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 this is form by instrained 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 26/07/2021 18:11 (SGT) Date of Accident 25/07/2021 02:00 (SGT) Exact Location of Accident 747A Pasir Ris Street 71, Singapore 511747 Additional Location Information #4A MULTISTOREY CARPARK Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private use

No - Claiming third party

Vehicle Registration Number SLT9425B

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LEE KA SHING NIGEL

NRIC No SXXXX792G

Email Address nigellee billabong@hotmail.com Mobile Phone No (Phone) +65-88202028

Alternative Phone No +65-88202028

VEHICLE PARTICULARS

Manufacturer Volkswagen Model Golf

Variant

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

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category Private car Transmission Auto CC 1390

INSURANCE COMPANY

Name of Insurance Company FWD Singapore Pte. Ltd. Type of Coverage Comprehensive

Fleet Policy

Policy Number PNPV2021-00000664

Cover Note Number

DRIVER

Name of Driver LEE KA SHING NIGEL NRIC No SXXXX792G

Date Of Birth 23/07/1990 Occupation Indoor Date Of Driving Pass 16/11/2009 Driving experience 11 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-88202028 Alt. Phone Number +65-88202028 Email Address nigellee_billabong@hotmail.com Address BLK 752 PASIR RIS STREET 71 #11-86 Address complement Postcode 510752 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 Hit and run / Vandalism / Damaged whilst parked 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 vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name **Bedok Division Headquarters** Police Station Phone No (Phone) +65-18002440000 Alt. Police Station Phone No (Fax) +65-64443009 Police Station Address 30 Bedok North Road Singapore 469676 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH AND POLICE REPORT G/20210725/7048 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 OWNER Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SLF5300C 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	_
No. Of Passenger (Including Driver)	_
140. Of Facounger (molading Direct)	-

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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
- 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.
- 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)

- (a) My insurer, my workshop and the General insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose l understand, acknowledge, agree and consent that 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' lawyers/law firms, the Monetary Authority of Singapore and any relevant
- (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 making 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
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. packages); and/or
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/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 &

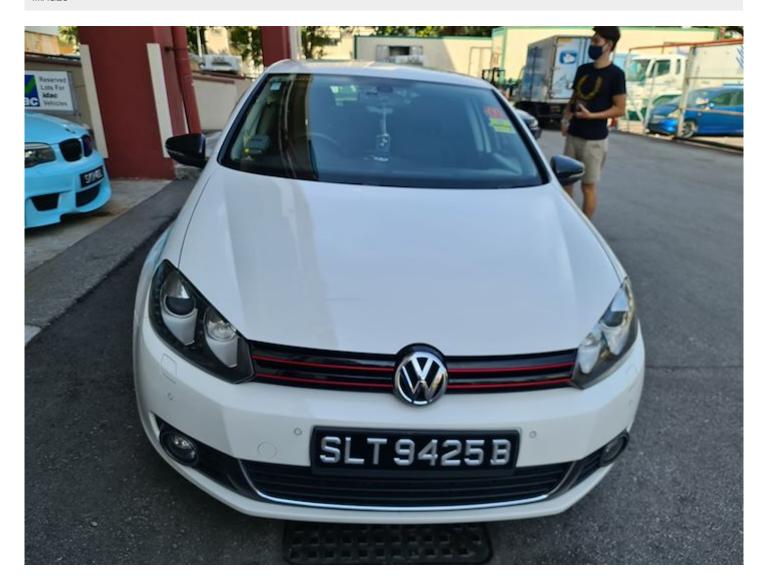
Driver's Signature (if driver is not the policyholder) / Date

Sketch Plan

Witnessed by Reporting Centre Personnel

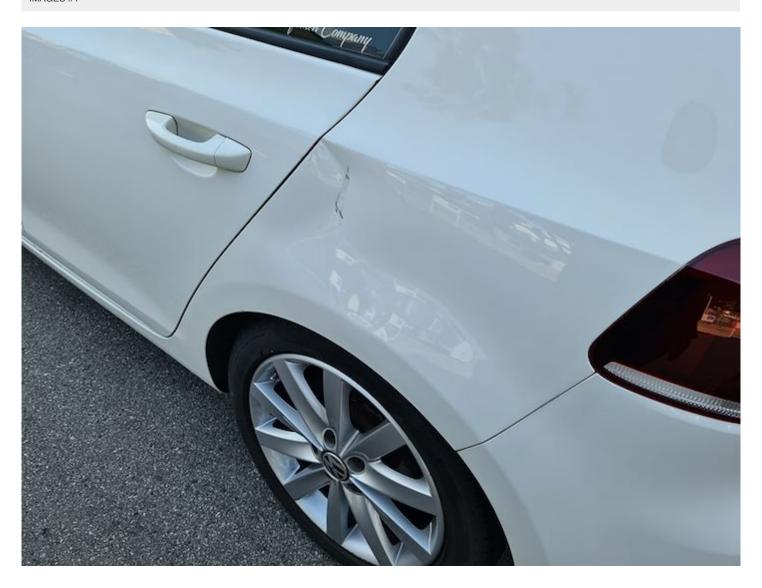
Vehicle A ; SLT942513 VEHICLE ISLF 5300C

be Circumstances of the	THE I VEMILE A WAS FORFERS PULL ABOVE 3 PM.
todad venue. Wher	I come to retrieve my vehicle at about 3pm.
is a the at the 10th 1	ear portion of my vehicle was already damaged.
Co Tribit Tro Icu.	ve video fortage of the maident.
nto state that I ha	e vinta last
	2 1 /02 x 102 x / 2018
Police Report	7 9/201025/2048
102	
Declaration	
the foregoing part	culars are true in every respect.
We declare the rollegoing part	
	/ . /
/	
/	MN 36/10/30
1111	Witnessed by Reporting Centre
Policyholder's Signature / Date	
Time	& Time

















1 of 2

POLICE REPORT (NP299)

Police Station Of Origin Bedok Division HQ 30 Bedok North Road SINGAPORE 469676 Tel No:1800-2440000 Report No. G/20210725/7048

Date/Time Report Made 25/07/2021 22:47	Vide Rep	ort No.		Station Diary No.
Name Of Informant LEE KA SHING, NIGEL	Address 752 PASIR RIS STREET 71 #11-86 SINGAPORE 510752			
ID Type / ID No. NRIC NO / S9025792G	Contact Home/O		Mobile: 88202028	
Nationality SINGAPORE CITIZEN	Email Address NIGELLEE BILLABONG@HOTMAIL.COM Date of Birth Race			
Occupation Aeronautical engineering technician	Sex Male	Age 31	Date of Birth 23/07/1990	Chinese
Institution/School Name	Language English			
Date/Time Of Incident 25/07/2021 02:00 - 25/07/2021 03:30	Location 747A P	Location Of Incident 747A PASIR RIS STREET 71 #4A SINGAPORE 511747		
Brief details.				

Brief details.

On 25 July 2021, about 3pm when I went to my car (car plate number, SLT9425B) at the multistory carpark deck 4A, I saw a dent on my rear left portion of the car. I later reviewed my dash cam footage and saw the incident. It happened around 25 Jul 2021 2am (estimated).

It showed a couple driving the Black Honda Vezel from car rental company - Shariot (carplate number SLF5300C). At one point in the video, there was some commotion (perhaps the couple was quarreling, I also noticed the female driver holding what looks like a beer bottle). Then the man in the video opened his car door, and it hit hard onto my car, this can be seen/heard from the video.

illo dar doori erre			
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: 25/07/2021 22:47 Classification Of Case:		
Officer In-Charge Of Case:			
Authentication Stamp			





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20210725/7048

Should you need the video evidence, please contact me.

Thank you very much for working on this case.

Victim			THE RESIDENCE OF THE PARTY OF T
Person Name	LEE KA SHING, NIGEL		
ID Type	NRIC NO	ID No	500057000
Gender	Male		S9025792G
Race	Chinese	Age	31
Occupation Aeronauti techniciar	The state of the s	Language	English
	Aeronautical engineering technician	Address	752 PASIR RIS STREET 71
Mobile No	88202028	Is Informant A	#11-86 SINGAPORE 510752
		Victim?	Yes
Person Name	LEE KA SHING, NIGEL (Info		•

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass.
Signature Of Interpreter:	No signature is required. Date/Time:
Not applicable	25/07/2021 22:47
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	