SN08228N0006 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 23/08/2022 17:37 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (23/08/2022 17:37 (SGT))

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 Actual 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 23/08/2022 17:37 (SGT) Reported by Date of Accident 01/06/2022 00:05 (SGT) Exact Location of Accident 21 Woodlands Crossing, Singapore 738203 Additional Location Information WOODLANDS CHECKPOINT Country/State of Loss Singapore **DETAILS OF OWN VEHICLE** Vehicle Registration Number SMX3755E INSURED/POLICYHOLDER Is company? No Name Of Registered Owner LEE CHANG JOON NRIC No SXXXX923A Fmail Address citizenpower555@gmail.com Mobile Phone No (Phone) +65-81337575 Alternative Phone No VEHICLE PARTICULARS Manufacturer Mercedes Model S300I 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 No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 2997 **INSURANCE COMPANY** Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.

DMPCSNW00083872200

DRIVER

Name of Driver LEE CHANG JOON NRIC No SXXXX923A Date Of Birth 15/06/1963 Occupation Indoor

Policy Number / Cover Note Number

Date Of Driving Pass 25/08/1983 Driving experience 38 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-81337575 Alt. Phone Number Email Address citizenpower555@gmail.com Address BLK 239 BUKIT PANJANG RING ROAD #06-107 Address complement Postcode 670239 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 Collision - Head to Rear 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? No 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? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Woodlands Division Headquarters Police Station Phone No (Phone) +65-18004660000 Police Station Address 1 Woodlands St 12 Singapore 738622 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT L/20220601/7072 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model	SGH2745X Honda Civic
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)	
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SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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 issurance 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 es ablished 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)

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 GA 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.

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Policyholder's Signature / D Time	Date & Driver's Signature (I & Time	f driver is not the policyhol	der) / Date Witnessed b Personnel	y Reporting Centre
Sketch Plan	31 MORDUNE	s clossimy	(WTOOLANIO (HECKIND)
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older's Signature / Dat	- 2 - 5	river's Signature	(1) 1-1			Witnessed by Reporting Centre























1 of 2

Report No. L/20220601/7072

POLICE REPORT (NP299)

Police Station Of Origin Woodlands Division HQ 1 Woodlands Street 12 SINGAPORE 738622 Tel No:1800-4660000

Date/Time Report Made 01/06/2022 23:07	Vide Rep	ort No.		Station Diary No.
Name Of Informant SOON GEOK LIAN	Address 152 SERANGOON NORTH AVENUE SINGAPORE 550152		1 #03-336	
ID Type / ID No. NRIC NO / S7113759G	Contact No. Home/Office:		Mobile: 81337575	
Nationality SINGAPORE CITIZEN	Email Address bernardnsb@gmail.com		.com	
Occupation	Sex	Age	Date of Birth	Race
Management consultant	Female	51	18/04/1971	Chinese
Institution/School Name	Language English			
Date/Time Of Incident 01/06/2022 00:00 - 01/06/2022 00:05	Location Of Incident 21 WOODLANDS CROSSING WOODLANDS CHECKPOINT SINGAPORE 738203			

Brief details.

I, Lee Chang Joon of NRIC S1595923A was returning to Singapore from JB while waiting at Woodlands Checkpoint my car stopped and waited for about 3 mins in the queue and there was no other car behind my car. Suddenly, a car banged into my car from behind and the back of my car was dented. I got down from my car to check the damage and the driver also came out from his car and apologised to me. He then asked me to claim his insurance for the repair. I'm making this report for the purpose of claiming his insurance. His car model iss Honda Civic insured under Aviva, Certificate No.: 11106689, Vehicle No.:

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: 01/06/2022 23:07 Classification Of Case:	
Officer In-Charge Of Case:		





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20220601/7072

SGH2745X. My car model is Mercedes S300L, Car Plate No.: SMX3755E. No one was hurt in this incident.

Suspect				
Person Name	Mok Chak Cheng			
Gender	Male	Race	Chinese	
Language	Chinese	Mobile No	92349171	
Victim				
Person Name	Lee Chamg Joon			
ID Type	NRIC NO	ID No	S1595923A	
Gender	Male	Age	59	
Race	Chinese	Language	Chinese	
Occupation	Management consultant	Address	239 Bukit Panjang Ring Road #06-107 SINGAPORE 670239	

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: 01/06/2022 23:07		
Officer In-Charge Of Case:	Classification Of Case:		