SN09216N0005 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 23/06/2021 13:52 (SGT) SUBMITTED BY: Roslinda Binte A. Wahab VERSION: 1 (23/06/2021 13:52 (SGT))

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 23/06/2021 13:52 (SGT) Date of Accident 19/06/2021 18:49 (SGT) Exact Location of Accident Bukit Merah Lane 3, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SI 79903G

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner LAY AUTO LEASING PTE LTD Company Reg No 2XXXXX521C **Email Address** FIONA@LAYAUTO.COM Mobile Phone No (Phone) +65-87973443 Alternative Phone No +65-87973443

VEHICLE PARTICULARS

Manufacturer Honda Model Shuttle Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to No - Reporting only your vehicle? Vehicle Category Private hire Transmission Auto CC 1496

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMHCSNA00002632101 Cover Note Number

DRIVER

Name of Driver KWOK CHEE KHUEN NRIC No. SXXXX767A

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	11/03/1969 Outdoor 23/06/2011 10 YEARS Male (Phone) +65-97881729 - FIONA@LAYAUTO.COM BLK 547D SEGAR RD #12-39 674547 No Hirer No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Side Swipe 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? PASSENGER 1 Name Gender	No 2 No - Yes 2 No PASSENGER
Geridei	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 Telok Blangah Neighbourhood Police Post (Phone) +65-18002729999 (Fax) +65-63776526 Blk 51 Telok Blangah Drive #01-116/ 118 Singapore 100051 No
CIRCUMSTANCES OF ACCIDENT	
PLS REFER TO THE ATTACHED STATEMENT.	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident Was there any audio recorded?	Yes Yes WITH DRIVER No
DETAILS OF OTHER	VEHICLE PROPERTY 1

FBH4118C

Vehicle Registration Number

Vehicle Manufacturer Vehicle Model	-
	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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

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- 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)

I understand, acknowledge, agree and consent that

- (a) My insurer , my w orkshop 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.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre

Sketch Plan

BURET MERRY LANG 3 A-SLZ99034 13-FBH4118C

1 rith Police Report	
 With Police Report	
 7/20018619/2065	
	Street Street Street Street

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel





Police Station Of Origin: Telok Blangah NPP 51 Telok Blangah Drive #01-116 SINGAPORE 100055 Tel No: 1800-2729999

2 of 3 Report No. T/20210619/2065

CONTINUATION OF REPORT

Brief Details.

On 19/06/2021 at about 1711hrs, I was driving my rental(Lay Auto Leasing Pte Ltd) motor car Honda shuttle bearing registration plate number SLZ9903G along Bukit Merah Lane. I came to a stop along Lane 3 road as there is a motor car infront of me reserving. I then decided to reserved my car inorder to change lane. While reserving, I heard a dump sound on my right rear. Immediately I stop reserving and take a look, I then realized that I had knocked onto a motorcycle bearing registration plate number FBH4118C and the rider was on the floor. I got out of my car and assisted him.

After assisting him, I made a check on my car, there was no damaged however the rider informed his motorcycle right mirror came loose. I decided to compensate him a new mirror however the rider refused. We did not exchanged particulars and he left. I made a check on my in car camera and discovered that both my car and the motorcycle was reserving at the same time. At the point time during the incident I had a passenger with me. I wish to state that no one is injured. I am doing the report for recording purposes.



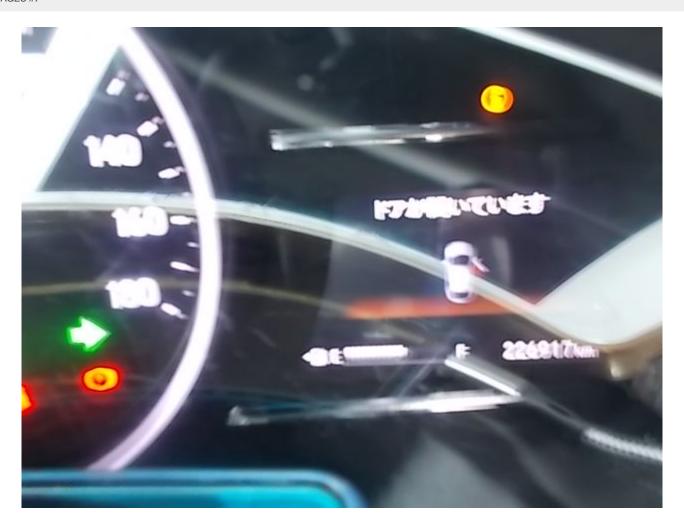
















1 of 3 Report No. T/20210619/2065

Police Station Of Origin: Telok Blangah NPP 51 Telok Blangah Drive #01-116 SINGAPORE 100055 Tel No: 1800-2729999

REPORT OF A TRAFFIC ACCIDENT Station Diary No.: Vide Report No.: Date/Time Report Made: 15 19/06/2021 18:49 Informant's Particulars Name of Informant: APT BLK 547D SEGAR ROAD #12-39 SINGAPORE 674547 KWOK CHEE KHUEN Contact No. ID Type / ID No .: Mobile: 97881729 Home/Office: NRIC NO / S6908767A Email: Nationality: SINGAPORE CITIZEN Type of Informant: Date of Birth: Age: Sex: Driver 52 11/03/1969 Male Institution / School Name: Language: Race: Chinese Driving Licence Information: Occupation: Date of Expiry: Class: PRIVATE HIRE

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 19/06/2021 17:10	Type of Location	
Location: BUKIT MERA	AH LANE 3				
Weather: Raining		Road Surface: Wet		Road Speed Limit:	
T		Traffic Control:		Traffic Volume:	
Traffic Flow:					

	ehicle Involve	Make	Model	Color	Condition	No of Passenge
Vehicle No.	The Contract of the Contract o	Wildito	333333			0
FBH4118C	Motorcycle					0
						4
SLZ9903G	Car					1





Police Station Of Origin: Telok Blangah NPP 51 Telok Blangah Drive #01-116 SINGAPORE 100055 Tel No: 1800-2729999

2 of 3 Report No. T/20210619/2065

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Police Station Of Origin: Telok Blangah NPP 51 Telok Blangah Drive #01-116 SINGAPORE 100055 Tel No: 1800-2729999

3 of 3 Report No. T/20210619/2065

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:
Sgt 1 MONG CHU KAI	ZENT.
Signature Of Interpreter: Not applicable	Date/Time: 19/06/2021 18:49
Officer In Charge Of Case: TP / GIA / SI TAN JEOK LENG Contact No.: 65476151	Classification Of Case:
Authentication Stamp	

SN 045

Singapore Police Force

