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 16/08/2021 15:52 (SGT) Date of Accident 14/08/2021 12:40 (SGT) Exact Location of Accident Yishun, Singapore Additional Location Information YISHUN RING ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SME2136Z

INSURED/POLICYHOLDER

Is company? No

Name Of Registered Owner LEE KAY KAY NRIC No. SXXXX293B

Email Address LEEJESLYN@HOTMAIL.COM Mobile Phone No (Phone) +65-98222532

Alternative Phone No +65-98222532

VEHICLE PARTICULARS

Manufacturer Hyundai Model Elantra Variant

Exact purpose for which vehicle was being used at time of

Private use accident

Are you claiming under your own insurance policy for repair to

your vehicle? No - Claiming third party Vehicle Category Private car

Transmission Auto CC 1591

INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd

Type of Coverage Comprehensive Fleet Policy Nο

Policy Number MQ001385

Cover Note Number

DRIVER

Name of Driver LEE KAY KAY NRIC No. SXXXX293B

Date Of Birth 16/03/1980 Occupation Indoor Date Of Driving Pass 12/05/2003 Driving experience 18 YEARS AND 3 MONTHS Gender Female Mobile Number (Phone) +65-98222532 Alt. Phone Number +65-98222532 Email Address LEEJESLYN@HOTMAIL.COM Address BLK 615B EDGEFIELD PLAINS #15-343 Address complement Postcode 822615 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 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? 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 PASSENGER 1 Name **AARON GAN** Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name ONLINE REPORTING Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT KINDLY REFER TO POLICE REPORT 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** Vehicle Registration Number SKV1488Z 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)	

SKETCH PLAN			
A=)SME 21367 B=) SKN14882 DESCRIBE CIRCUMST	ANCES OF THE ACCIDENT	Teston Remin Rogs	
tindly ret	ier to police vepor	+.	
DECLARATION We declare the foregoing particle of the foregoing partic	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Name: NRIC/FIN No.:	Personnel's Signature

Personal Particulars

Date of Accident: 14 / 08 / 2021 (dd/mm/yy) Time of Accident: 12 : 40 (24 Hrs)
Vehicle No: SHE21362 Vehicle Make/Model: HYUNDAI ELANTRA 1.6
Exact Location of Accident: \(\text{ISHUN RZNY ROAD}\)
Owner's Name / IC No: LEE KAY KAY
Owner's Contact No: 98222532 Owner's Email*: 99022400 81 @gmil-1000 Driver's Name UC No: Lee's lyn@hofnail.com
Driver's Name / IC No: Leljes lyne hotnail con
Driver's Contact No: Driver's Email*:
Relationship between Owner & Driver: Spouse/Children/Friend/Parents/ Others please specify: Insurance Company & Policy No: MQ 60 1385
Does the driver own any other vehicle?
Yes / No If Yes, Vehicle no & Insurance Company &Policy No:
What do you wish to claim? (Please circle one only) *Number of passengers (Including Driver): _
Own Insurance / Third Party / Reporting Only
Exact purpose for which the vehicle was being used at the time of accident?
Private use / Work purpose
Weather condition & Road Conditions?
Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet
Occupation Any Witness? *Any Video?
Indoor / Outdoor Yes / No Myes, please specify Yes No
Any Injuries? (Police report is required if mc is above 3 days) *Seat Belt?
Yes / No If Yes, which police station, which part?
Third Party (Vehicle B) details:
Driver's Name/IC No : GAN SUBIN Vehicle No: Sty1488C
Third Party Insurance : Driver's Contact No :
Other's Vehicle Involved (If applicable)
Vehicle C: Vehicle D : Vehicle E :
Was any foreign vehicle involved in this accident?
If yes, Foreign Vehicle Registration Number:



SKETCH PLAN

IMPORTANT NOTICE

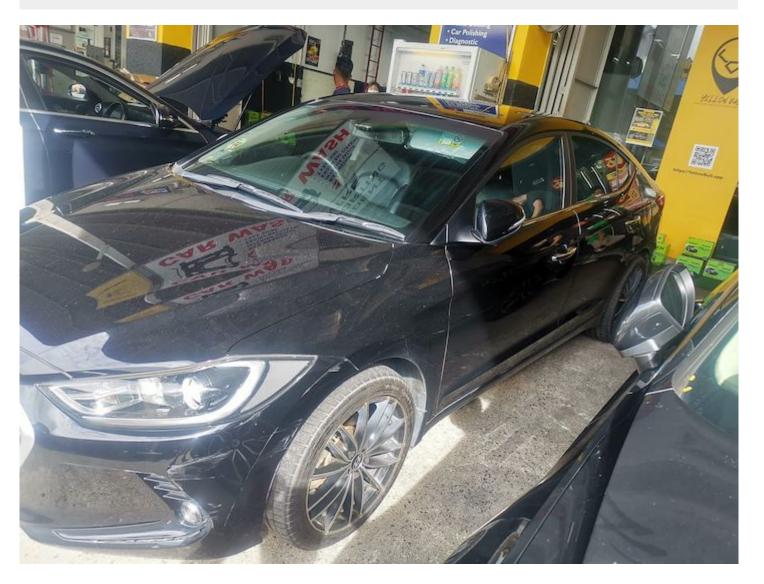
- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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 interested parties.
- By the lodgment 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 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' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of the purpose(s).
 - (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' 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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (fi) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

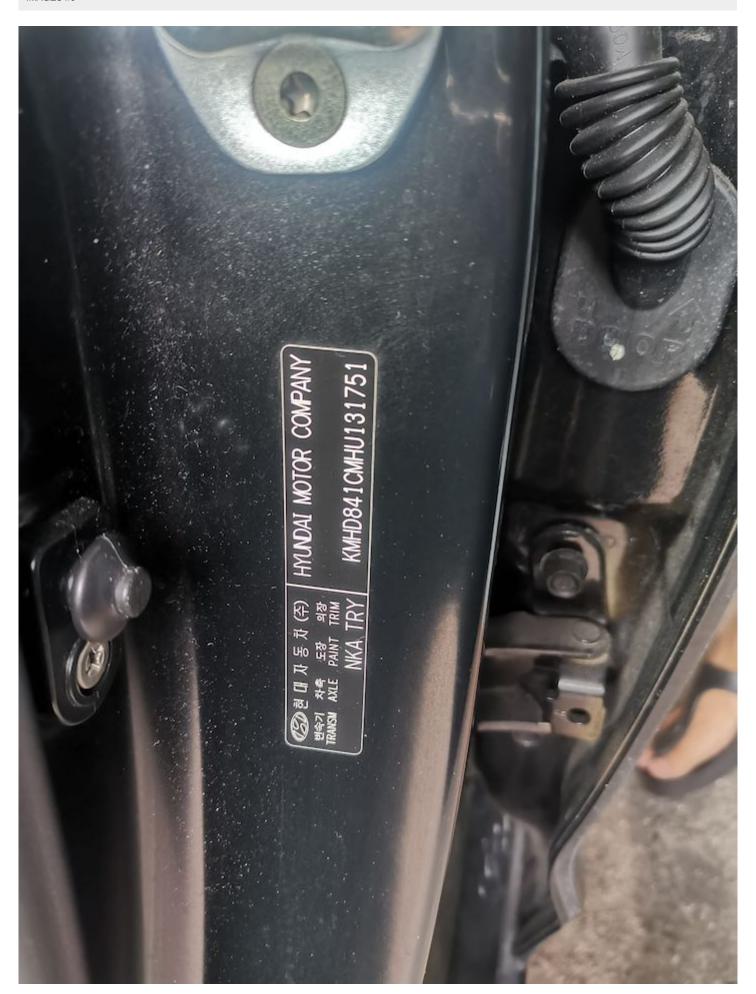


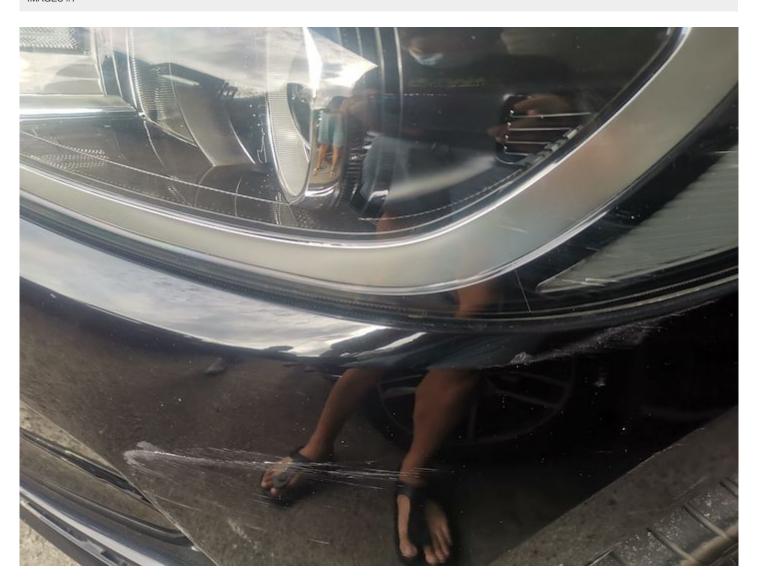








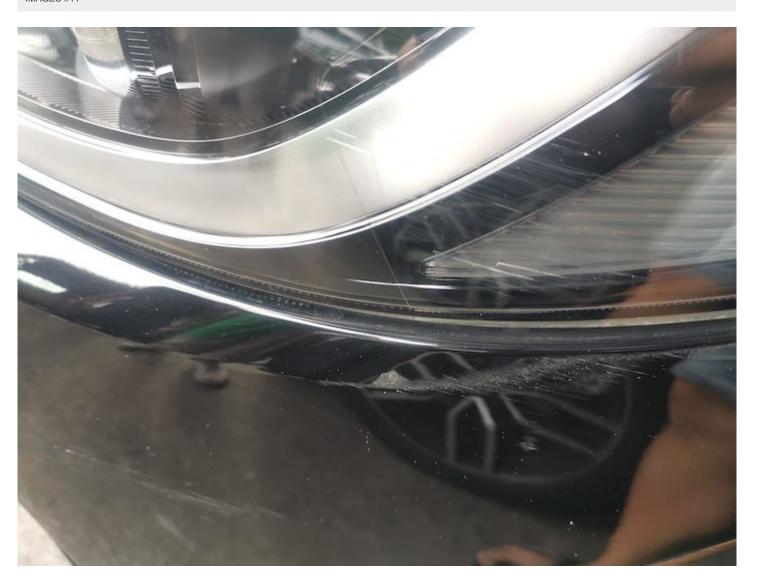


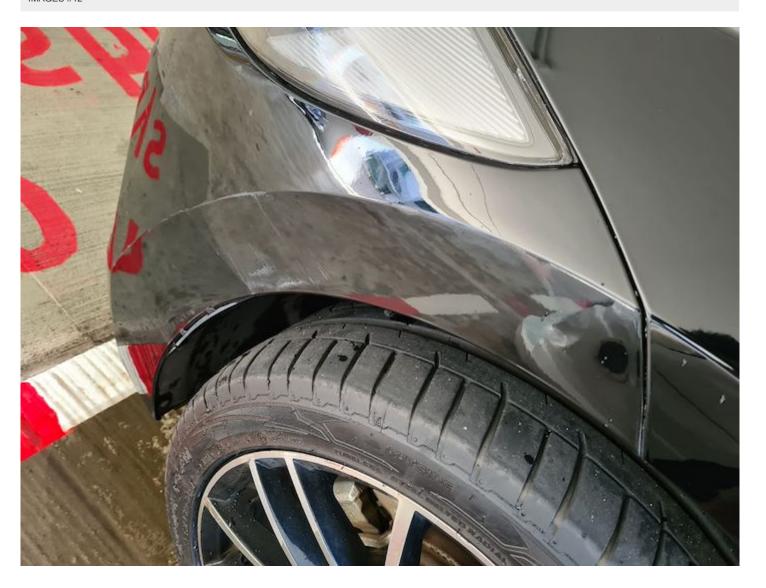






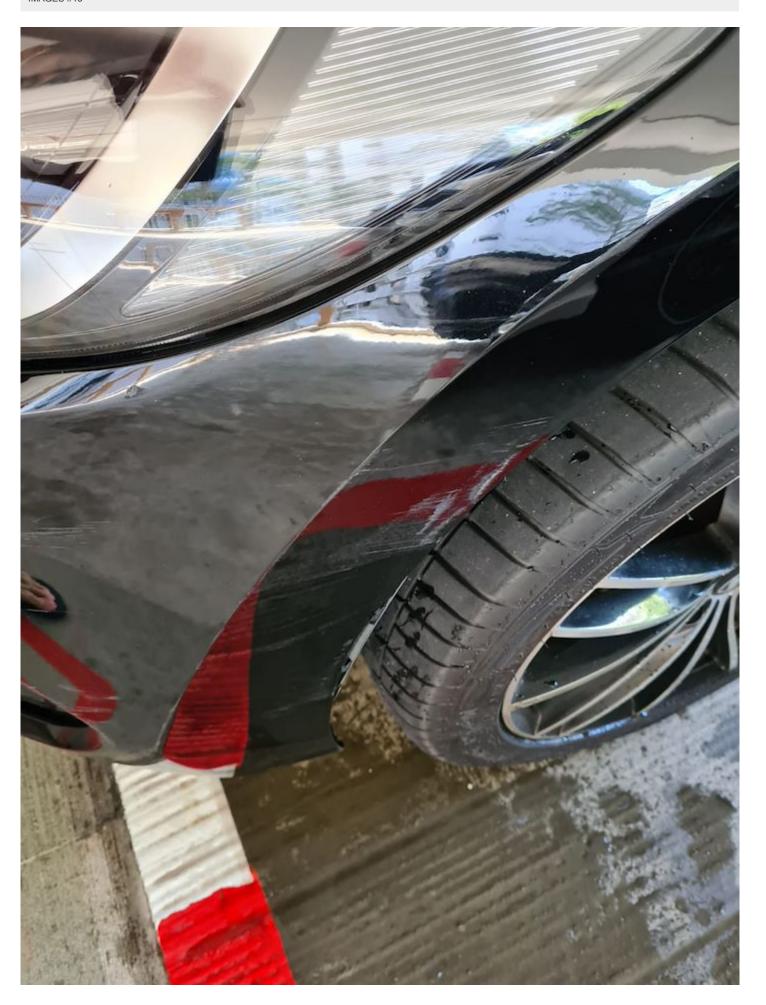


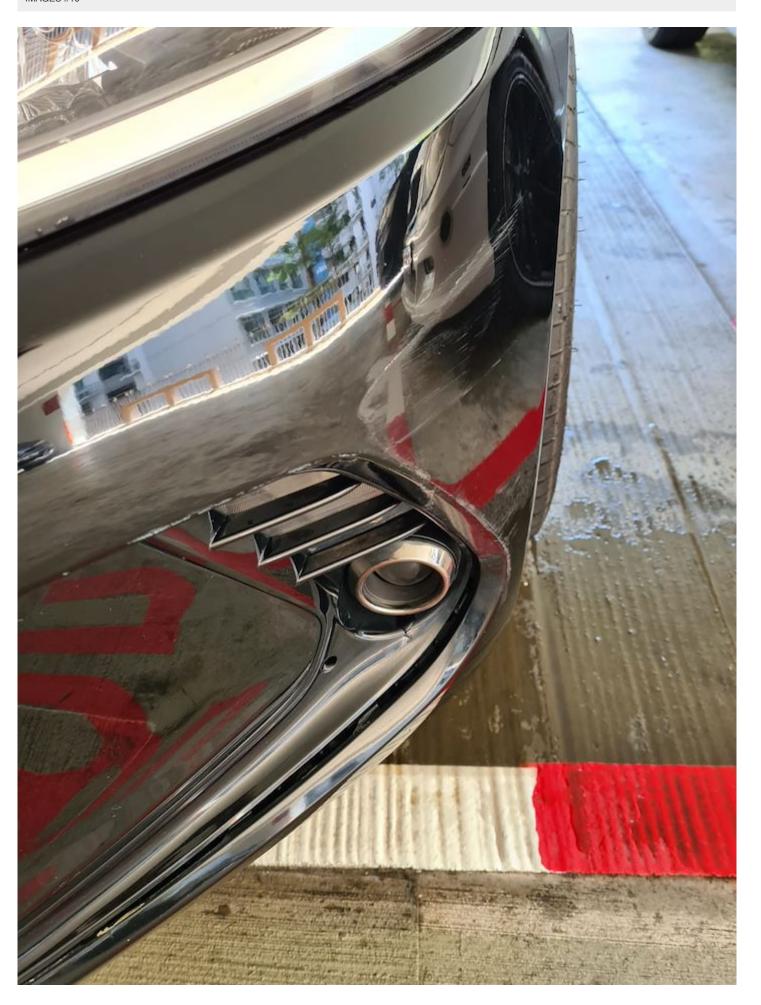
















1 of 2

POLICE REPORT (NP299)

Police Station Of Origin Ang Mo Kio Division HQ 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

Tel No:1800-2180000

Report No. F/20210815/7018

Date/Time Report Made 15/08/2021 15:31	Vide Rep	ort No.		Station Diary No.
Name Of Informant	Address			
LEE KAY KAY	615B EDGEFIELD PLAINS #15-343 SINGAPORE 822615			
ID Type / ID No. NRIC NO / S8008293B	Contact N Home/Of		Mobile: 98222532	
Nationality SINGAPORE CITIZEN	Email Address LEEJESLYN@HOTMAIL.COM			
Occupation	Sex	Age	Date of Birth	Race
Administration manager	Female	41	16/03/1980	Chinese
Institution/School Name	Language English			
Date/Time Of Incident 14/08/2021 12:40 - 14/08/2021 12:50	Location Of Incident 615B EDGEFIELD PLAINS #15-343 SINGAPORE			
	822615			

Brief details.

I would like to report a road traffic incident. My car plate is SME2136Z. The vehicle of the involved car plate SKV1488Z was driving along the left lane (turning left) when she suddenly turned right into my lane and knocked into my car when my car was in the left lane going straight. The driver and the passenger were not hurt. I suppose the owner of the car belongs to the driver's father and the driver is a P plate driver. The accident occurred at the cross junction of Yishun Ave 4, along Yishun Ring Road on 14/08/21 at around 12:40pm. The bumper was cracked and scratched at the left bottom. There was no injury

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: 15/08/2021 15:31
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20210815/7018

involved. Name of driver - SKV1488Z Gan Subin Hp: 83220421. We had initially decided on private settlement however on the following day she has decided to report to the insurance company. This report is meant for insurance purpose. NFA

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: 15/08/2021 15:31
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



		ADDENI	NUC			
) F	PARTICULARS OF PERSON MAKING T	THE AMENDMEN	TS:			
,	Original Report No: SBOH 2186	1000	Vehicle Regi	istration No:_	SME 2136	2
	Name (as shown in NRIC):					
	(*Vehicle Driver/Vehicle Owner) (*) I			8		
	Address:				Singapore	(
	Contact (Tel):					
	Email Address:					
	Date of Accident:			ident:		
	Place of Accident:					
	Insurance Company:					
B)	ADDITIONAL INFORMATION /AMENI	DMENTS:				
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