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 08/03/2022 10:24 (SGT) Date of Accident 05/03/2022 14:10 (SGT) Exact Location of Accident Singapore Additional Location Information VIVOCITY CARPARK EXIT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNB325L

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner CRYSTAL SEAFOOD PTE LTD Company Reg No 2XXXXX621D **Email Address** c-weisheng@hotmail.com Mobile Phone No (Phone) +65-82137777 Alternative Phone No +65-82137777

VEHICLE PARTICULARS

Manufacturer Porsche Model Cayenne 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 3598

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMPCSNW00103602100 Cover Note Number

DRIVER

Name of Driver SUN WEI NRIC No. SXXXX216B Date Of Birth 12/02/1983 Occupation Indoor Date Of Driving Pass 30/05/2013 Driving experience 8 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-82137777 Alt. Phone Number Email Address c-weisheng@hotmail.com Address 207 RIVER VALLEY RD Address complement #08-62 Postcode 238275 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? 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 Side Swipe 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? Yes Was any injured conveyed to hospital by ambulance? No 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 PASSENGER 1 Name WANG YAHUI Gender Female PASSENGER 2 Name **SUN XIJIN** Gender Male PASSENGER 3 Name SUN XIAOEN Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Clementi Division Headquarters Police Station Phone No (Phone) +65-18007740000 Alt. Police Station Phone No (Fax) +65-67741705 Police Station Address 20 Clementi Avenue 5 Singapore 129858 Was notice of intended Prosecution given?

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:D/20220306/7011

If yes, against whom?

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 **SLK5575A** 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)

INJURED PERSONS DETAILS

14/4410 3/411111

INJURED 1

Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn?	SUN WEI Male SORENESS OVER MY NECK,BACK AND RIGHT WRIST SNB325L Yes
Were seat belts worn? Was this injured conveyed to hospital by ambulance?	Yes No

INJURED 2

Name of injured person

Name of injured person	WANG YAHUI
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	MUSCLES ACHES
Injured person in which vehicle?	SNB325L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SUN XIJIN Male
-
-
-
-
-
MUSCLES ACHES SLK5575A
Yes
-

INJURED 4

Name of injured person	SUN XIAOEN
Gender	Male
Phone No	_
Address	_
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	MUSCLES ACHES
Injured person in which vehicle?	SNB325L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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.
- 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 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 & Time Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

VIVOCITY CARPARK EXIT

VEH A SNB 325L VEHB SLK-5575A

REFER	TO POLICE	REPORT :	0/2000306/7011	
			7 - 2 - 2 - 2 - 0 / 7 - 11	
			The state of the s	
	701777272			
aration				
eclare the fo	regoing particulars	are true in every r	espect.	
NEOO!			\wedge	
- (10 Rep W	17		1	
A (50 88359)	10/5/ 4	. =	1	P -1 1
The	20/			shym 08/03/22
	iture / Date &		(If driver is not the policyholder) / Date	Witnessed by Reporting Centre





POLICE REPORT (NP299)

Police Station Of Origin Clementi Division HQ 20 Clementi Avenue 5 SINGAPORE 129858 Tel No:1800-7740000 Report No. D/20220306/7011

Date/Time Report Made 06/03/2022 12:15	Vide Re	port No.		Station Diary No.
Name Of Informant SUN WEI	Address 207 RIVER VALLEY ROAD #08-62 SINGAPORE 238275			
ID Type / ID No. NRIC NO / S8369216B	Contact No. Home/Office: Mobile: 82137777			
Nationality CHINESE	Email Address GOV.WILLIAMSUNWEI@GMAIL.COM			
Occupation	Sex	Age	Date of Birth	Race
Director	Male	39	12/02/1983	Chinese
Institution/School Name	Language English			
Date/Time Of Incident 05/03/2022 14:10	Location Of Incident SENTOSA GATEWAY			
Brief details.			9/4/30	

On the stated date and time, I was driving my vehicle SNB325L exiting Vivo City via Sentosa Gateway.

My wife Wang Yahui and 2 sons Sun Yijing and Sun Xiaoen were on board my vehicle as passengers and all four of us were belted.

I was on the left of 2 lanes of the carpark exit. SLK5575A was on the right of 2 lanes also waiting to exit the carpark.

Signature Of Informant:
The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 06/03/2022 12:15
Classification Of Case:





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20220306/7011

After making sure that there were no more oncoming traffic along Sentosa Gateway, I proceeded to make a left turn onto the the left-most lane of Sentosa Gateway.

When I had just started making said left turn, a huge impact hit my vehicle's rear, resulting in my vehicle jerking forwards.

I alighted to realise that the front left portion SLK5575A had hit onto the rear right portion of my vehicle as the driver had made too sharp a turn.

I believe that the accident was caused by the driver of SLK5575A looking to the right for oncoming traffic when he accelerated without checking in front.

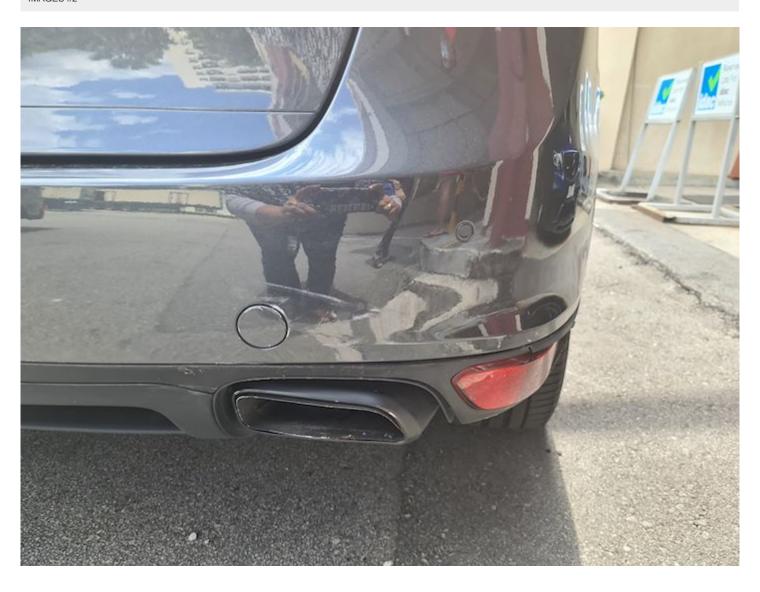
The next morning, my wife and kids complained of muscle aches when they woke up.

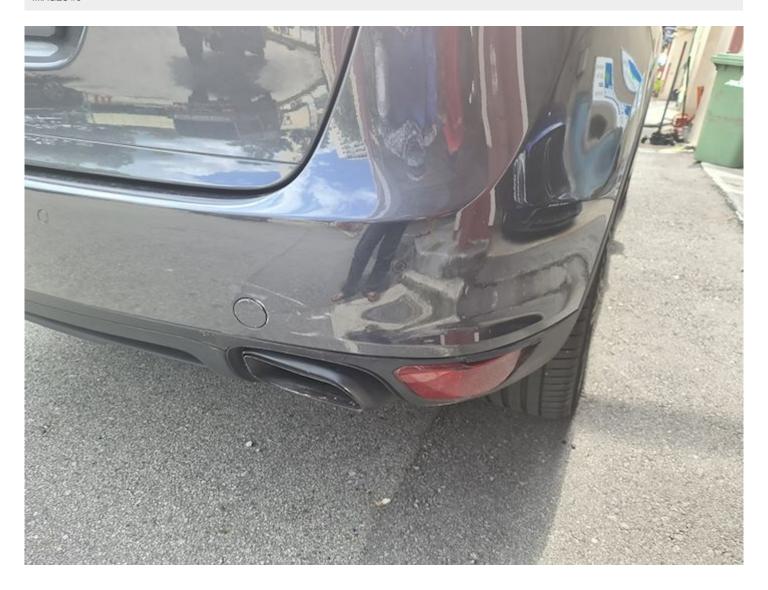
I too felt soreness over my neck, back and right wrist areas.

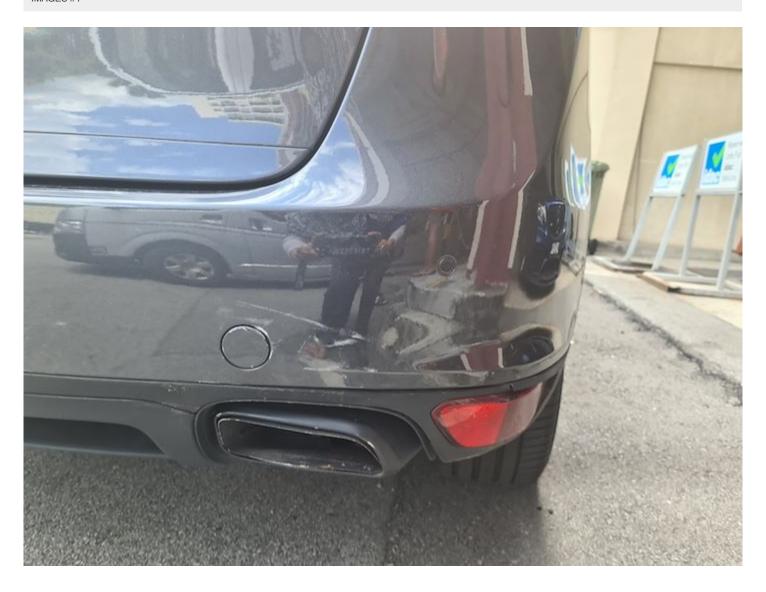
Hence, we proceeded to Internedical Potong Pasir for treatment and were given 3 days MC each.

Not applicable	The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 06/03/2022 12:15
Officer In-Charge Of Case:	Classification Of Case:

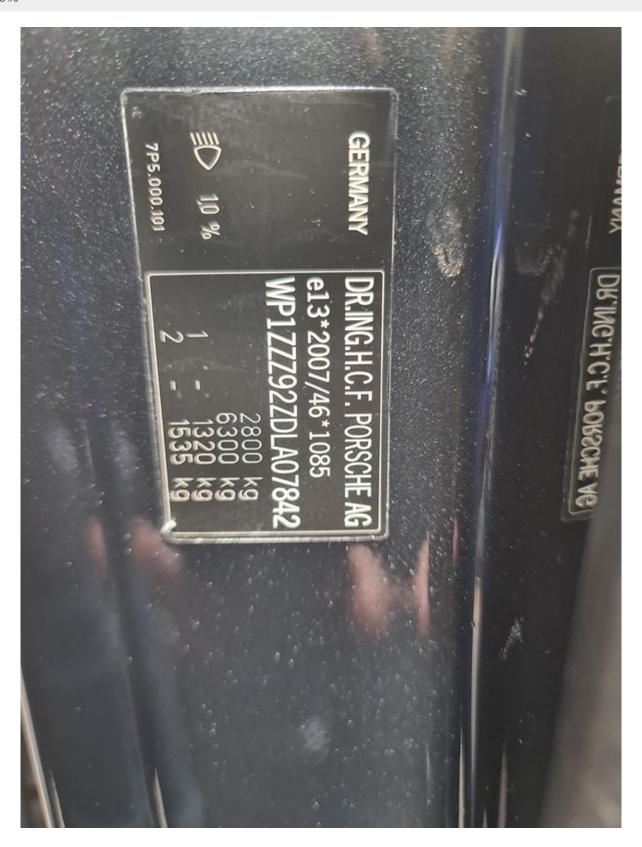




















Report No. D/20220306/7011

POLICE REPORT (NP299)

Police Station Of Origin Clementi Division HQ 20 Clementi Avenue 5 SINGAPORE 129858 Tel No:1800-7740000

Date/Time Report Made 06/03/2022 12:15	Vide Re	port No.		Station Diary No.
Name Of Informant	Address			
SUN WEI	207 RIVER VALLEY ROAD #08-62 SINGAPORE 238275			
ID Type / ID No. NRIC NO / S8369216B	Contact No. Home/Office: Mobile: 82137777			
Nationality CHINESE	Email Address GOV.WILLIAMSUNWEI@GMAIL.COM			
Occupation	Sex	Age	Date of Birth	Race
Director	Male	39	12/02/1983	Chinese
Institution/School Name	Language English			
Date/Time Of Incident 05/03/2022 14:10	Location Of Incident SENTOSA GATEWAY			
Brief details.		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2.5-07	

On the stated date and time, I was driving my vehicle SNB325L exiting Vivo City via Sentosa Gateway.

My wife Wang Yahui and 2 sons Sun Yijing and Sun Xiaoen were on board my vehicle as passengers and all four of us were belted.

I was on the left of 2 lanes of the carpark exit. SLK5575A was on the right of 2 lanes also waiting to exit the carpark.

Signature Of Informant:
The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 06/03/2022 12:15
Classification Of Case:





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20220306/7011

After making sure that there were no more oncoming traffic along Sentosa Gateway, I proceeded to make a left turn onto the the left-most lane of Sentosa Gateway.

When I had just started making said left turn, a huge impact hit my vehicle's rear, resulting in my vehicle jerking forwards.

I alighted to realise that the front left portion SLK5575A had hit onto the rear right portion of my vehicle as the driver had made too sharp a turn.

I believe that the accident was caused by the driver of SLK5575A looking to the right for oncoming traffic when he accelerated without checking in front.

The next morning, my wife and kids complained of muscle aches when they woke up.

I too felt soreness over my neck, back and right wrist areas.

Hence, we proceeded to Internedical Potong Pasir for treatment and were given 3 days MC each.

Not applicable	The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 06/03/2022 12:15
Officer In-Charge Of Case:	Classification Of Case: