SN0922AC0001 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 13/10/2022 09:03 (SGT) SUBMITTED BY: Roslinda Binte A. Wahab VERSION: 1 (13/10/2022 09:03 (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.

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 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 13/10/2022 09:03 (SGT) Reported by Date of Accident 03/10/2022 02:30 (SGT) Exact Location of Accident Singapore Additional Location Information PADDOCK BUILDING(FORMULA 1)

Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJE3250E

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner SIANG HOCK CAR RENTAL PTE LTD Company Reg No 2XXXXX271r Email Address car.rental@sianghock.com.sg Mobile Phone No (Phone) +65-98792002 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model **ALTIS** Variant Exact purpose for which vehicle was being used at time of

accident **Employment** Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? Vehicle Category Private car

Transmission Auto CC 1598

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd Policy Number / Cover Note Number D-22099211MFZH/8

DRIVER

Name of Driver LUIS ANGEL VAZQUEZ CASTILLO Passport No/FIN GXXXX3722 Date Of Birth 25/06/1984 Occupation Outdoor

Date Of Driving Pass 01/01/2004 Driving experience 18 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-98792002 Alt. Phone Number Email Address car.rental@sianghock.com.sg Address 21 JALAN MASJID Address complement Postcode 418946 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **RENTAL** 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 Hit and run / Vandalism / Damaged whilst parked Weather Conditions Clear Road Surface Wet 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 **Bedok Division Headquarters** Police Station Phone No (Phone) +65-18002440000 Alt. Police Station Phone No (Fax) +65-64443009 Police Station Address 30 Bedok North Road Singapore 469676 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE ATTACHED STATEMENT. 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 QX572M

Vehicle Manufacturer
Vehicle Model
Vehicle Variant

Vehicle Colour	-
Vehicle Category	Government
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

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- 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. 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 into 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 S/ngapore, for one or more of the above Purposes.

OAR RENJA POTO

Policyholder's Signature / Date & Time

Duer's Signature III driver is not the policyholder) / Date

Witnessed by Reporting Centre
Personnel

Sketch Plan

A.- SJE3250€ B- Qx572 M.

AS ATTREHED.	
aration	
73	
declare the foregoing particulars are true in every respect.	
& RENTAL O	
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3 0 5	olyn 13/10/2
TOTAL	- dk
holder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Dat	Personnel

3 of h. October. 22.

2:30 am

I parked my car about 2:30 am behind the paddock building (Formula 1) during the paddock building (Formula 1) during the breakdown and one frield informed to me my breakdown and one frield informed to me my breakdown and one frield informed to me my site 3250 car was hitted with plates number of the car while I was working, the police by police car while I was working, the police by police car while I was working the portion car had reversed and

Lis grager Vazquez Castillo



















1 of 2

Report No. G/20221012/7073

POLICE REPORT (NPB99)

Police Station Of Origin Bedok Division HQ 30 Bedok North Road SINGAPORE 469676 Tel No:1800-2440000

Vide Rep	ort No.		Station Diary No
Address			
21 JALAN MASJID SINGAPORE 418946			
Contact N	۱o.	Mobile: 98792002	
Email Address tayleekheng@gmail.com			
Sex	Age	Date of Birth	Race
Female	61	01/08/1961	Chinese
Language English	,	100000000000000000000000000000000000000	10.1111000
Location Of Incident 1 REPUBLIC BOULEVARD THE PIT BUILDING SINGAPORE 038975			
	Address 21 JALAN Contact N Home/Off Email Add tayleekhe Sex Female Language English Location of 1 REPUB	21 JALAN MASJID Contact No. Home/Office: Email Address tayleekheng@gmai Sex Age Female 61 Language English Location Of Inciden 1 REPUBLIC BOUL	Address 21 JALAN MASJID SINGAPORE 418 Contact No. Home/Office: Mobile: 98792002 Email Address tayleekheng@gmail.com Sex Age Date of Birth Female 61 01/08/1961 Language English Location Of Incident 1 REPUBLIC BOULEVARD THE PIT

Brief details.

REPORT OF TRAFFIC ACCIDENT INVOLVING SJE3250E AND QX572M on 03.10.2022
I am the director and lodging the police report as the owner of SJE3250E- Siang Hock Car Rental Pte
Ltd. This vehicle was leased to Formula 1 Management for use during F1 2022.
On 03.10.2022 at about 2.30am, the driver Luis Angel Vazquez Castillo parked SJE3250E in front of the
F1 Paddock Building (service road inside 1 Republic Boulevard) and proceeded to do his work. He was
informed later that a police car, registration number QX572M had reversed and hit onto the front left
hand portion of the vehicle. Photo was taken at the scene. The driver has left Singapore on 04.10.2022.

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: 12/10/2022 17:13
Officer In-Charge Of Case:	Classification Of Case:





2 of 2

POLICE REPORT (NPB99)

CONTINUATION OF REPORT

Report No. G/20221012/7073

A police case card was provided -Report Number: A/2021002/0020(SIO Siti Nur Airel) We are lodging this report for insurance claim

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: 12/10/2022 17:13
Officer In-Charge Of Case:	Classification Of Case: