SN0822AB0004 / National Assessment Centre Services [159721]

ENTRY DATE & TIME: 11/10/2022 17:04 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (11/10/2022 17:04 (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 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

11/10/2022 17:04 (SGT)

10/10/2022 21:00 (SGT)

Woodlands Ave 5, Singapore OUTSIDE CIVIC CENTRE

Date of Submission Reported by Date of Accident **Exact Location of Accident** Additional Location Information

DETAILS OF OWN VEHICLE

Singapore

Vehicle Registration Number SDJ9600J

INSURED/POLICYHOLDER

Country/State of Loss

Is company? Name Of Registered Owner LEE KOK WEE (LI GUOWEI) NRIC No SXXXX918A **Email Address** abc8627e@gmail.com Mobile Phone No (Phone) +65-90220339 Alternative Phone No.

VEHICLE PARTICULARS

Manufacturer Toyota Model C-hr Variant Exact purpose for which vehicle was being used at time of Private use accident

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

Vehicle Category Transmission CC

No - Claiming third party Private car

Auto 1797

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number China Taiping Insurance (Singapore) Pte. Ltd. DMPCSNW00095492204

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

LEE KOK WEE (LI GUOWEI) SXXXX918A 28/06/1983 Outdoor

Date Of Driving Pass Driving experience Gender Mobile Number

Alt. Phone Number **Email Address**

Address Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) 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? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20221011/7034

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Yes No

08/02/2002

737768

Yes

No

Clear

Dry

No

Yes

No

Yes

1

No

Yes

No

Traffic Police

(Phone) +65-65470000

10 Ubi Avenue 3 Singapore 408865

(Fax) +65-65474900

2

20 YEARS AND 8 MONTHS

28 WOODLANDS DR 16 #04-18

(Phone) +65-90220339

abc8627e@gmail.com

Collision - Major/Minor Rd

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant

SNE4696Z

Accident report SN0822AB0004

Vehicle Colour	_
Vehicle Category	Private car
Name of Driver	v -
Contact Number	-
Address	_
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	- -
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LEE KOK WEE (LI GUOWEI)
Gender	Male
Phone No	(Phone) +65-90220339
Address	
Address Complement	
Post Code	•
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SDJ9600J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Picase report correctly the details of the accident to speed up the claims process
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- 3 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to reputiate 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.
- Any false reporting may be referred to the Traffic Police Department for investigation.
- 6 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.
- 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 workshap 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' lawyershiw 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.

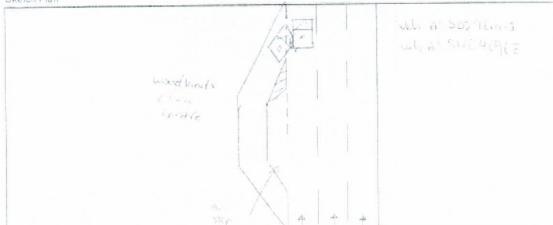
- (ii) investigating the accident and/or my claims.
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me.
- (iv) administrating my claims (including the making of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail psyckages), and/or
- (v) complying with applicable law in administrance, 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/faw firms, may/are perintted to collect user 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 limiteding their lawyers/law firms), which may be sited outside of Singapore for one or more of the above Purposes.

Protocytostac's Eignésure : Dale & Tanu

Oriver's Signature (if driver is not the policyholder) / Date

Messed by Reporting Centre Personner

Sketch Plan



Describe Circumstance of the Accident	
Describe Circumstance of the Accident	
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Directaration We declare the foregoing particulars are true in every respect





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Report No. 1/20221011/7034

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

REPORT OF A TRAFFIC ACCIDENT Vide Report No.: Station Diary No.: Date/Time Report Made: 11/10/2022 15:22 Informant's Particulars Name of Informant: LEE KOK WEE 28 WOODLANDS DRIVE 16 #04-18 SINGAPORE 737768 ID Type / ID No.: Contact No.: Home/Office: Mobile: 90220339 NRIC NO / \$8321918A Email: Nationality: SINGAPORE CITIZEN NICKLEE1983NICKLEE@GMAIL.COM Sex: Date of Birth: Type of Informant: Age: 28/06/1983 39 Male Driver Institution / School Name: Language: Race: English Chinese Occupation: Driving Licence Information: Date of Expiry: Class: F&B

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/10/2022 21:00	Type of Location Straight Road	
Location: WOODLAND Weather:	S SQUARE	Road Surface:		oad Speed Limit.	
		Lify			
		Treffic Control	T	affic Volume	
Clear Traffic Flow: One Way		Traffic Control: Not Controlled		affic Volume: ght	

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SDJ9600J	Car	TOYOTA	C+HR HYBRID 1.8S CVT	White	Seriously Damaged	0
SNE4696Z	Car				Senously Damaged	0





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. Tr202a1011/7034

CONTINUATION OF REPORT

Details of V	ehicle Insurance		7.15	10110
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SDJ9600J	CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.	DMPCSNW000954 92204	24/04/2022	23/04/2023

Details of Perso	n involved	#17 DELE				
Any Pedestrian I	nvolved: No					
No. of Pedestrians Injured: NIL Use of			Use of Per	f Pedestrian Crossing: NA		
Driver			The second			
Name	LEE KOK WEE		ID No.	S8321918A		
Related Vehicle	SDJ9600J (Car)			Contact No.	90220339	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	10/10/2022	0/10/2022 Date		10/1	0/2022	
No. of Days granted Medical Leave 05			Degree of	Sligh) (

Brief Details

On 10/10/2022 at around 2100hrs I was travelling along woodlands avenue 5 towards woodlands avenue 2 direction on the extreme left tane. Suddenly as I was driving pass woodlands civic centre, a vehicle from the pick up and drop off point exited out onto my lane and collided onto my vehicle left portion. I slowed down and stopped however the said vehicle did not stop and continue to hit me twice on my vehicle back portion. I felt multiple impacts prior to the accident. I alighted and question the driver on why she didn't not stop her vehicle and continue to come forward and colliding onto my vehicle multiple times. She mention that her shoe was stuck on the accelerator pedal. After the accident we took photos and exchange particulars and proceed to file to insurance. After the incident I felt pain and discomfort and consulted a doctor and was given 5 days mc.



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



3 of 3 Report No. T/20221011/7034

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

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:
11/10/2022 15:22

Officer In Charge Of Case:
TP / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

NP168