Email Address** Date of Accident : 25/4/2/ ____Time of Accident : ____09:05 Place of Accident : 441A PASIR RIS DRIVE & SINGAPORE Insurance Company: TOH TO MARINE (B) ADDITIONALINFORMATION/AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Add in police report Policyholder / Driver's Signature Reporting Centre Personnel's Signature Date: NRIC/FINNO .:

Date:

GIARNIC add indundant 1 v 3