SA18227U0002 / Abwin Service Pte Ltd ENTRY DATE & TIME: 01/08/2022 11:01 (SGT) SUBMITTED BY: Gerine Cheng VERSION: 1 (01/08/2022 11:01 (SGT))



# **SINGAPORE ACCIDENT STATEMENT**

#### IMPORTANT NOTICE

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

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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

01/08/2022 11:01 (SGT) Both 29/07/2022 22:00 (SGT) 1 Thong Soon Rd, Singapore 787274

Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SLM1631L

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** Mobile Phone No Alternative Phone No

No LEE GEK ANG SXXXX706A BLUEDCLEE@GMAIL.COM (Phone) +65-96327871

VEHICLE PARTICULARS

Manufacturer Model Variant

Honda Vezel

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission CC

Private hire

No - Claiming third party Private hire Auto 1496

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number NTUC Income Insurance Co-operative Ltd 5095490079-04

Name of Driver NRIC No Date Of Birth Occupation

LEE GEK ANG SXXXX706A 02/07/1970 Outdoor

Date Of Driving Pass 27/02/1997 Driving experience 25 YEARS AND 5 MONTHS Gender Male Mobile Number (Phone) +65-96327871 Alt Phone Number **Email Address** BLUEDCLEE@GMAIL.COM Address 14A LOR 7 TOA PAYOH Address complement 25-229 Postcode 311014 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 Hit and run / Vandalism / Damaged whilst parked Weather Conditions Raining Road Surface Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 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) No soliciting/offering accident claims assistance? 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? Kim Keat Neighbourhood Police Post Police Station Name Police Station Phone No. (Phone) +65-18002529999 (Fax) +65-63554311 Alt. Police Station Phone No Blk 231 Lorong 8 Toa Payoh #01-186 Singapore 310231 Police Station Address Was notice of intended Prosecution given? No If yes, against whom?

#### CIRCUMSTANCES OF ACCIDENT

#### PLEASE REFER TO SKETCH PLAN ATTACHED

#### ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident Yes Yes

FILE TOO BIG, WITH OWNER

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number Vehicle Manufacturer Vehicle Model

SLX111U



Vehicle Variant	-
Vehicle Colour	
Vehicle Category	Private ca
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 Actual 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 Traffic Police Department for investigation.
- This seport will be forwarded by the insurers to 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)

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' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of

(ii) 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

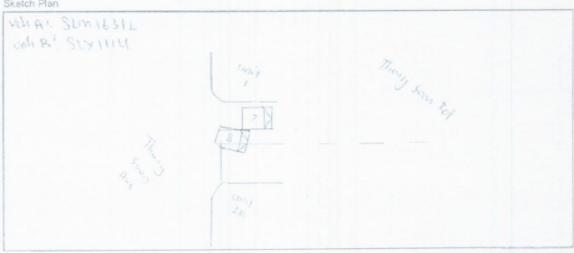
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholoer's Signature / Date & Time

Dever's Signature of driver is not the policyholder) / Date

Sketch Plan





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Police Station Of Origin: Kim Keat NPP 231 Lorong 8 Toa Payoh #01-186 SINGAPORE 310231 Tel No. 1800-2529999



1013 Report No. T/20220730/2035

## REPORT OF A TRAFFIC ACCIDENT

Date/Tin 30/07/20	ne Report N 22 12:22	Made:	Vide Report No.:	Station Diary No.:
Informa	nt's Partic	ulars		
Name of LEE GE	Informant: K ANG		Address: APT BLK 14A LORONG 7 TO 311014	DA PAYOH #25-229 SINGAPORE
NRIC N	/ ID No.: D / S70227	06A	Contact No.: Home/Office:	Mobile: 96327871
National SINGAP	ity: ORE CITIZ	EN	Email:	
Sex: Male	Age; 52	Date of Birth: 02/07/1970	Type of Informant: Vehicle Owner	
Race: Chinese			Language:	Institution / School Name:
Occupat	ion: E ENGINE	ER	Driving Licence Information: Class: 3	Date of Expiry:

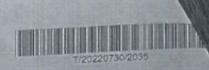
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 29/07/2022 22:00	Type of Location Straight Road
THONG SOO	N ROAD			
Weather:		Road Surface:	R	oad Speed Limit
		Traffic Control:	Tr	affic Volume:
Traffic Flow:		Traine outrain.		dino voidino.

Details of V	ehicle Invo	Ived				
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLM1631L	Car	HONDA	VEZEL 1.5X CVT	White	Slightly Damaged	0
SLX111U	Car	MERCEDES BENZ	A45 AMG A	Black		0

Details of Person Involved	ENGINEERING HER STEEL ST
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin: Kim Keat NPP 231 Lorong 8 Toa Payoh #01-186 SINGAPORE 310231 Tel No: 1800-2529999



Report No. T/20220730/2035

CONTINUATION OF REPORT

Vehicle Owner	<b>建筑的现在分词,但是是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一</b>			S7022706A
Name	LEE GEK ANG		D No.	S/022/00A
Related Vehicle	NIL		Contact No.	96327871
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discha		Relationship
No. of Days gran	ted Medical Leave NIL	Degree of In	jury NIL	

On 29/07/2022 at about 2000hrs, I parked my car (SLM1631L) at 1 Thong Soon Road. I wish to state that the place i parked was not a stipulated parking lot. When i parked my car, everything was still in tact. At about 2230hrs, I went back to retrieve my car. Upon reaching my house carpark, i noticed that my rear right bumper was damaged. I then made a check on my In-Car camera and it shows that a car (SLX111U) had collided onto my vehicle. Upon colliding onto my car, the driver just fled and did not leave any note on my car to inform me of the incident.

On 30/07/2022 I made an insurance report and was advised to lodge a police report. I also wish to state that I have the In-Car camera recording of the whole incident.



Police Station Of Origin: Kim Keat NPP 231 Lorong 8 Toa Payoh #01-186 SINGAPORE 310231 Tel No: 1800-2529999



Report No. T/20220730/2035

CONTINUATION OF REPORT

#### 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.

Signature of Officer Recording The Report:

SGT 2 MUHAMMAD NAZRI BIN KAMARUDDIN

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP / HRT / STAFF SGT SUFIYAN BIN KHAIRI Contact No.: 65476148

NP168

Signature Of Informant:



Date/Time: 30/07/2022 12:22

Classification Of Case: