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 21/03/2022 17:13 (SGT) Date of Accident 18/03/2022 22:45 (SGT) Exact Location of Accident Bali Ln, Singapore Additional Location Information INFRONT OF PITA BAKERY Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Nissan

Vehicle Registration Number GBK9292H

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner **B EIGHTY-8** Company Reg No 5XXXX038W Email Address wwweekiat@gmail.com Mobile Phone No (Phone) +65-82221881 Alternative Phone No +65-82221881

VEHICLE PARTICULARS

Manufacturer

Model Nv200 Variant Exact purpose for which vehicle was being used at time of **Employment** accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Commercial vehicle Transmission Auto CC 2754

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Nο Policy Number 7210156739 Cover Note Number

DRIVER

Name of Driver LEE WEE KIAT NRIC No. SXXXX982C

Date Of Birth 02/07/1993 Occupation Outdoor Date Of Driving Pass 27/07/2016 Driving experience 5 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-82221881 Alt. Phone Number Email Address wwweekiat@gmail.com Address BLK 670 CHOA CHU KANG CRESCENT #04-519 Address complement Postcode 680670 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured **OWNER** 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? 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 PLEASE REFER TO POLICE REPORT /20220319/2077 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number GBH9810D Vehicle Manufacturer Vehicle Model Vehicle Variant

Commercial vehicle

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)				_

SKETCH PLAN

IMPORTANT NOTICE

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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 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.
- 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 &

Signature (If driver is not the policyholder) / Date & Time

Sketch Plan

Balilane infront of PITA Bakery

Shep

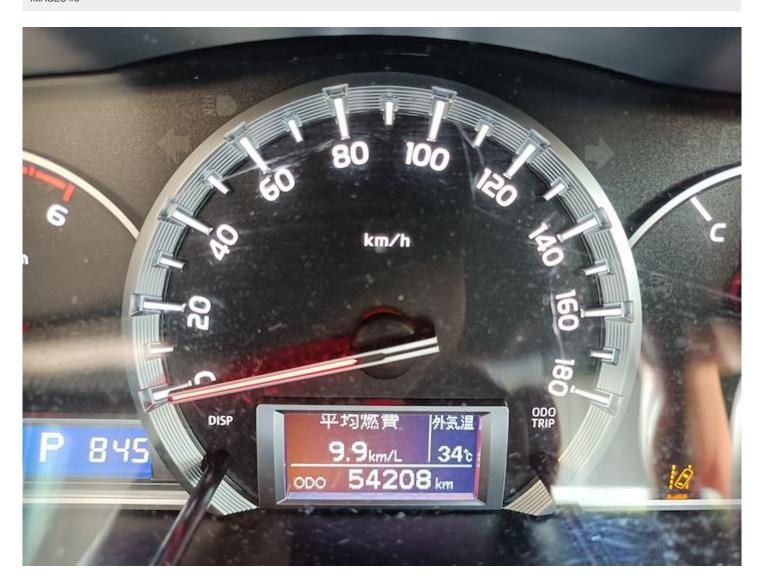
Witnessed by Reporting Centre Personnel

> Vehicle A: GBK 929H Vehicles: GIEH 98100

Refer	to Police Repor	No: T/2020319/2077	
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	12		
laration			
declare the	foregoing particul	rs are true in every respect.	
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1			/ / /
AAn		-NA	2/ 21/02/2
44		Driver's Signature (If driver is not the policyholder) /	Date Winessed by Reporting Centre
	gnature / Date &	Donor to Characters of the date of the and the audient heldest I	Date Washington Contra



















Police Station Of Origin: Rochor N.P.C

11 Kampong Kapor Road SINGAPORE

208678

Tel No: 1800-2949999

SELF EMPLUTED

Report No. T/20220319/2077

REPORT	OF A	TRAFF	IC.	ACCID	ENT
Date/Ti	me F	Report	M	ade:	

	ne Report M 22 21:36	lade:	Vide Report No.: A/20220318/0152		Station Diary No. 156
Informa	nt's Particu	ılars	3 3 42 1-1 1- 25 1-1		
Name of LEE WE	Informant: E KIAT		Address: APT BLK 670 CHOA CHU KAI SINGAPORE 680670	NG CRESC	ENT #04-519
	/ ID No.: D / S932598	32C	Contact No.: Home/Office:	Mobile: 8	2221881
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 28	Date of Birth: 02/07/1993	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupa SELF E	tion:		Driving Licence Information:	2011-012	

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/03/2022 22:4	Type of Location Straight Road
Location: BALI LANE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Two Way				Anyone conveyed by

Details of Vo.	1	Make	Model	Color	Condition	No of Passenger
GBH9810D		Marco	10.000	Orange		1
GBK9292H	Van	NISSAN	NV350	White	Slightly	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Report No. T/20220319/2077

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

CONTINUATION OF REPORT

Driver				
Name	LEE WEE KIAT		ID No.	S9325982C
Related Vehicle	GBK9292H (Van)		Contact No.	82221881
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Disc	the second second second second	
No. of Days gran	ted Medical Leave NIL		f Injury Nil	

Brief Details.

On 18/03/2022, at about 2200hrs, I arrived at Ball Lane, and parked my vehicle (GBK 9292 H) along the Bali Lane (Opposite 27 Bali Lane) to deliver some goods.

On the same day, at about 2245hrs, I heard a commotion from the direction which I parked my vehicle, and there are people surrounding the area. I later found out that one delivery van drove and hit onto the front right side of my vehicle. I was later informed by a witness that one Orange 'Shopee Express' Delivery Van (GBH 9810 D) hit onto the front right side of my vehicle, and did not stop. The witness mentioned that he tried to ask the driver to stop, and alight, however, the driver of the Orange ignored him and fled the scene.

I later make a check on my vehicle, and discovered that there is a dent and multiple scratches at the front right side of the bumper. I later also noticed that the 2nd front right fog-light from the top is damaged.

There are many witness at the location, and I called for the Police. Traffic Police arrived and advised me to lodge Traffic Accident Report regarding this matter.

Also to add-on, I have obtained the In-Car footage of my vehicle.



Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678 Tel No: 1800-2949999 T/20220319/2077

3 of

Report No. T/20220319/2077

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.

CONTINUATION OF REPORT

Signature of Officer Recording The Report: A / SGT 2 TAN ZHI KAI, BRANDAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 19/03/2022 21:36
Officer In Charge Of Case: TP / GIT / STAFF SGT SYED MUHAMMAD ISA BIN OMAR ALHABSHEE Contact No.: 65476214	Classification Of Case;
NP168	