

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 withholding 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 22/04/2022 17:01 (SGT)
Date of Accident 20/04/2022 04:00 (SGT)
Exact Location of Accident Orchard Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGZ6152K

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner 9 MOTORING LLP
Company Reg No TXXXXX567K
Email Address zoomautowerks@gmail.com
Mobile Phone No (Phone) +65-80400369
Alternative Phone No +65-80400369

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Colt
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 Manual
CC 1468

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage ThirdParty
Fleet Policy No
Policy Number DMPCSNW00253522100
Cover Note Number -

DRIVER

Name of Driver LEE KWONG HONG
NRIC No SXXXX230E

| | |
|--|-------------------------|
| Date Of Birth | 21/07/1991 |
| Occupation | Indoor |
| Date Of Driving Pass | 15/02/2012 |
| Driving experience | 10 YEARS AND 2 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-80400369 |
| Alt. Phone Number | - |
| Email Address | zoomautowerks@gmail.com |
| Address | BLK 131 JLN BUKIT MERAH |
| Address complement | #09-1585 |
| Postcode | 160131 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Hirer |
| 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 | 3 |
| Was anybody injured in the Accident? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 0 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

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? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20220421/7006

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 | SFS6060R |
| 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) | - |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|---|-------------|
| Vehicle Registration Number | SCJ1111T |
| 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) | - |

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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)

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 firms/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 firms/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 firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

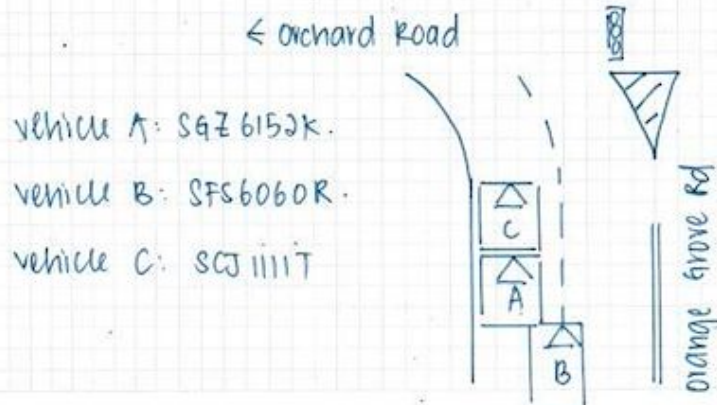
[Signature]

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

[Signature] 22/04/22

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

- Refer to Police Report - T/20220421/7006

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



**SINGAPORE
POLICE FORCE**



T/20220421/7006

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20220421/7006

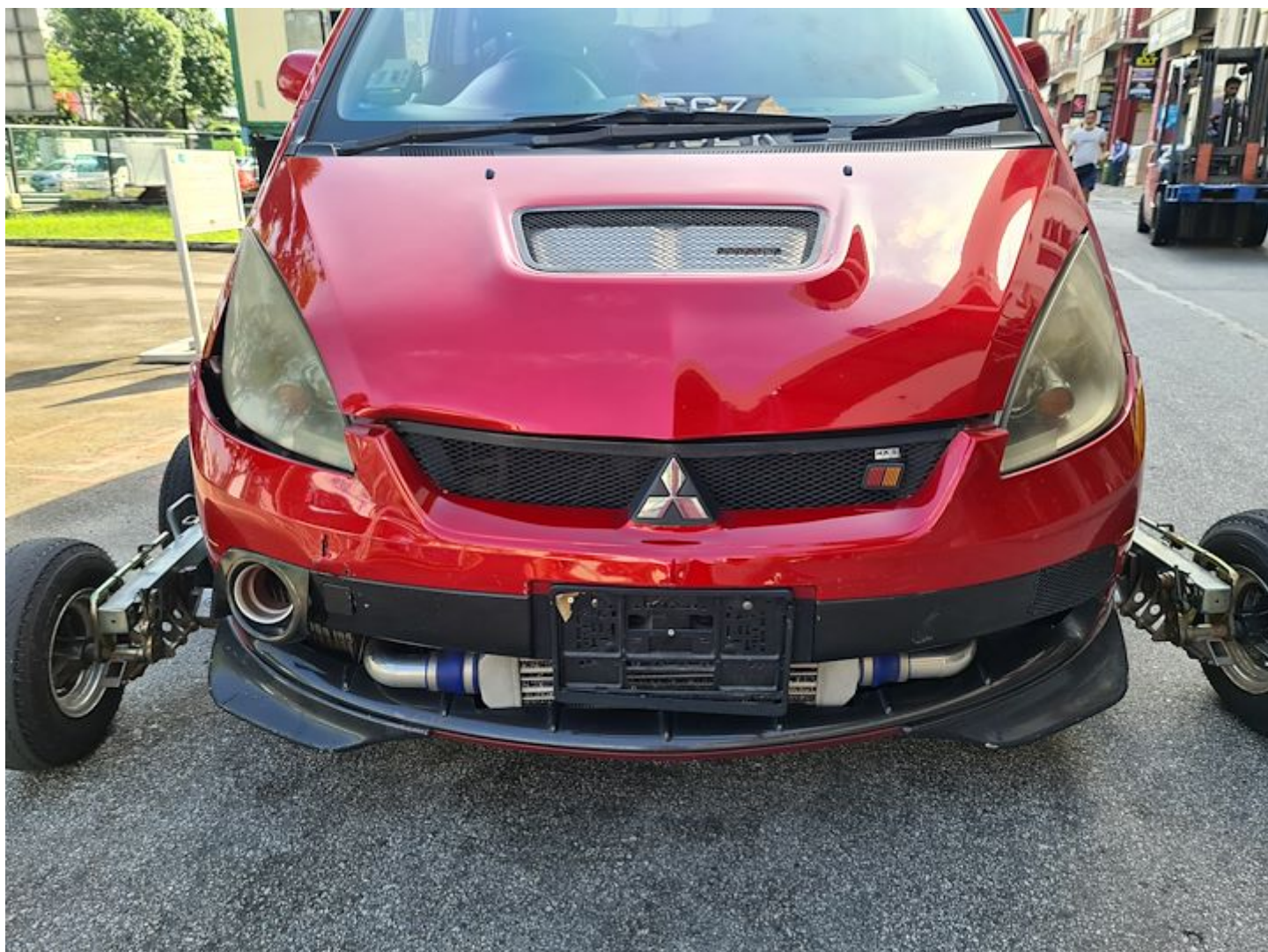
CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|----------------|-----------------------------------|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Vehicle Owner | | | |
| Name | LEE KWONG HONG | ID No. | S9128230E |
| Related Vehicle | NIL | Contact No. | 80400369 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | NIL | Date | NIL |
| No. of Days granted Medical Leave | NIL | Degree of | NIL |

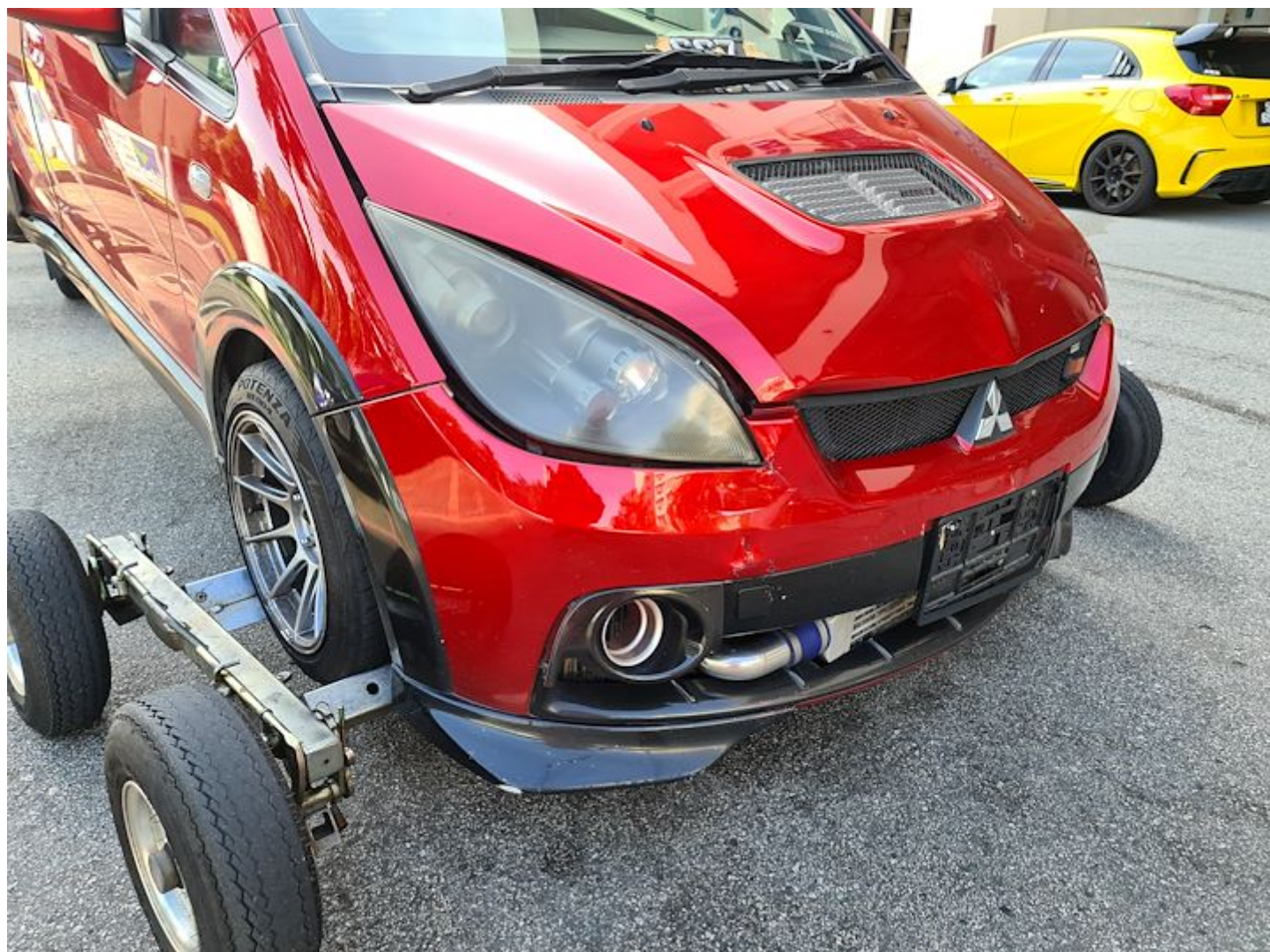
Brief Details:

My car Sgz6152k was park outside aura as I am waiting for valet. And this guy driving sfs6060r just went straight and rear ended my car from the right side rear.



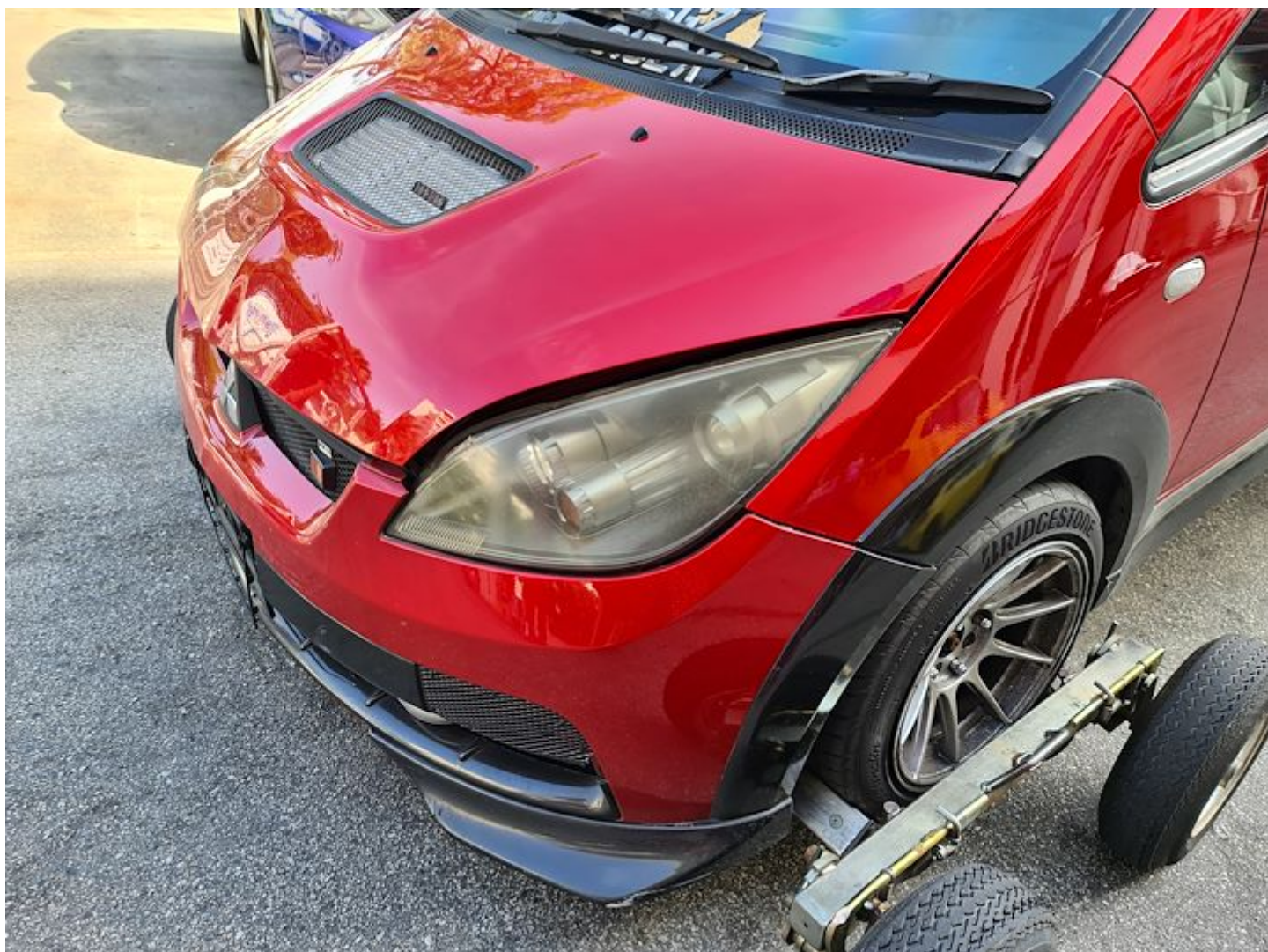








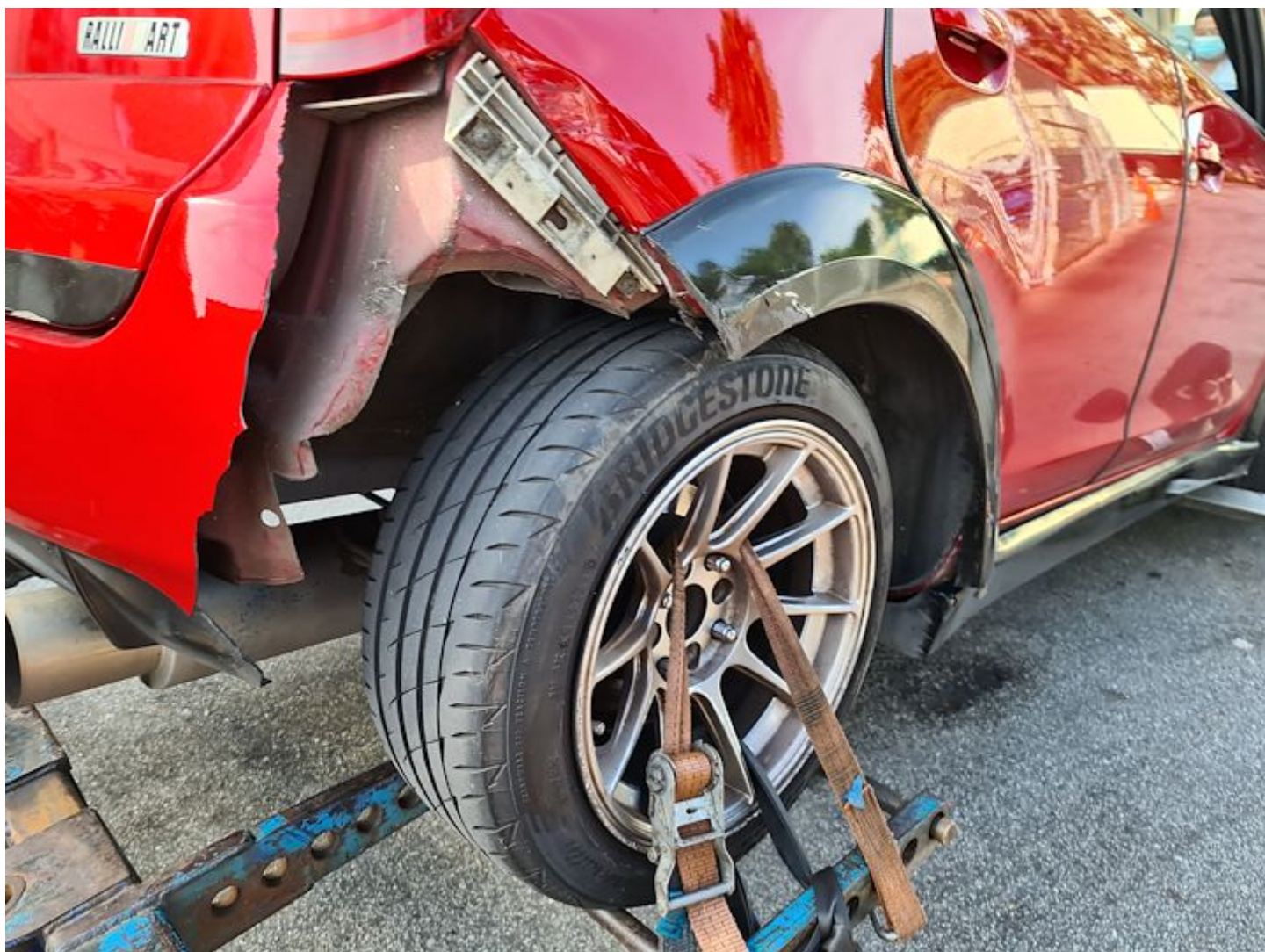










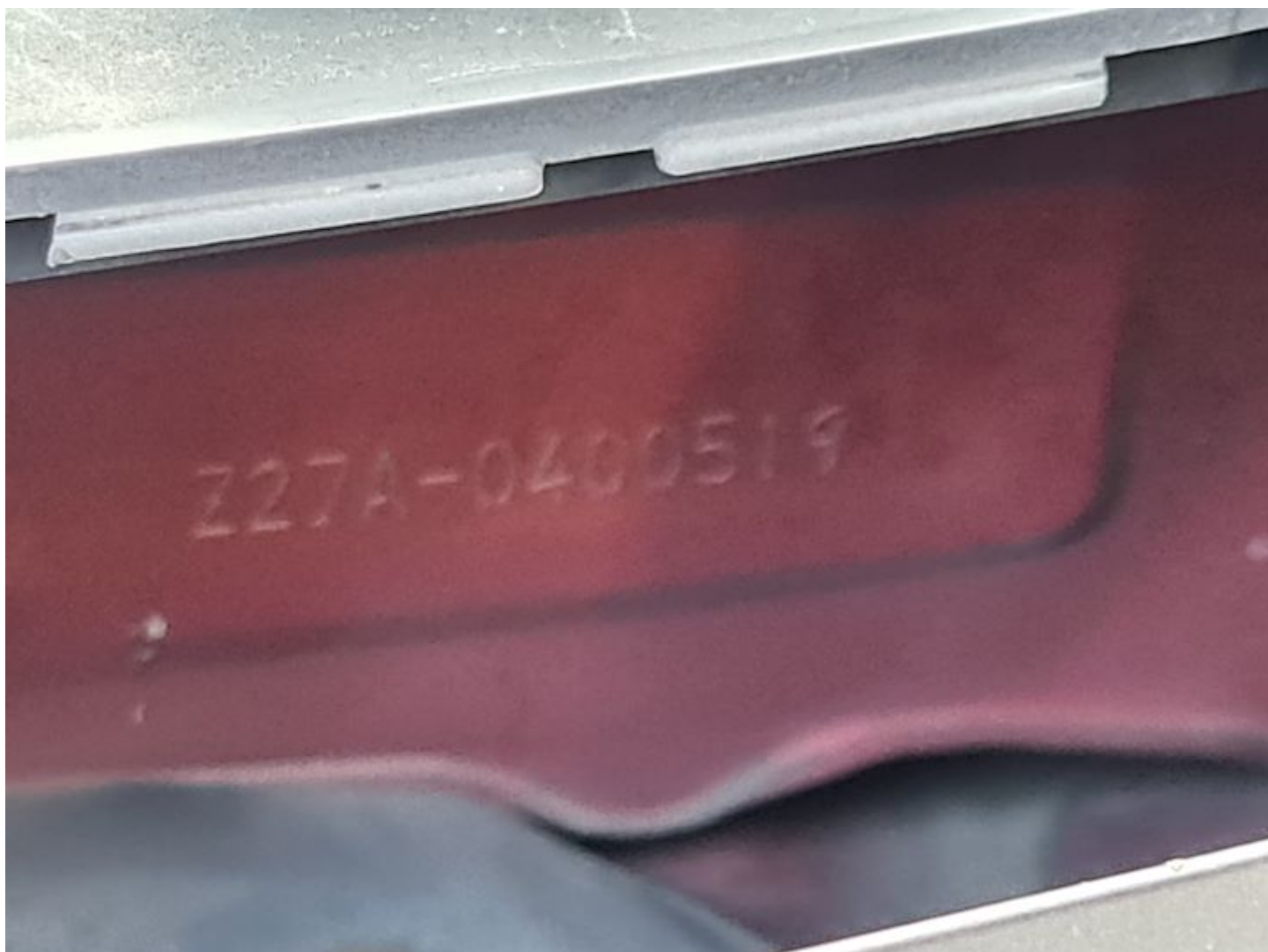














**SINGAPORE
POLICE FORCE**



T/20220421/7006

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20220421/7006

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------------------------|--------------------|
| Date/Time Report Made: 21/04/2022 02:43 | Vide Report No.: E/20220420/0027 | Station Diary No.: |
|--|-------------------------------------|--------------------|

Informant's Particulars

| | | |
|--|---|---|
| Name of Informant: LEE KWONG HONG | Address: 131 JALAN BUKIT MERAH #09-1585 SINGAPORE 160131 | |
| ID Type / ID No.: NRIC NO / S9128230E | Contact No.: Home/Office: | Mobile: 80400369 |
| Nationality: SINGAPORE CITIZEN | Email: Bzai91@hotmail.com | |
| Sex: Male | Age: 30 | Date of Birth: 21/07/1991 |
| Race: Chinese | Language: English | Institution / School Name: |
| Occupation: Personal driver | Type of Informant: Vehicle Owner | Driving Licence Information: Class: Date of Expiry: |

General Information of the Accident

| | | | |
|--|------------------------------------|--|-------------------------------------|
| Type of Accident: Non-Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 20/04/2022 04:00 | Type of Location: Straight Road |
| Location: ORCHARD ROAD | | | |
| Weather: Clear | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: Two Way | Traffic Control: Not Controlled | Traffic Volume: No Traffic | |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of |
|-------------|------|-------------|-------|-------|-------------------|-------|
| SGZ6152K | Car | MINISUBISHI | Colt | Red | Seriously Damaged | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|---|-----------------|------------|-------------|
| SGZ6152K | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. | M02122021000425 | 02/12/2021 | 08/11/2022 |



**SINGAPORE
POLICE FORCE**



T/20220421/7006

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20220421/7006

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|----------------|-----------------------------------|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Vehicle Owner | | | |
| Name | LEE KWONG HONG | ID No. | S9128230E |
| Related Vehicle | NIL | Contact No. | 80400369 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | NIL | Date | NIL |
| No. of Days granted Medical Leave | NIL | Degree of | NIL |

Brief Details:

My car Sgz6152k was park outside aura as I am waiting for valet. And this guy driving sfs6060r just went straight and rear ended my car from the right side rear.



**SINGAPORE
POLICE FORCE**



T/20220421/7006

3 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20220421/7006

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476246

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
21/04/2022 02:43

Classification Of Case: