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 23/09/2021 16:59 (SGT) Date of Accident 22/09/2021 22:50 (SGT) Exact Location of Accident Bali Ln, Singapore Additional Location Information **CARPARK LOT NO 4** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SI R5858Y

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner TOH ZHEN WEI, KENDRICK

NRIC No. SXXXX648H

Email Address kendrickhy@gmail.com Mobile Phone No (Phone) +65-98245940

Alternative Phone No +65-98245940

VEHICLE PARTICULARS

Manufacturer **BMW**

Model M4

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 2979

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.

Type of Coverage Comprehensive

Fleet Policy

Policy Number DMPCSNW00063882100

Cover Note Number

DRIVER

Name of Driver TOH ZHEN WEI, KENDRICK NRIC No. SXXXX648H

Accident report SN09219N0005

Date Of Birth 09/11/1988 Occupation Indoor Date Of Driving Pass 04/09/2009 Driving experience 12 YEARS Gender Male Mobile Number (Phone) +65-98245940 Alt. Phone Number +65-98245940 Email Address kendrickhy@gmail.com Address BLK 676B YISHUN RING RD Address complement #12-1922 Postcode 762676 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 Collided into Parked Vehicle 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 Rochor Neighbourhood Police Centre Police Station Phone No (Phone) +65-18002949999 Alt. Police Station Phone No (Fax) +65-63918583 Police Station Address 11 Kampong Kapor Road Singapore 208678 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE POLICE REPORT:T/20210923/2011 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SI M4741H Vehicle Manufacturer Vehicle Model

Private car

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver	
Contact Number	<u>-</u>
Address	·····
Address complement	
Postcode	
Insurance Company Name	.
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	FBQ4417S
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

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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 withholding of material facts may allow insurance companies to repudiate policy liability.
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- 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)

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 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.

BALI

(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 GA 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 (# driver is not the policyholder) / Date & Time

Personnel

Sketch Plan

VEHICLE A : SLR 5858 4

VEHICLE B! SLM 4741 H.

VEHICLE C : FBQ 4417 Q

REFER	70	POLICE	REPORT	ATTACHED .	
				Al-	
	_				

We declare the foregoing particulars are true in every respect.

Policyholder's Sighature / Date & Time Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel



T/20210923/2011

Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678 Tel No: 1800-2949999 2 of 3 Report No. T/20210923/2011

CONTINUATION OF REPORT

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SLR5858Y	CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.	DMPCSNW000638 82100	25/03/2021	24/03/2022	

Brief Details.

On 22/09/2021 at 1920hrs, I had parked my car (SLR 5858Y) at carpark lot 4 along Bali Lane. At 2250hrs, I had went back to my car to leave the location. I was sitting in my car when suddenly, a Chinese lady went to the rear of my car and kicked the boot of my car. I left my car and had an argument with the Chinese lady when suddenly a black Kia Car (SLM 4741H) attempted to drive out of Bali Lane and made a 3-point turn at the narrow road. When the black Kia car attempted to leave the mid-section of the road, the driver side swiped front left bumper of my car. The driver then left the vehicle and tried to grab hold of the lady whom I had dispute with.

Then, a Chinese guy namely Bock Haw Yi (Hp: 97275567), left from one of the shops and assisted the driver to park the black KIA car. Whilst doing so, Bock Haw Yi accidentally reversed into a motorcycle (FBQ4417S) which was parked nearby my vehicle. He alighted from the Kia Car and took a look at the incident he had caused. Subsequently, the owner of the Black Kia car and the Chinese lady left the scene. I then called for the police to attend to the incident.

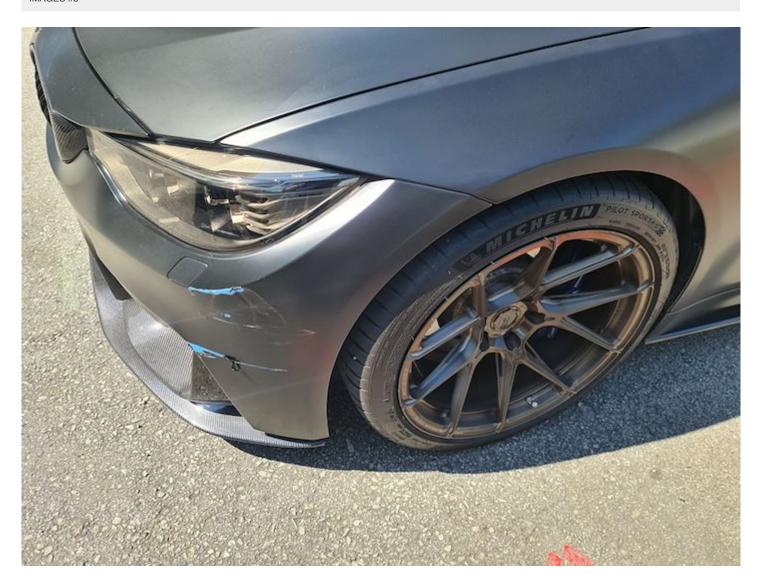
Police had attended to me at the incident location and was told to come down to lodge a police report before reporting for the appointment with IO at TP HQ.



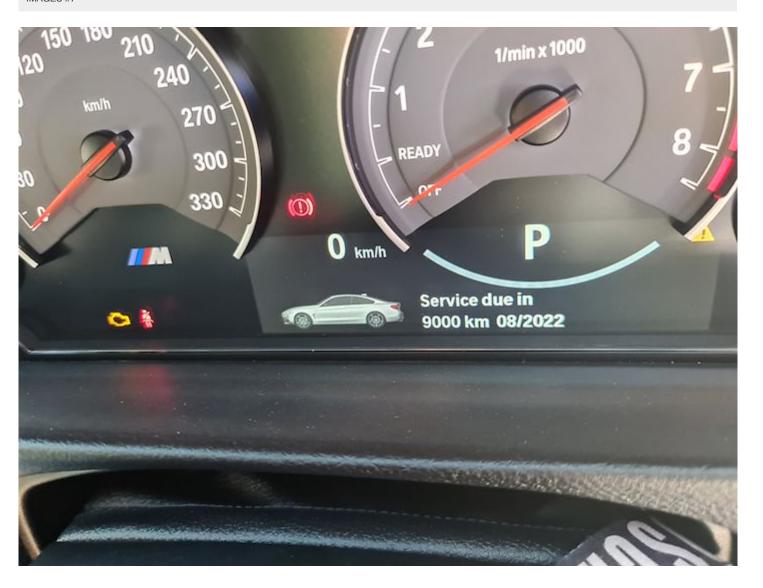


















Police Station Of Origin:

Rochor N.P.C

11 Kampong Kapor Road SINGAPORE

208678

Tel No: 1800-2949999

REPORT OF A TRAFFIC ACCIDENT

l of 3 Report No. T/20210923/2011

	Date/Time Report Made: 23/09/2021 02:55		Vide Report No.: A/20210922/0136	Station Diary No.: 21		
Informa	nt's Partic	ulars				
Name of Informant: TOH ZHEN WEI, KENDRICK			Address: APT BLK 676B YISHUN RING ROAD #12-1922 SINGAPORE 762676			
ID Type / ID No.: NRIC NO / S8844648H			Contact No.: Home/Office:	Mobile: 98245340		
National SINGAP	ity: ORE CITIZ	EN	Email: kendrickHY@gmail.com			
Sex: Age: Date of Birth: Male 32 09/11/1988			Type of Informant: Driver			
Race: Chinese			Language: Institution / School Nan English			
Occupation: SALES			Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:		

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident 22/09/2021 22:50		Type of Location Straight Road	
Location: BALI LANE						
Weather: Clear		Road Surface: Dry			d Speed Limit:	
Traffic Flow: Traffic Control: Two Way Not Controlled					Traffic Volume: Moderate	
Type of Collis	Anyone conveyed by ambulance:					

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBQ4417S	Motorcycle	YAMAHA		Blue	Slightly Damaged	0
SLM4741H	Car	KIA		Black	Šlightly Damaged	1
SLR5858Y	Car	BMW	M4 COUPE COMPETITI ON PKG LED NAV HUD	Blue	Slightly Damaged	1



T/20210923/2011

Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678 Tel No: 1800-2949999 2 of 3 Report No. T/20210923/2011

CONTINUATION OF REPORT

Details of Vehicle Insurance					
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Police had attended to me at the incident location and was told to come down to lodge a police report before reporting for the appointment with IO at TP HQ.





Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678 Tel No: 1800-2949999

3 of 3 Report No. T/20210923/2011

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 A / Sgt 2 ABDUL RAIHAN BIN RAZAK	Signature Of Informant
Signature Of Interpreter: Not applicable	Date/Time: 23/09/2021 02:55
Officer In Charge Of Case: TP / GIT / Sgt 3 MUHAMMAD ZICKIE BIN AHMAD SUYUTI Contact No : 65476904	Classification Of Case:
SINGAPORE POLICE PRICE	