

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 26/09/2022 13:25 (SGT) Reported by Date of Accident 24/09/2022 04:00 (SGT) Exact Location of Accident 276 Jurong West Street 25, Singapore 640276 Additional Location Information MSCP DECK 2B Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **SLP6677G**

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **NEO WEI REN** NRIC No S8530587E Email Address WEIREN.NEO@GMAIL.COM Mobile Phone No (Phone) +65-81829780 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Mazda Model 3 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 Yes your vehicle? Vehicle Category Private car Transmission Auto CC 1496

INSURANCE COMPANY

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited. Policy Number / Cover Note Number P10740167R00

DRIVER

Name of Driver **NEO WEI REN** NRIC No S8530587E Date Of Birth 04/10/1985 Occupation Indoor

Date Of Driving Pass 25/11/2005 Driving experience 16 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-81829780 Alt. Phone Number Email Address WEIREN.NEO@GMAIL.COM Address 274C JURONG WEST ST 25 #05-33 Address complement Postcode 643274 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Nο 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? 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? Police Station Name Nanyang Neighbourhood Police Centre Police Station Phone No (Phone) +65-18007929999 Alt. Police Station Phone No (Fax) +65-67912972 Police Station Address No. 2 Jurong West Avenue 5 Singapore 649482 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT AS PER POLICE REPORT NO: T/20220924/2049 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SKV4451J 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	SMA7538K
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 3

Vehicle Registration Number	SKW7439X
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

- Please report <u>correctly</u> 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.
- 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 report 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.
- 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 afcressid.
- 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:

(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.

Policyholder's Signature / Date & Time

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

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

Withessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Accident report SS2Z229Q0002

v.Jun2022

Describe Circumstance of the Accident	
On 24/09/2022 @ around 0408 his., I drive	e my our back to my
house msep @ 276 Junoug west st 25. While	at MSIP Deak 28 1 felt
sleepy a lawsk off a could me but onto veh	nd(B,(AD which was
parked at the parking lot.	
As Per Blee report No. 1/20200/20/2019	
	G Claim own policy
	Claim third party Claim OD / TP at other workshop For record purpose Policy No. Insurer BULGET Veh.No. 146776
I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUPPLICY, I WILL CHECK MY POLICY FOR MORE DETAILS.	UBMIT MY OWN DAMAGE CLAIM UNDER MY
Declaration I/We declare the foregoing particulars are true in every respect.	
Policyholder's Signature (if driver is not the policyholder) / Dale	SVG AH TEEMOTOR & PANEL SVC PTE LTD
Policyholder's Signature / Date & Time Driver's Signature (if driver is not the policyholder) / Dal & Time	te Wirressed by Reporting Centre Personnel (Name as in NRIC/ID card)

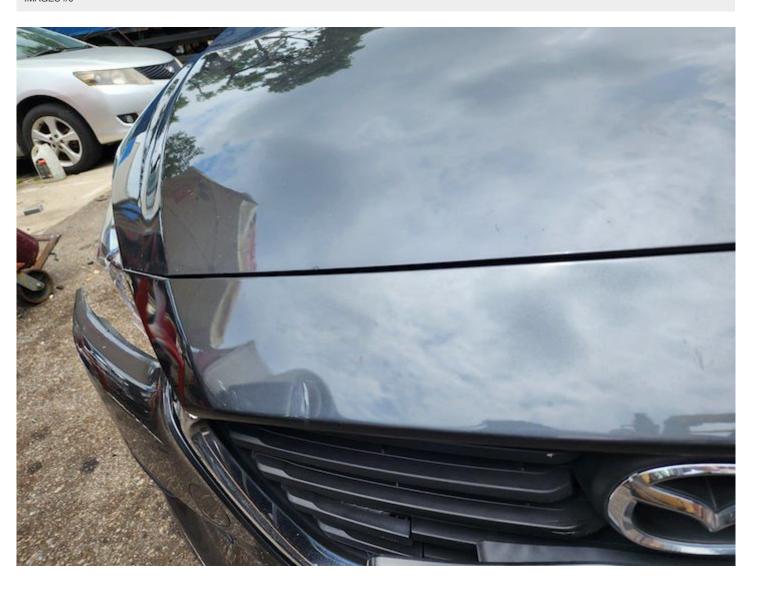










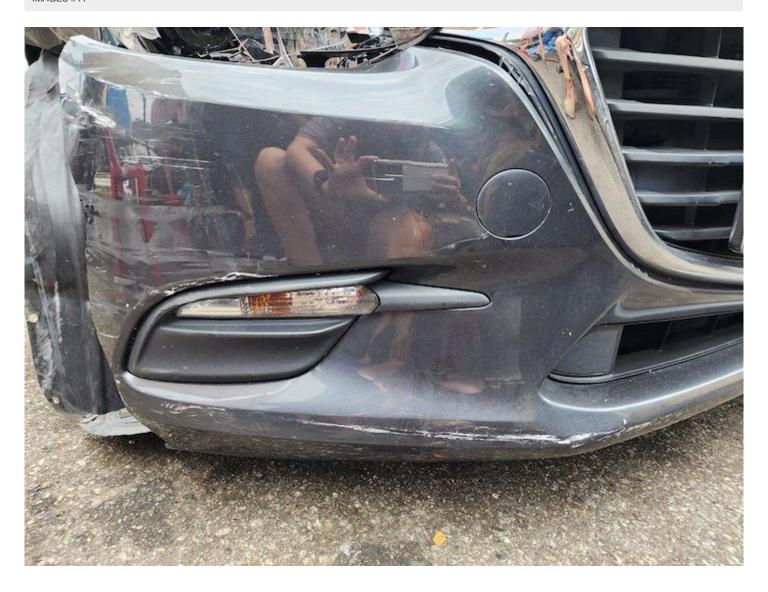


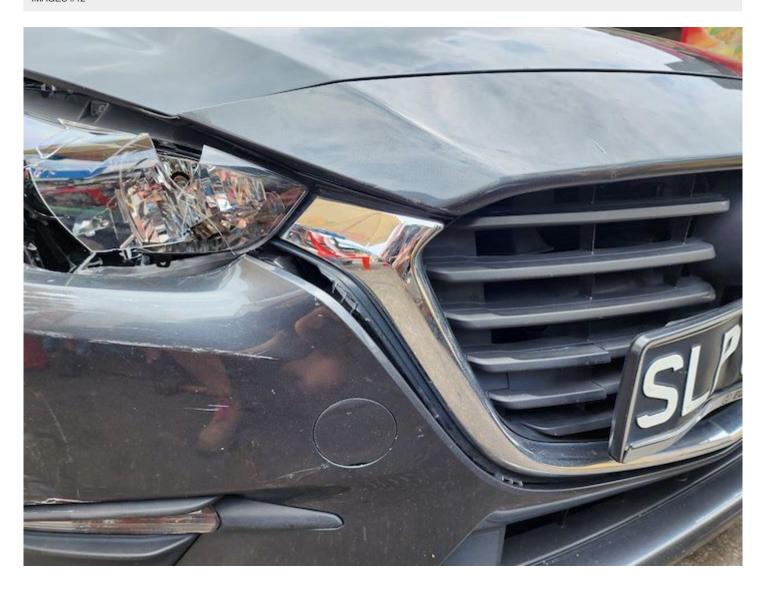


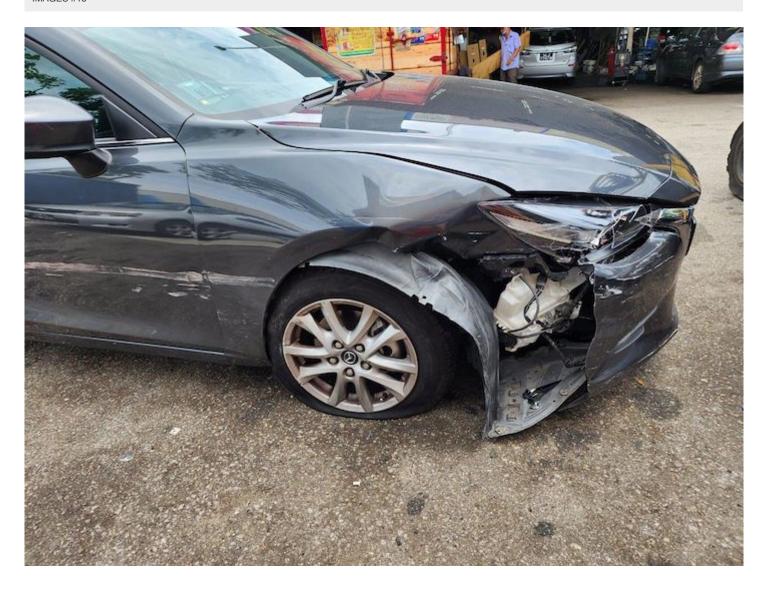


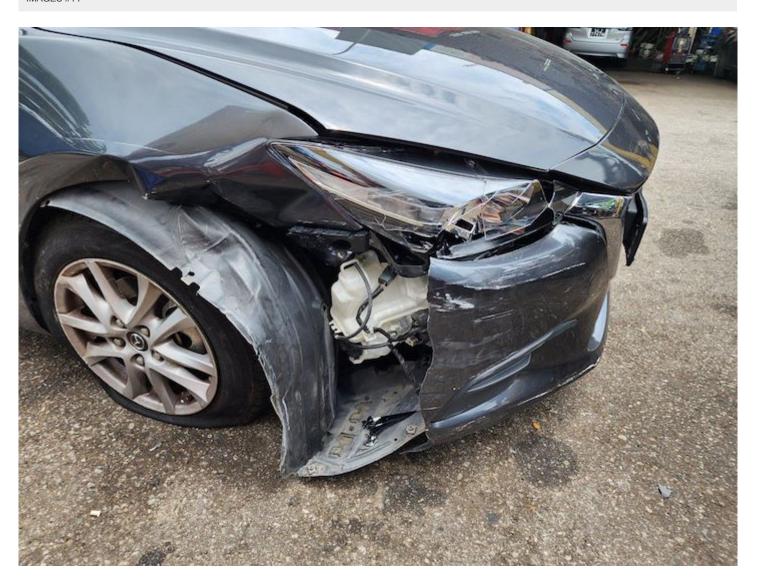


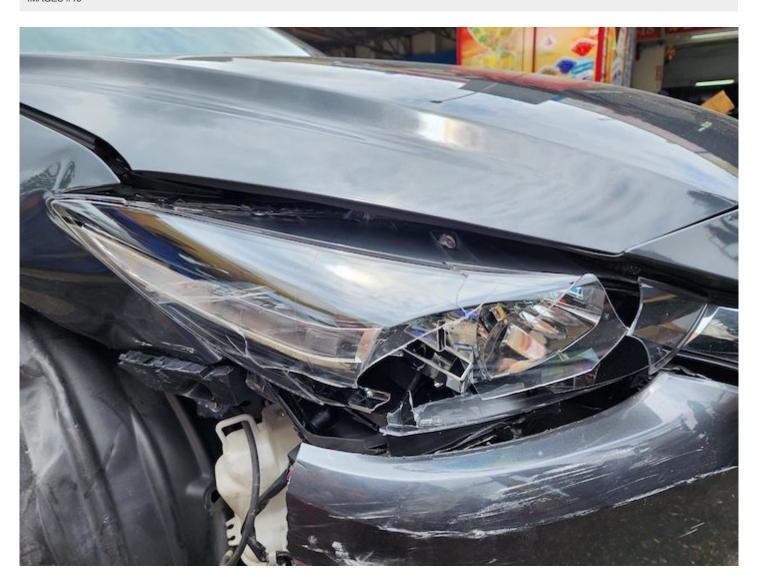


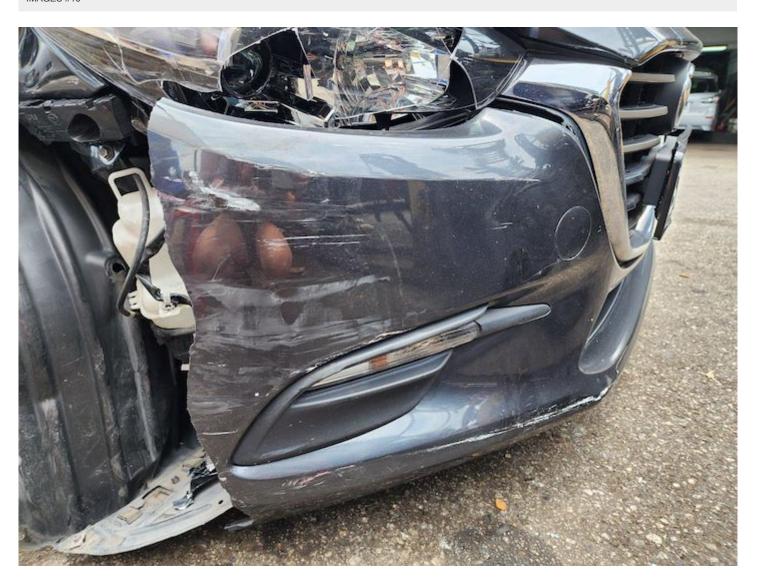


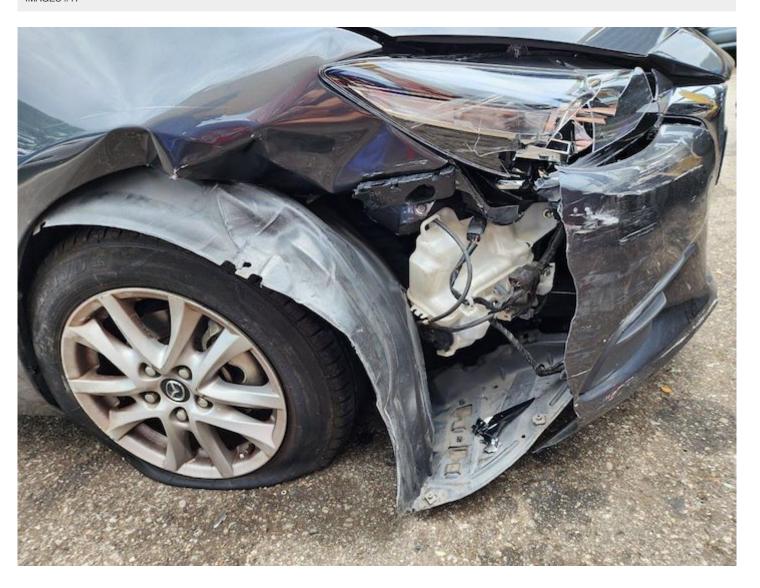


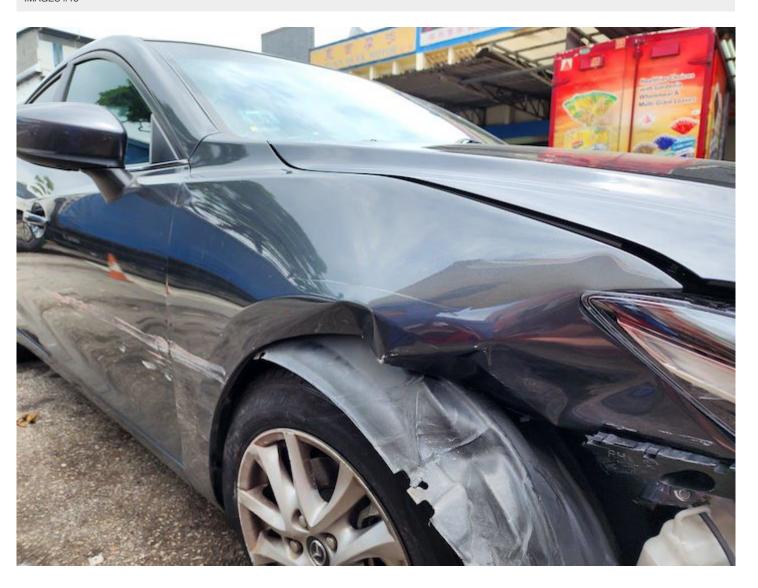






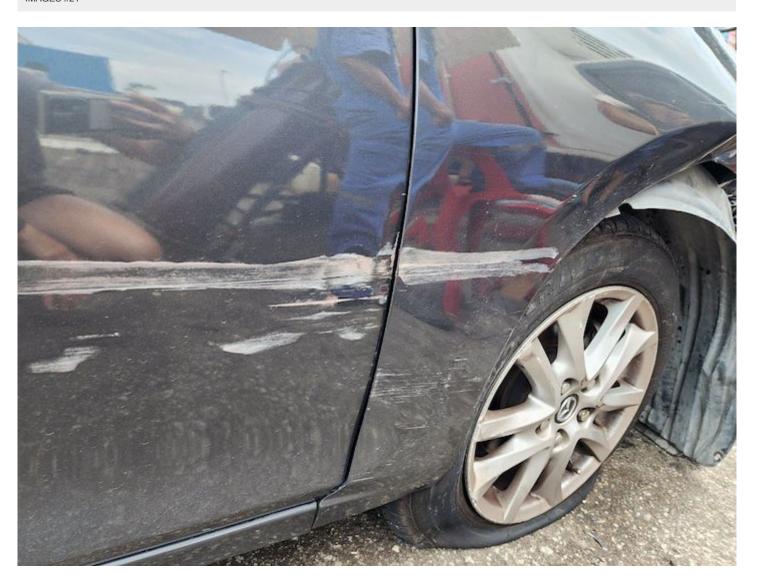


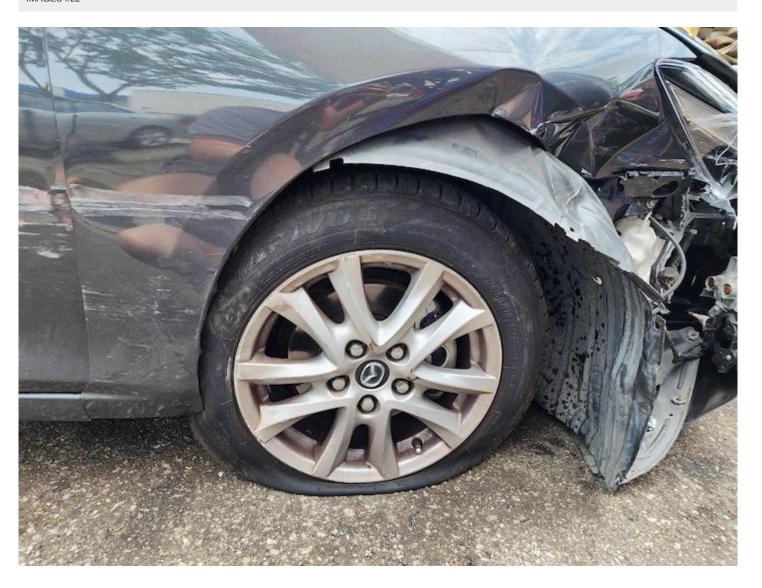




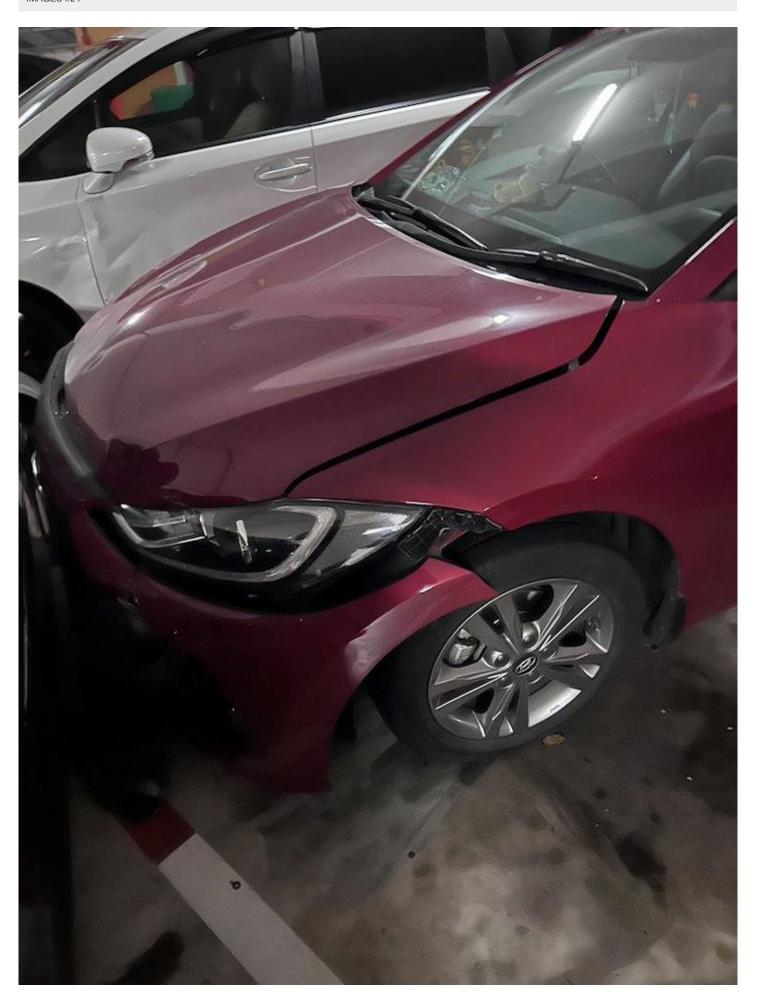


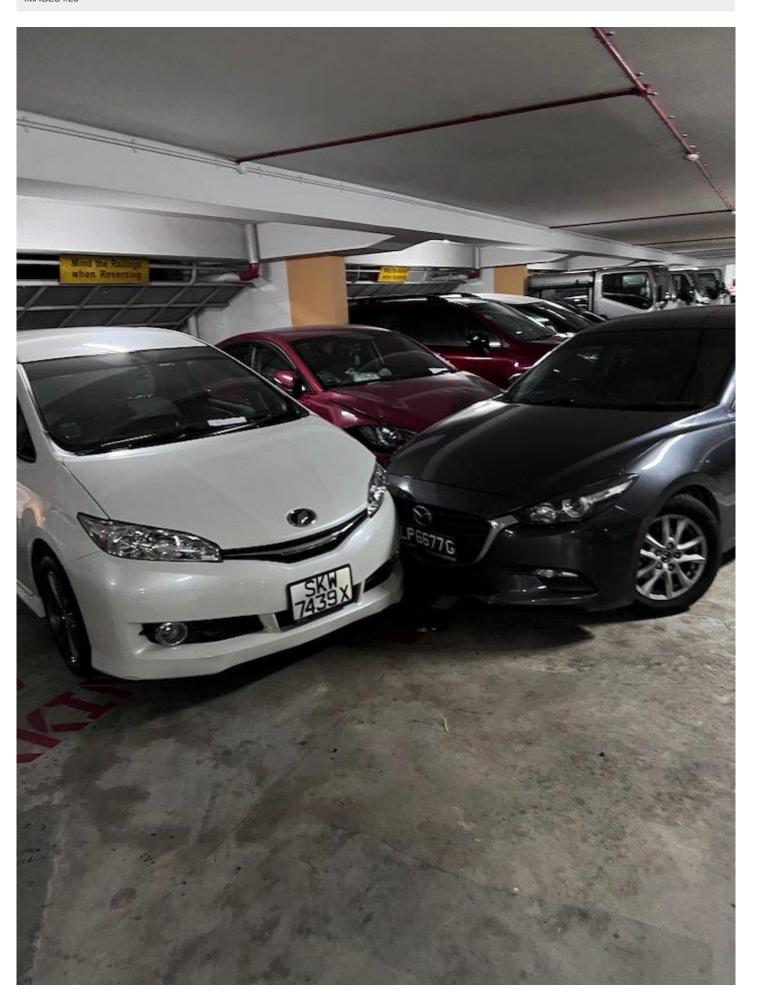


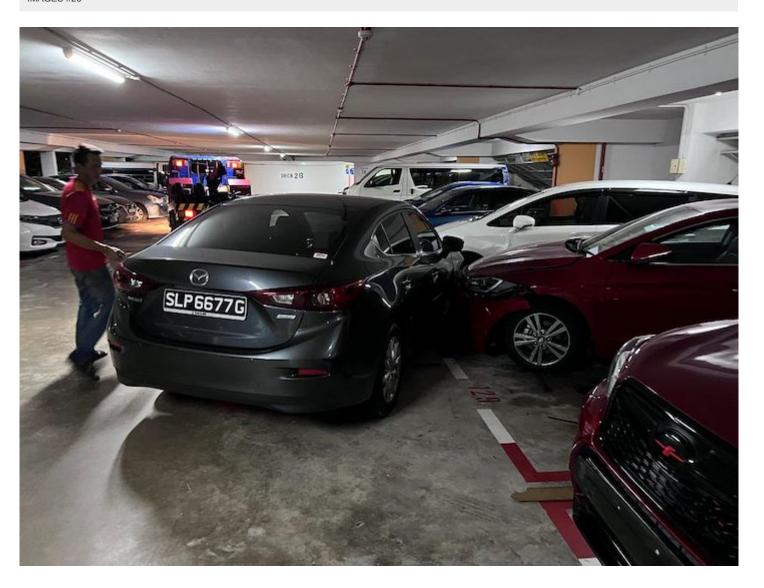




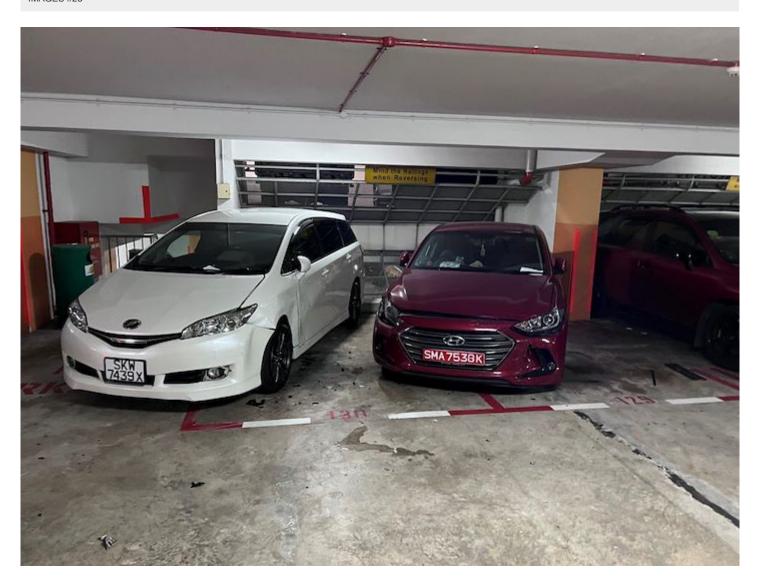


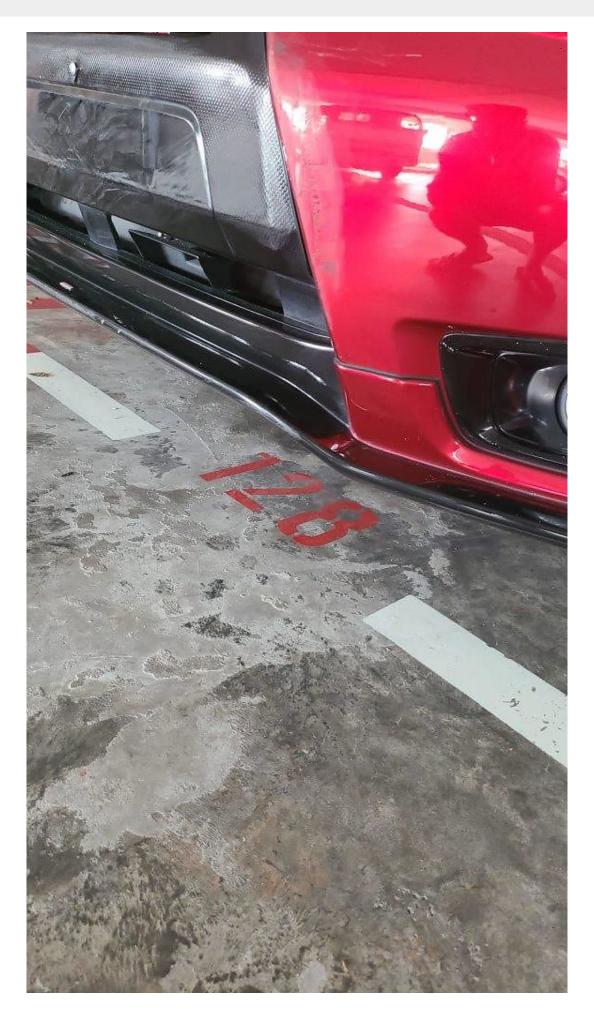
















SINGAPORE POLICE FORCE



Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999

REPORT OF A TRAFFIC ACCIDENT

Report No. T/20220924/2049

Date/Time Report Made: 24/09/2022 13:51		Made:	Vide Report No.:	Station Diary No. 100	
Informa	nt's Partic	ulars			
Name of Informant: NEO WEI REN			Address: APT BLK 274C JURONG WEST STREET 25 #05-33 SINGAPORE 643274		
ID Type / ID No.: NRIC NO / S8530587E			Contact No.: Home/Office: Mobile: 81829780		
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 36	Date of Birth: 04/10/1985	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Business development manager			Driving Licence Information: Class: Date of Expiry:		

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 24/09/2022 04:00	Type of Location Straight Road
Location: JURONG WE Weather: Clear	ST STREET 25	Road Surface:	R	oad Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		raffic Volume: o Traffic
Type of Collisi	on: e Against - Parked Ve	ehicle		nyone conveyed by mbulance:

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKV4451J	Car	SUBARU	FORESTER 2.0XT CVT AWD SR	Red	Slightly Damaged	0
SKW7439X	Car	TOYOTA	WISH 1.8X A	White	Seriously Damaged	PLD PROCESSOR STATE TO THE PROPERTY OF THE
SLP6677G	Car	MAZDA	MAZDA3 SEDAN 1.5 AT EU6	Grey	Slightly Damaged	0



T/20220924/2049

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Report No. T/20220924/2049

Tel No: 1800-7929999

CONTINUATION OF REPORT

Details of V	ehicle Invo	lved				
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMA7538K	Car	HYUNDAI	ELANTRA AD 1.6 GLS AT (AMS)	Red	Seriously Damaged	200

Details of V	ehicle Insurance			i i i i i i i i i i i i i i i i i i i
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLP6677G	AUTO & GENERAL INSURANCE (SINGAPORE) PTF, LIMITED	P10740167R00	23/06/2022	22/06/2023

Details of Perso	n Involved	Contraction and				
Any Pedestrian I	nvolved: No					
No. of Pedestria	ns Injured: NIL		Use of	Pedestria	n Cross	ing: NA
Driver		ardine signis			Control of the Control	
Name	NEO WEI REN			ID No		S8530587E
Related Vehicle	NIL		Conta	ct No.	81829780	
Hospital/Clinic	NIL		Class Drivin Licen Expin	g	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	38001100	Date D	ischarge	NIL	and the same
No. of Days gran	ted Medical Leave	NIL	Degree	of Injury	NIL.	

Brief Details.

On 24/09/2022 at about 0400h, I was driving my vehicle (SLP6677G) at Blk 276 Jurong West Street 25 MSCP Deck 2B. I felt sleepy and dozed off, which caused me to hit onto three parked vehicles at Lots 128 (SKV4451J), 129 (SMA7538K) and 130 (SKW7439X), causing some damage on these cars. The right front bumper of my car suffered some dents.

I tried to reverse my car however it could not move, I called my insurance company who sent a tow truck to tow my vehicle away. I left a note on all three cars, providing my name, contact number, and vehicle plate number. I have been contacted by the owners of Vehicles SKV4451J and SKW7439X, who have also lodged reports regarding the accident.

I was alone in my vehicle when the accident happened. I have an in-car camera footage which captured the accident. I was not injured from the accident.



SINGAPORE POLICE FORCE

T/20220924/2049

3 of 3 Report No. T/20220924/2049

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999

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:

INSP (1) JOELLE CHUA SHU TING #

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP / GIA / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204

NP168

Signature Of Informant:

姚

Date/Time: 24/09/2022 13:51

Classification Of Case: