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.

 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 07/04/2022 18:15 (SGT) Date of Accident 06/04/2022 10:25 (SGT) Exact Location of Accident Singapore Additional Location Information ANG MO KIO INDUSTRIAL PARK 2 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SBZ1606K

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LAU ZHI WEI NRIC No. SXXXX817D Email Address PUDGE.ZW@HOTMAIL.SG

Mobile Phone No (Phone) +65-96217860 Alternative Phone No (Home) +65-96217860

VEHICLE PARTICULARS

Manufacturer **BMW** Model 316i 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 1600

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage ThirdPartyFireTheft

Fleet Policy

Policy Number 5120817071

Cover Note Number

DRIVER

Name of Driver LAU ZHI WEI NRIC No. SXXXX817D

Date Of Birth 24/12/1991 Occupation Indoor Date Of Driving Pass 29/06/2011 Driving experience 10 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-96217860 Alt. Phone Number (Home) +65-96217860 Email Address PUDGE.ZW@HOTMAIL.SG Address 467 ANG MO KIO AVENUE 10 #05-1004 Address complement Postcode 560467 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 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 REFER TO ATTACHED 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 GBB9874B Vehicle Manufacturer Vehicle Model

Commercial vehicle

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)	_

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 <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>.
- 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
- 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 (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers law years/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' lawyers/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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

A YILIN

Policyfiolder's Signature / Date & Time Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

SBZ 1606k.

(B) GBB 9874B

TA

BIK 5036 AMK Ind. Park 2

Refer.	to polac report no 7/20220406/	7036
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clare the foregoing particu	ars are true in every respect.	
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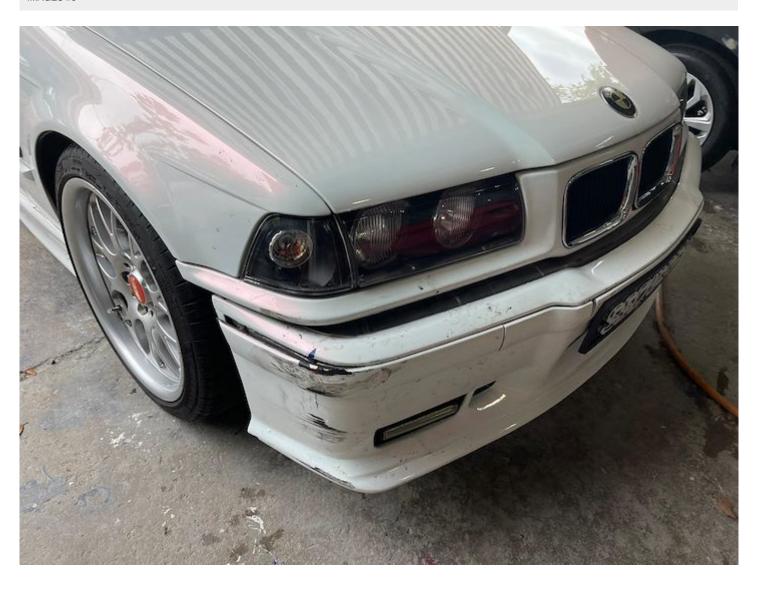
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date & Time





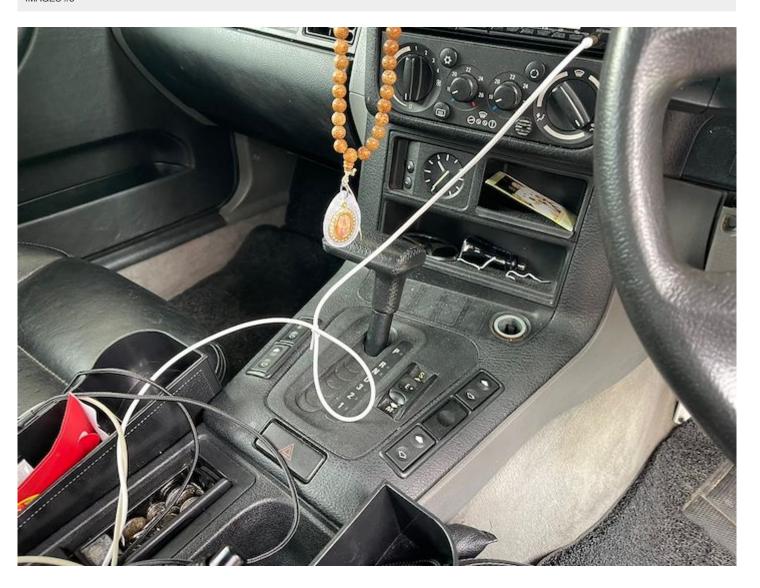


















Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20220406/7036

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/04/2022 18:57		/lade:	Vide Report No.:	Station Diary No.:	
Informar	t's Partic	ulars	***		
Name of Informant: LAU ZHI WEI			Address: 467 ANG MO KIO AVENUE 10 #05-1004 SINGAPORE 56046		
ID Type / ID No.: NRIC NO / S9146817D		17D	Contact No.: Home/Office:	Mobile: 96217860	
Nationalit SINGAPO	y: ORE CITIZ	EN .	Email: PUDGE.ZW@HOTMAIL.SG		
Sex: Age: Date of Birth: Male 30 24/12/1991		TO STATE OF THE PARTY OF THE PA	Type of Informant: Vehicle Owner		
Race: Chinese		•	Language: English	Institution / School Name:	
Occupation: SELF EMPLOYED			Driving Licence Information: Class: Date of Expiry:		

General Infor	mation of the Accident			20 mg 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 06/04/2022 10:25	Type of Location: Car Park	
ANG MO KIC) INDUSTRIAL PARK 2	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
GBB9874B	Van	NISSAN	URVAN			0
SBZ1606K	Car	BMW	316i	White	Seriously Damaged	1 - 1 - 1 - 1





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20220406/7036

CONTINUATION OF REPORT

Any Pedestrian II	nvolved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Vehicle Owner				
Name	LAU ZHI WEI		ID No.	S9146817D
Related Vehicle	NIL		Contact No.	96217860
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL	
No. of Days gran	ted Medical Leave NIL	Degree of	NIL	

Brief Details.

Videos/Photos of collision and culprit both have. 5036 Coffeeshop

My car was parked and was being damaged while parked.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20220406/7036

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 06/04/2022 18:57
Officer In Charge Of Case: TP / TPIB / SUFIYAN BIN KHAIRI Contact No.: 65476390	Classification Of Case:

NP168