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 20/12/2021 17:42 (SGT) Date of Accident 18/12/2021 17:15 (SGT) Exact Location of Accident Clementi Ave 5, Singapore Additional Location Information CARPARK BETWEEN BLK 345 & BLK 344 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mazda

Vehicle Registration Number SI 72950R

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner SEET PHENG KUE NRIC No. S1622639D Email Address PKSEET@GMAIL.COM Mobile Phone No (Phone) +65-96231054 Alternative Phone No (Office) +65-96231054

VEHICLE PARTICULARS

Manufacturer

Model 6 Variant MAZDA6 SEDAN 2.0 AT EXECUTIVE EU6 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 2000

INSURANCE COMPANY

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited. Type of Coverage Comprehensive Fleet Policy Policy Number P10350525R001 Cover Note Number

DRIVER

Name of Driver SEET PHENG KUE NRIC No. S1622639D

Date Of Birth 01/03/1963 Occupation Indoor Date Of Driving Pass 18/02/2004 Driving experience 17 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-96231054 Alt. Phone Number (Office) +65-96231054 Email Address PKSEET@GMAIL.COM Address 82 STRATHMORE AVE Address complement #02-144 Postcode 141082 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? No 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? 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 PLEASE REFER TO THE SKETCH PLAN & POLICE REPORT T/20211218/7050 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 SH8326R Vehicle Manufacturer Vehicle Model

Taxi

Vehicle Variant
Vehicle Colour
Vehicle Category

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)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer Vehicle Model	SNC412M
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	FBF7730A
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.
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- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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)

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' 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")

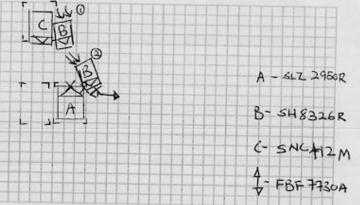
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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

& Time

Personnel 20/12/20210186

Sketch Plan



Please refer to the	police report T/20211218/7050	
Declaration		
We declare the foregoing particul	ars are true in every respect.	
		AUTO
(2)		
- Lucy		
Pricyholder's Signature / Date &	Driver's Signature (If driver is not the policyholder) / D	Date Witnessed by Reporting Centre
lime	& Time	Personnel 20/12/221 @ 1130
		20/12/2021 6 1150



















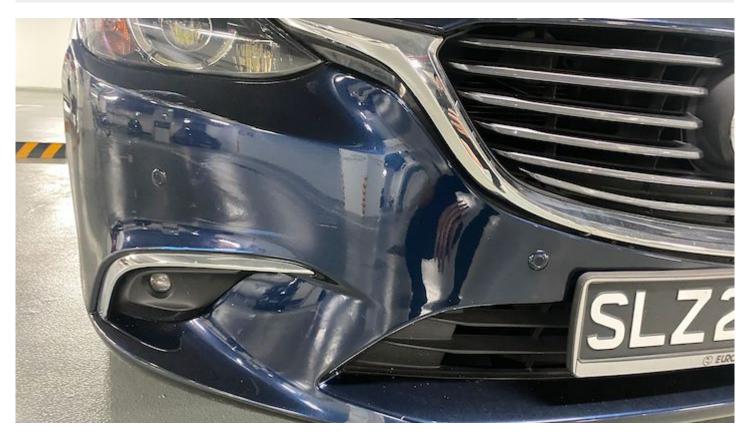


























1 of 4 Report No. T/20211218/7050

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 021 20:35	Made:	Vide Report No.: D/20211218/0106	Station Diary No.:
Informa	nt's Partic	ulars		
	f Informant: HENG KUE		Address: 82 STRATHMORE AVENUE	#02-144 SINGAPORE 141082
	/ ID No.: O / S16226	39D	Contact No.: Home/Office:	Mobile: 96231054
National SINGAP	lity: PORE CITIZ	EN	Email: PKSEET@GMAIL.COM	
Sex: Male	Age: 58	Date of Birth: 01/03/1963	Type of Informant: Vehicle Owner	
Race: Chinese			Language: English	Institution / School Name:
Occupat Managin officer		Chief executive	Driving Licence Information: Class:	Date of Expiry:

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/12/2021 17:15	Type of Location: Car Park
Location:				
CLEMENTI A	VENUE 5			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Weather: Clear Traffic Flow: Two Way				Road Speed Limit: Traffic Volume: Light

Details of V	ehicle Involve	d				
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
FBF7730A	Motorcycle					0
SLZ2950R	Car	MAZDA	6	Blue	Slightly Damaged	1
SNC412M	Car	ТОУОТА	Alphard	Black	Slightly Damaged	0





2 of 4 Report No. T/20211218/7050

CONTINUATION OF REPORT

Details of V	ehicle Insurance		A DESCRIPTION OF THE PERSON OF	
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLZ2950R	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED	P10350525R01	27/04/2021	26/04/2022
Details of P	erson Involved			
Any Pedestri	ian Involved: No			
No of Dodos	striana Injuradi AIII	I lies of Dedoctries O		

Any Dedectries		100000000000000000000000000000000000000	10000000		No.	
Any Pedestrian I No. of Pedestrian			Use of Pe	edestria	n Cross	sing: NA
Vehicle Owner		£ 145 (mg)	230			
Name	RAYSON			ID No		SNC412M
Related Vehicle	SNC412M (Car)			Conta	act No.	90025762
Hospital/Clinic	NIL			Class Drivin Licen Expin	g ce &	Class: NIL Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	f	NIL	
Vehicle Owner	MINISTER WHAT TO	1630-11	STATE OF STREET			
Name	SEET PHENG KUE			ID No		S1622639D
Related Vehicle	NIL			Conta	ct No.	96231054
Hospital/Clinic	NIL			Class Drivin Licen Expir	g ce &	Class: NIL Date of Expiry: NIL
Date	NIL	- 8	Date		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	f	NIL	

Brief Details.

My car is SLZ2950R. Another vehicle involved is SNC412M.

Video footage is from SNC412M, and is handled over to attending TP. Please check video and pictures from Report Number above.

Accident happened in car park between Blk 345 and Blk344, Clementi Avenue 5

Taxi SH8326R is the hit and run vehicle.

The taxi first reversed into car SNC412M and then drove forward and hit my car SLZ2950R and knocked over a motor cycle FBF7730A. The taxi then attempted to reverse park into an empty parking lot and before being fully parked decided to drive off.





3 of 4 Report No. T/20211218/7050

CONTINUATION OF REPORT





4 of 4 Report No. T/20211218/7050

Sketch Plan	
Informant is not able to provide sketch	
mornant is not able to provide sketch	
Signature Of Officer Recording The Beauty	
Signature Of Officer Recording The Report:	Signature Of Informant:
Signature Of Officer Recording The Report: Not applicable	The identity of the person making this round have
Signature Of Officer Recording The Report:	The identity of the person making this report has been authenticated by Singnass, No signature is
Not applicable	The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter:	The identity of the person making this report has been authenticated by Singpass. No signature is required. Date/Time:
Not applicable	The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter:	The identity of the person making this report has been authenticated by Singpass. No signature is required. Date/Time:
Signature Of Interpreter: Not applicable	The identity of the person making this report has been authenticated by Singpass. No signature is required. Date/Time: 18/12/2021 20:35
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Signature Of Interpreter: Not applicable	The identity of the person making this report has been authenticated by Singpass. No signature is required. Date/Time:
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Signature Of Interpreter: Not applicable Officer In Charge Of Case:	The identity of the person making this report has been authenticated by Singpass. No signature is required. Date/Time: 18/12/2021 20:35
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