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 21/01/2022 10:53 (SGT) Date of Accident 21/01/2022 06:43 (SGT) Exact Location of Accident Airport Blvd., Singapore Changi Airport (SIN), Singapore Additional Location Information T3 CARPARK Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMG7464H

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **QUAH ENG HUA** NRIC No. SXXXX952I Email Address jasminesgh@hotmail.com Mobile Phone No (Phone) +65-97538575 Alternative Phone No +65-97538575

VEHICLE PARTICULARS

Manufacturer Toyota Model Wish 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 1987

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Policy Number D20MPC0000812_02 Cover Note Number

DRIVER

Name of Driver **QUAH ENG HUA** NRIC No. SXXXX952I

Date Of Birth 05/08/1967 Occupation Outdoor Date Of Driving Pass 12/07/1990 Driving experience 31 YEARS AND 6 MONTHS Gender Female Mobile Number (Phone) +65-97538575 Alt. Phone Number +65-97538575 Email Address jasminesqh@hotmail.com Address BLK 31 TELOK BLANGAH RISE #03-342 Address complement Postcode 090031 Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Nο 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? Nο 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 Bukit Merah West Neighbourhood Police Centre Police Station Phone No (Phone) +65-18003779999 Alt. Police Station Phone No (Fax) +65-63773923 Police Station Address 500 Bukit Merah View #01-01 Singapore 159682 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON THE 21-01-2022 AT ABOUT 06:43HRS I WAS AT CAR PARK LOT T3 STATIONARY, WAITING TO FETCH MY DAUGHTER AT THE T3 ARRIVAL HALL SUDDENLY I FELT AND IMPACT. A CAR SLP2745U BUMP AGAINST MY LEFT FRONT OF MY CAR, IT WAS A RENTAL CAR, WE CAME DOWN AND EXCHANGE PARTICULAR AND MOVE ON. PLEASE REFER TO POLICE REPORT NO: T/20220126/2015 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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLP2745U
Vehicle Manufacturer BMW

Was there any audio recorded?

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	HUNNEWELL STEPHEN JAMES
Passport No/FIN	5XXXX7758
Contact Number	(Phone) +1-2029416745
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

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- Any false reporting may be referred to the Police for investigation.
- 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)

l 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 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

& Time

Sketch Plan

13 CHONG MRDDET

) / Date Witnessed by Reporting Centre Personnel

A) SMG 7464 H B) SLP 27454

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nolder's Signature / D	Note P	Debrario Cianatura /W debrar is not the national day's Des	With a said by Day 11 and 1
	rate o	Driver's Signature (If driver is not the policyholder) / Date	Witnessed by Reporting Centre
loiders signature / L		& Time	Personnel



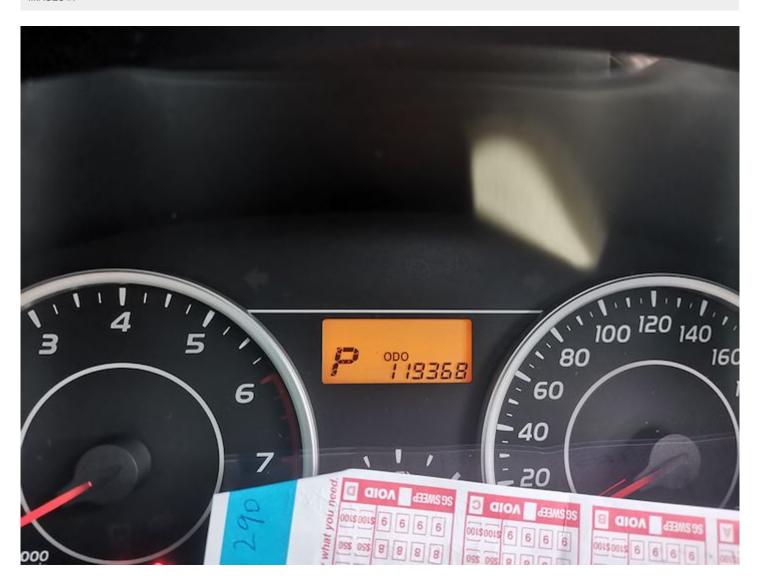






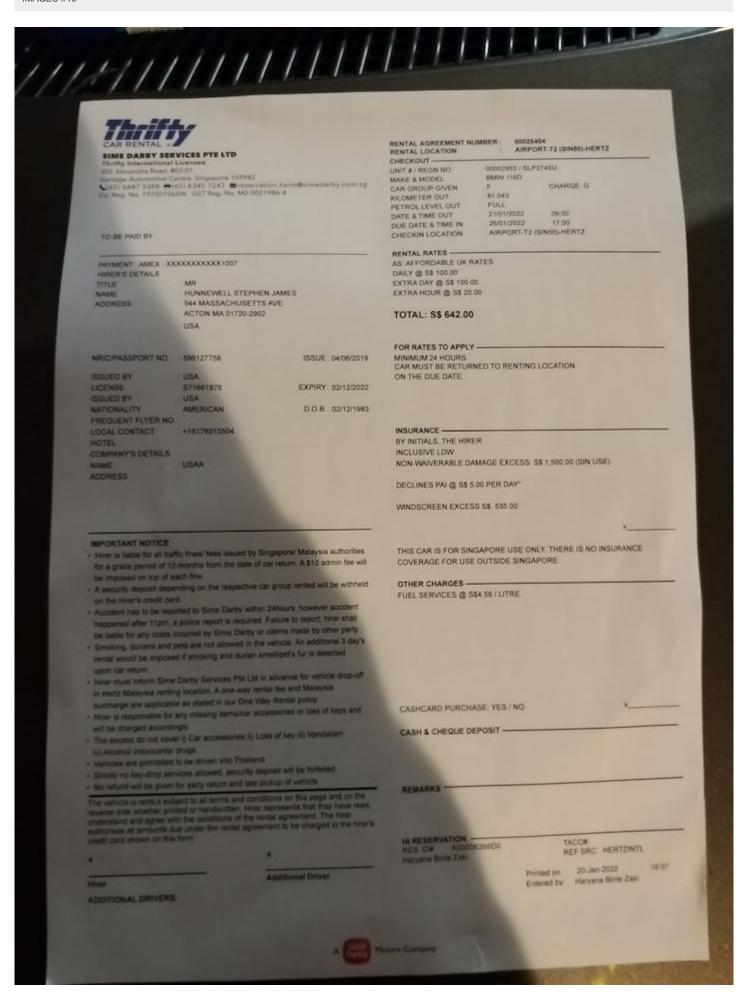


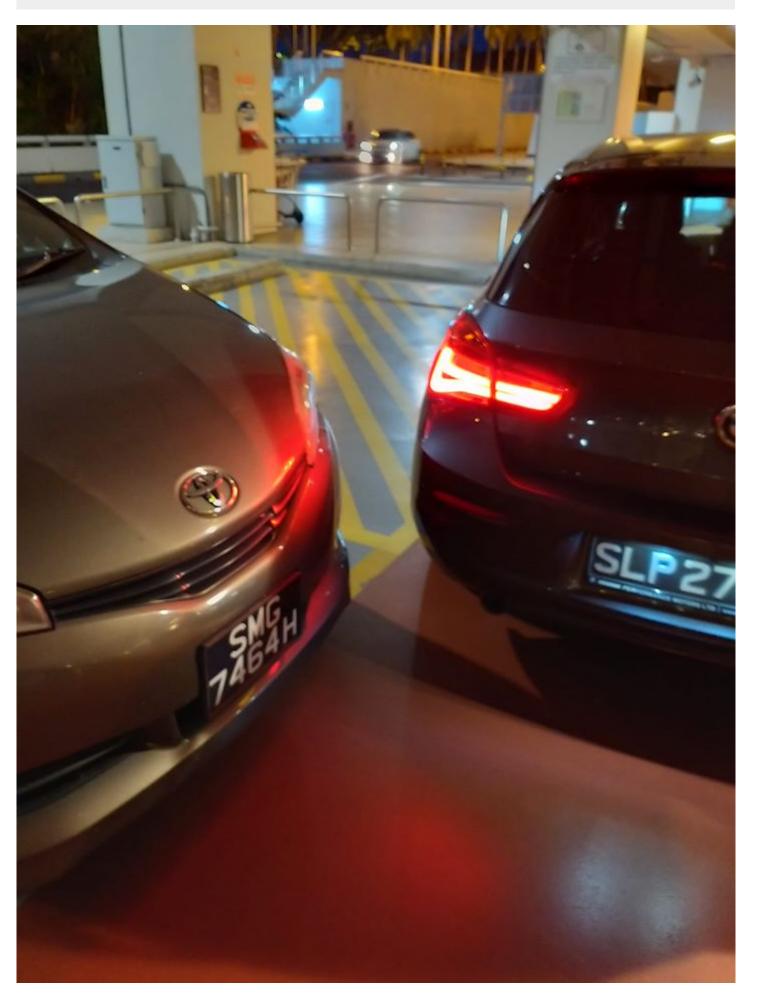




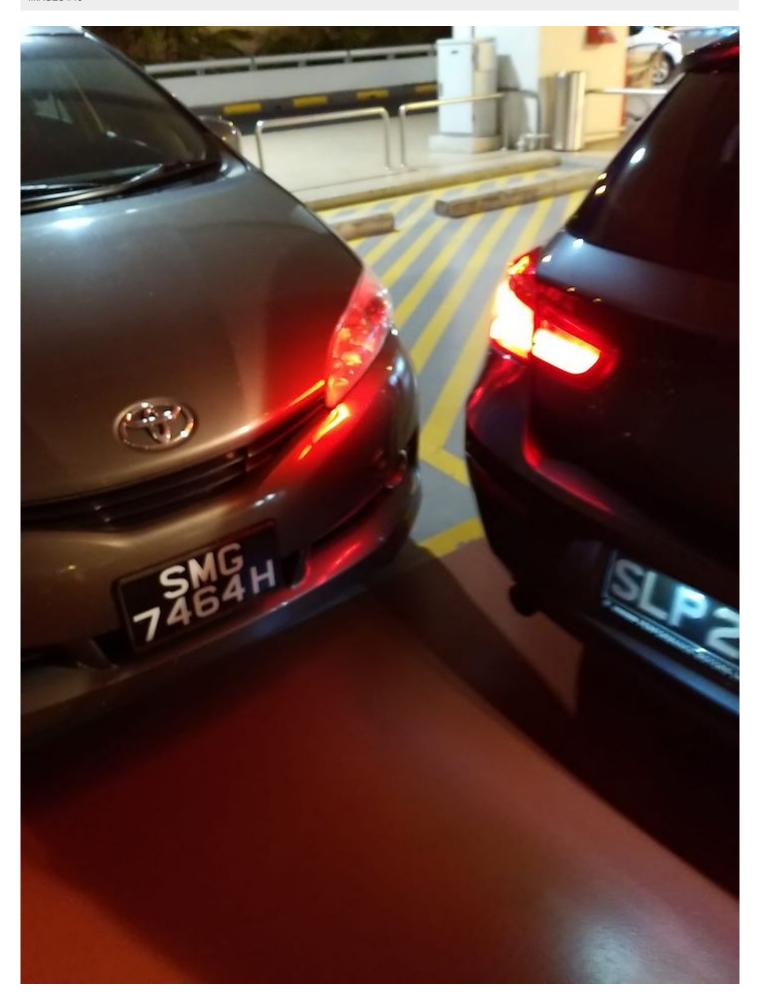


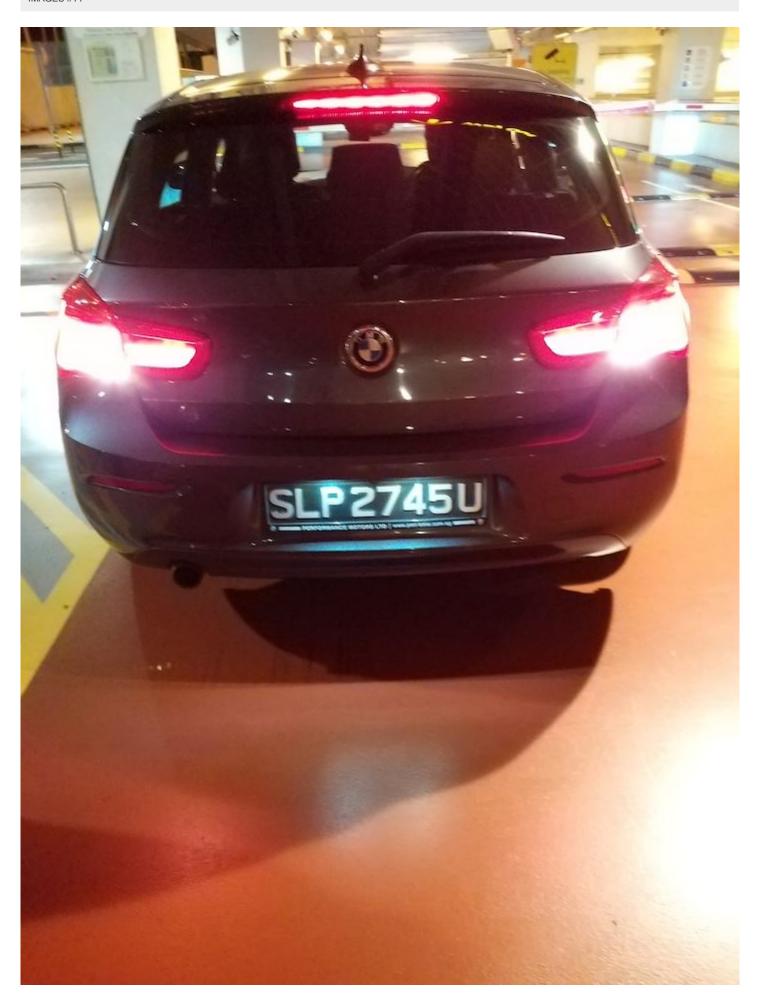














1 of 4 Report No. T/20220126/2015



Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682

Tel No: 1800-3779999

REPORT OF A TRAFFIC ACCIDENT

Station Diary No.: Date/Time Report Made: Vide Report No.:

26/01/2022 10:41				19	
Informan	t's Partic	ulars			
Name of Informant: QUAH ENG HUA			Address: APT BLK 31 TELOK BLANGAH RISE #03-342 SINGAPORE 090031		
ID Type / NRIC NO		521	Contact No.: Home/Office: Mobile: 97538575		
Nationality		EN.	Email:		
Sex: Female	Age: 54	Date of Birth: 05/08/1967	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: UNEMPLOYED		Driving Licence Inform Class: 3,4	nation: Date of Expiry:		

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 21/01/2022 06:0	Type of Location Car Park	
Location: AIRPORT BO Weather: Clear	DULEVARD	Road Surface: Dry		Road Speed Limit:	
		Traffic Control:		Traffic Volume: Light	
Traffic Flow: One Way		Not Controlled			

Details of Vo	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLP2745U	Car	BMW		Grey		0
SMG7464H	Car	ТОУОТА	WISH 2.0 AUTO	Brown	Slightly Damaged	0

Details of Ve	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMG7464H	INDIA INTERNATIONAL INSURANCE PTE LTD	D20MPC0000812_ 02	21/01/2022	11/01/2023





T/20220126/2015

Police Station Of Origin: Bukit Merah West N.P.C. 500 Bukit Merah View #01-01 SINGAPORE

Tel No: 1800-3779999

Report No. T/20220126/2015

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CONTINUATION OF REPORT

Details of Perso	n Involved	M B d B		200	525	
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Peo	destriar	Cross	sing: NA
Driver						
Name	QUAH ENG HUA			ID No		S1802952I
Related Vehicle	NIL			Conta	ct No.	97538575
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Disch	narge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	
Driver						
Name	STEPHEN JAMES H	HUNNEWEL	L	ID No		596127758
Related Vehicle	NIL			Conta	ct No.	NIL
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	NIL Date Dis			NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

On the 21st Jan 2022, at about 6:40am, I arrived at Changi Airport Terminal 3 Carpark and parked my car bearing plate number SMG7464H (V1) near to the exit carpark gantry. I waited for my daughter inside the car, While waiting for my daughter, I saw a Grey BMW car passed by in front of V1, as it was travelling towards the carpark gantry. The BMW car did not manage to pass the gantry as it did not detect any cashcard in the IU, thus the BMW car reverse and it's left side hit onto the front part of V1. After hitting my car, the BMW car moved forward. As I was afraid that the car might hit and run, I went out of my car and approached the driver. I knock on his windscreen to signal him to stop but the car reverse and hit my car again. The BMW car then came to a stop and the driver then went out of the vehicle. The driver who is a male Caucasian subject asked me what was wrong, and I told him that he had hit my car. He also said that he is a foreigner and does not know what to do when involved in an accident. He said that the car that he was driving is a rental car from THRIFTY CAR RENTAL, SIME DARBY SERVICES PTE LTD. He provided me with his particulars(Passport) and driving license from the United States of America (USA). I manage to get the vehicle number which was SLP2745U and also the photographs of the damages on my car. There were only scratches on the front bumper. The driver then told me that he will be staying at Fullerton during his stay in Singapore.

On that same day I also reported to IDAC for the accident report and got in contact with the car rental company associates. The car rental company told me to follow-up with a police report as they will also claim via insurance and charge the driver with the insurance excess. I wish to state that I am not injured from the accident. There was no other injured party as well.



T/20220128/2015

Report No. T/20220126/2015

3 of 4

Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682 Tel No: 1800-3779999

CONTINUATION OF REPORT





Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682 Tel No: 1800-3779999 4 of 4 Report No. T/20220126/2015

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 D / Sgt 3 MUHAMMAD HAIQAL BIN AZMAN	Signature Of Informant:
	Signature Of Interpreter: Not applicable	Date/Time: 26/91/2022 10:41
¥	Officer In Charge Of Case: TP / GIA / DSP (2) YIP YEW SENG NELSON Contact No.: 65476182	Classification Of Case:
	Authentication Stamp NP168	
	SINGAPORE - SN 4	-5

SIGNATURE



IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

		ADDENDUM	
) PARTICULA	RS OF PERSON MAKING THE	AMENDMENTS:	g#1
Original Rep	ort No: <u>SX092216000</u>	O / Vehicle Registration	on No: SMG 7464H
Name (as sh	OWN IN NRICH EUG	HUA_NRIC/FIN/Passpo	HNO: 3XXXX 9527
	iver/Vehiçle Owner) (*) Pleas		10.10.1 <u>57.10</u> 7 7
			Singapore ()
		Mobile No.:	
	ss:		
			57.30
		Time of Accident:	
) T3 CARPARIC	
Insurance Co	ompany:		
) ADDITIONAL	L INFORMATION /AMENDMEN	rs:	
		ned accident and would like to inc	lude additional information or
	lowing amendments:	ned decident and would like to inc	nuce additional information of
POINY	NUMBER DOMPO	C00008/2-02	
+000/	anning C	900000772-172	
V <u> </u>			
			/
		nu	15/m/200
Policyholder	/ Driver's Signature	Reporting Cent	re Personnel's Signature
Date:	retus and emiliferation for the substitution of	Name: NRIC/FIN No.: Date:	Rolli Worton.
GIARMC Addendum I	Form		