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 13/04/2022 10:37 (SGT) Date of Accident 10/04/2022 15:00 (SGT) Exact Location of Accident Singapore Additional Location Information PREMISES AT NSRCC SEA SPORT CENTRE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMP9997B

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner KONG KIN CHAU NRIC No. SXXXX583J Email Address matthewkong@msn.com Mobile Phone No (Phone) +65-90210006 Alternative Phone No +65-90210006

VEHICLE PARTICULARS

Manufacturer

Toyota Model Noah 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 1800

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Policy Number SI21V13662/VPC/R02 Cover Note Number

DRIVER

Name of Driver KONG KIN CHAU NRIC No. SXXXX583J

Date Of Birth 07/09/1979 Occupation Indoor Date Of Driving Pass 19/02/2016 Driving experience 6 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-90210006 Alt. Phone Number +65-90210006 Email Address matthewkong@msn.com Address 91 TAMPINES AVE 1 Address complement #10-40 Postcode 528690 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 PLS REFER TO THE POLICE REPORT:T/20220412/7021 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 WORKSHOP Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number **SLG8322P**

Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour

| Private car |
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SKETCH PLAN

IMPORTANT NOTICE

- 1. Rease report correctly the details of the accident to speed up the claims process.
- 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.
- 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)

Lunderstand, 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 Sig Time Sketch Plan | nature / | Date & | Driver's & Time | Signature (#dri | | | | Witnessed by F Personnel | 13/04/22 Reporting Centre |
|---|----------|--------|--------------------|-----------------|---|------|-----|-----------------------------|------------------------------|
| | \top | _ | \top | | | | | | |
| + | + | + | + | | | | | | |
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| note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under y |

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



T/20220412/7021

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20220412/7021

CONTINUATION OF REPORT

| Driver | | | | | Have Been and the State of the |
|------------------|-------------------|-----|-----------|--|---|
| Name | KONG KIN CHAU | | | ID No. | S7989583J |
| Related Vehicle | SMP9997B (Car) | | | Contact N | No. 90210006 |
| Hospital/Clinic | NIL | | | Class of Driving Licence 8 Expiry | Class: NIL Date of Expiry: NIL |
| Date | NIL | | Date | NI | L |
| No. of Days gran | ted Medical Leave | NIL | Degree of | NI | L |

Brief Details.

On 10/04/2022 (Date) at about 1000 hours, I parked my vehicle stationary at the premises of NSRCC Sea Sport Center and everything was intact.

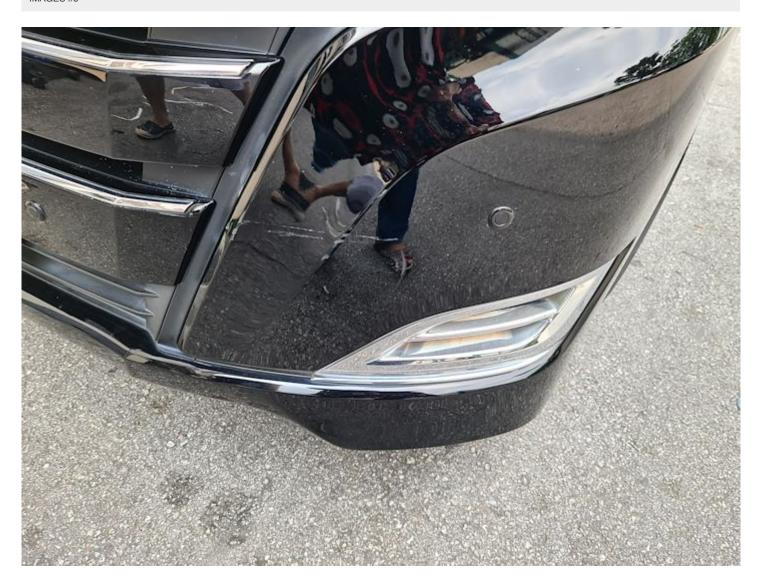
However, when I returned to my vehicle on 1600hours, I realized that the front portion of my vehicle (A) was damaged. Therefore, I viewed my CCTV Footage and found out that it was vehicle (B) who hit onto my vehicle while doing a quick reverse. I wish to state that this is a hit and run incident. Nobody is inside the vehicle.

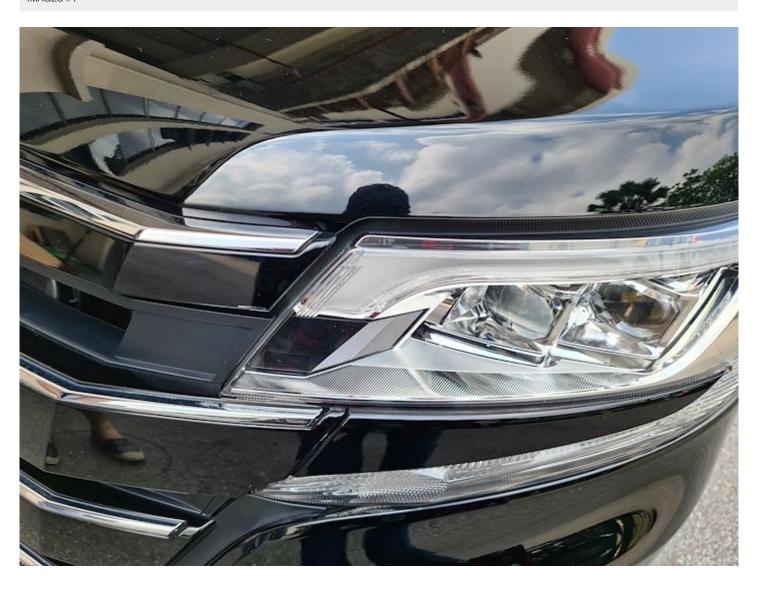
Vehicles involving in this situation:

- (A) SMP9997B
- (B) SLG8322P

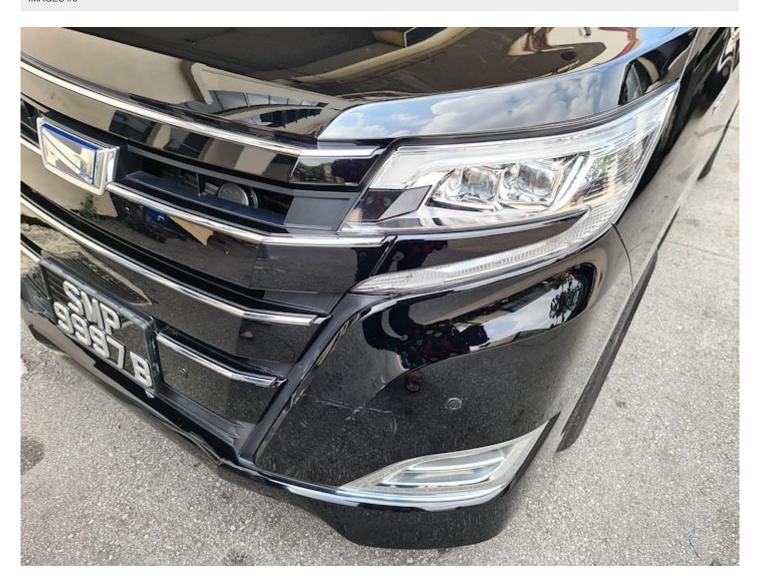




















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20220412/7021

REPORT OF A TRAFFIC ACCIDENT

| Date/Time Report Made: 12/04/2022 14:30 | | | Vide Report No.: | Station Diary No. | | |
|--|-------------------------|-------|--|----------------------------|--|--|
| Informa | nt's Partice | ulars | | | | |
| Name of Informant: | | | Address: | | | |
| KONG KIN CHAU | | | 91 TAMPINES AVENUE 1 #10-40 SINGAPORE 528690 | | | |
| ID Type NRIC NO | / ID No.: D / S79895 | B3J | Contact No.: Home/Office: | Mobile: 90210006 | | |
| Nationality: | | | Email: | | | |
| SINGAPORE CITIZEN | | | MATTHEWKONG@MSN.COM | | | |
| Sex: Age: Date of Birth: | | | Type of Informant: | | | |
| Male 42 07/09/1979 | | | Driver | | | |
| Race: Chinese | | | Language: English | Institution / School Name: | | |
| Occupation: | | | Driving Licence Inform | nation: | | |
| banker | | | Class: | Date of Expiry: | | |

| General Infor | mation of the Accide | nt | | | |
|--------------------------------|------------------------------|------------------|---|------------------------------|--|
| Type of Accident: | Hit and Run Drive: Accident: | | Date/Time of Accident: 10/04/2022 15:00 | Type of Location Car Park | |
| Location: NSRCC SEA | SPORT CENTER | | | | |
| | | | | | |
| Weather: | | Road Surface: | | Road Speed Limit: | |
| Clear | | Dry | | | |
| Traffic Flow: Traffic Control: | | | | Traffic Volume: | |
| Traille Flow. | | Traffic Control: | | Traffic Volume: | |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------|------|-------|-------|----------|-------|
| Vehicle No. | Туре | Make | Model | Color | Conditio | No of |
| SLG8322P | Car | | | | | 0 |
| SMP9997B | Car | | | | | 0 |

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



T/20220412/7021

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20220412/7021

CONTINUATION OF REPORT

| Driver | | Mary Sales | | | | | |
|------------------|-------------------|------------|-----------|--|-----------------------------------|-----------|--------------|
| Name | KONG KIN CHAU | | | ID No. | S7989583J | | |
| Related Vehicle | SMP9997B (Car) | | | SMP9997B (Car) | | Contact N | lo. 90210006 |
| Hospital/Clinic | NIL | | | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL | | |
| Date | NIL | | Date | NI | L | | |
| No. of Days gran | ted Medical Leave | NIL | Degree of | NI | L | | |

Brief Details.

On 10/04/2022 (Date) at about 1000 hours, I parked my vehicle stationary at the premises of NSRCC Sea Sport Center and everything was intact.

However, when I returned to my vehicle on 1600hours, I realized that the front portion of my vehicle (A) was damaged. Therefore, I viewed my CCTV Footage and found out that it was vehicle (B) who hit onto my vehicle while doing a quick reverse. I wish to state that this is a hit and run incident. Nobody is inside the vehicle.

Vehicles involving in this situation:

- (A) SMP9997B
- (B) SLG8322P





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20220412/7021

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: 12/04/2022 14:30 |
| Officer In Charge Of Case: TP / TPIB / STEPHANIE, CHEUNG TSZ YING Contact No.: 96208032 | Classification Of Case: |

NP168