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.

 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 26/10/2022 14:34 (SGT) Reported by Date of Accident 25/10/2022 13:25 (SGT) Exact Location of Accident Singapore Additional Location Information PIE(CHANGI)AFT JURONG WEST AVE 1 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mini

Vehicle Registration Number **SKK119D**

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LAU JIA YANG ANDY NRIC No. S8111146D Email Address elin.cqw@gmail.com Mobile Phone No (Phone) +65-91149880 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Cooper 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 your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto 2000

INSURANCE COMPANY

Name of Insurance Company FWD Singapore Pte. Ltd. Policy Number / Cover Note Number PNPV2022-00001264

DRIVER

Name of Driver LAU JIA YANG ANDY NRIC No S8111146D Date Of Birth 13/04/1981 Occupation Indoor

Date Of Driving Pass 26/04/2007 Driving experience 15 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-91149880 Alt. Phone Number Email Address elin.cqw@gmail.com Address 285 WESTWOOD AVE Address complement Postcode 648458 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 Side Swipe 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? 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 PASSENGER 1 Name **PASSENGER** Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE POLICE REPORT:T/20221025/7064 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο

DETAILS OF OTHER VEHICLE PROPERTY 1

| Vehicle Registration Number Vehicle Manufacturer | SKS9495R |
|--|------------------|
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | _ |
| Vehicle Category | - Private car |
| Name of Driver | Private car |
| | - |
| 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

OF DRIANT NOTICE

- Theose report correctly the details of the accident to speed up the claims process.
- I was Firm must be completed by the Policyholder and/or the Actual Driver.
- Experimition provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow industrible companies to repudiate policy liability.
- The Resident 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.
- This report will be forwarded by the insurers to the GiA Records Management Centre established by the General Insurance Association of Segupore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the todgement 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.
- Consent under the Personal Data Protection Act (PDPA)

i understand, acknowledge, agree and consent that:

The process my personal data/personal information set out in this (form) and any other personal information provided by me or involved 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 insured vehicle(s) involved in t

It processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to live claims.

a strend galing the accident and/or my claims;

to converg out and/or dealing with my instructions or responding to any enquiries by me;

The administrating my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve bullouse of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail

at complying with applicable law in administering, processing, handling and/or dealing with my claims.

"collectively the "Purposes")

(%) still indurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, divides and/or process my Personal Information for one or more of the above Purposes; and

IN MY Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents and a large lawyeraflaw firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Sociature Date & Time

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

Witnessed by Reporting Centre Personnel

Skelch Plan

Vehicle A: &kki19D

Vehicle B: &kki19D

Vehicle B: &kki19D

Vehicle B: &kki19D

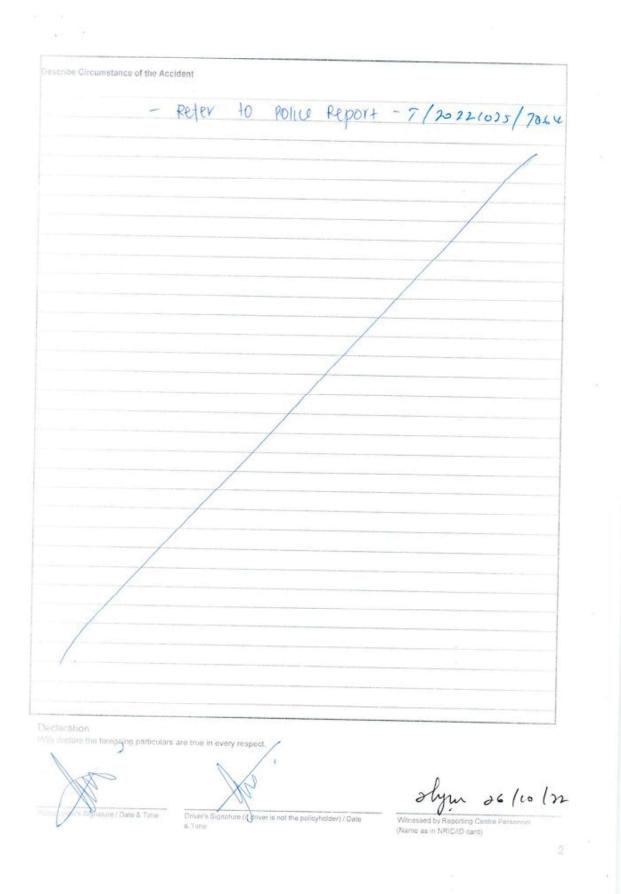
Vehicle A: &kki19D

Vehicle B: &kki1D

Vehicle B: &kki1D

Vehicle B: &kki1D

Vehicle B





T/20221025/7064

Police Station Of Origin: Traffic Police 10 Util Avenue 3 SINGAPORE 408865 Tei No. 65470000

Report No. T/20221025/7064

CONTINUATION OF REPORT

| No. of Pedestrians Injured: NIL | | | Use of Pedestrian Crossing: NA | | | |
|---------------------------------------|-------------------|--|--------------------------------|---------------------------------|-------|-----------------------------------|
| | | | | | 0.000 | mig. 1871 |
| | LAU JIA YANG ANDY | | | ID No. | | S8111146D |
| Related Vehicle | SKK119D (Car) | | | Contact | t No. | 91149880 |
| Hospital/Clinic | NIL | | | Class of Driving Licence Expiry | | Class: NIL Date of Expiry: NIL |
| Date | NIL | | Date | | VIL | |
| No. of Days granted Medical Leave NIL | | | Degree o | The second second second | VIL | |

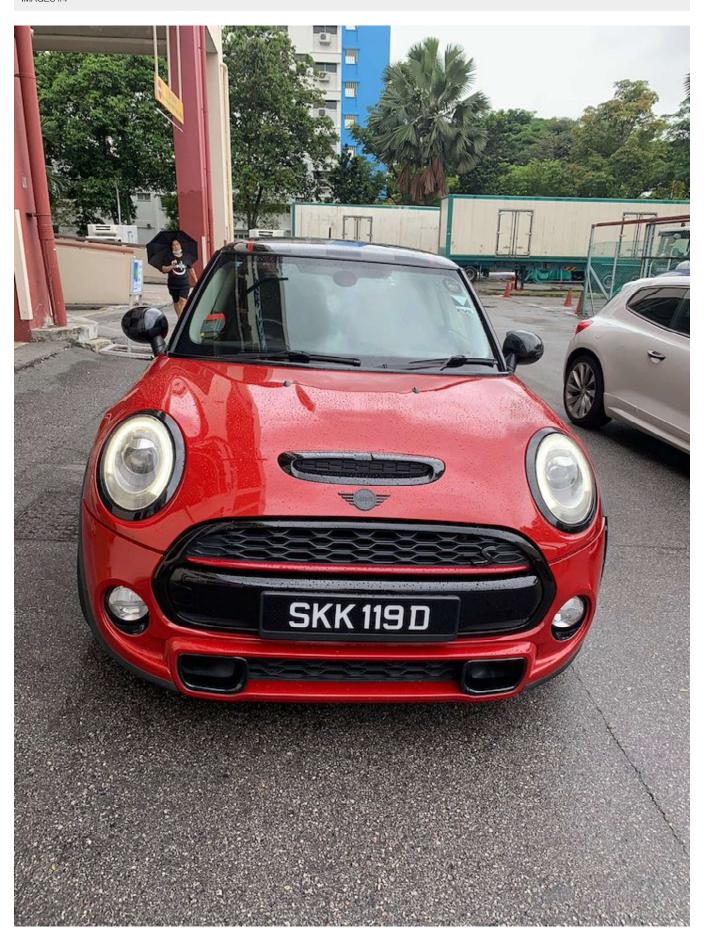
Boot Details

On 25/10/2022 at about 13:25hr, I was driving my vehicle - SKK119D, along PIE in the direction of Changi, with my wife in my vehicle. Approximately after the entrance of Jurong West Avenue 1, I was travelling on the extreme right lane when vehicle number - SKS9495R, swerved into my lane and grazed onto my vehicle's front left portion. The impact caused my vehicle to brush against the roadworks divider on my right. The said vehicle then sped off from the accident scene.

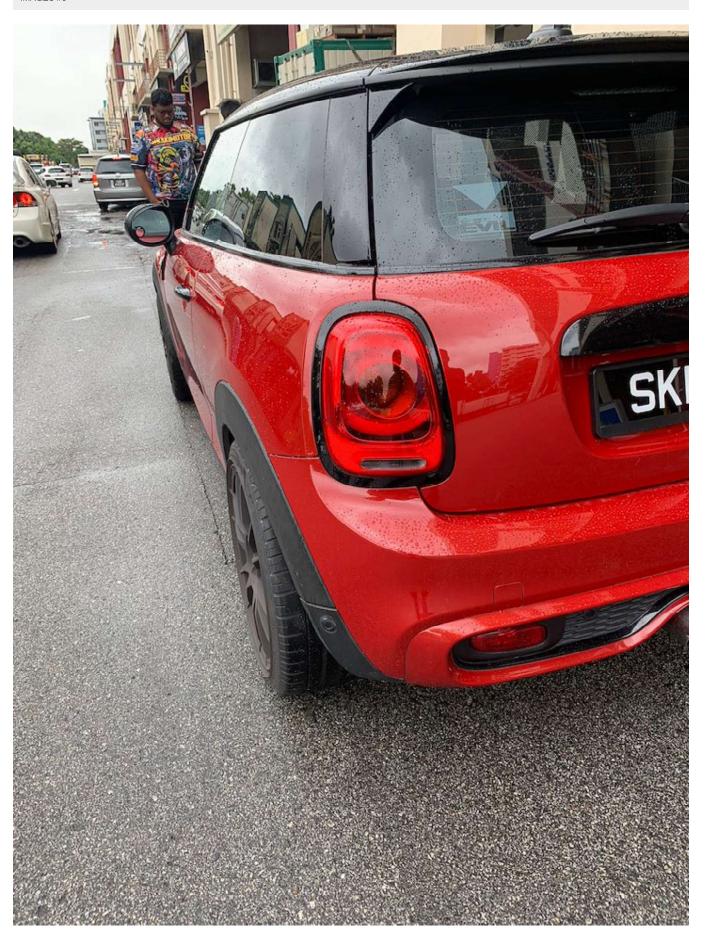




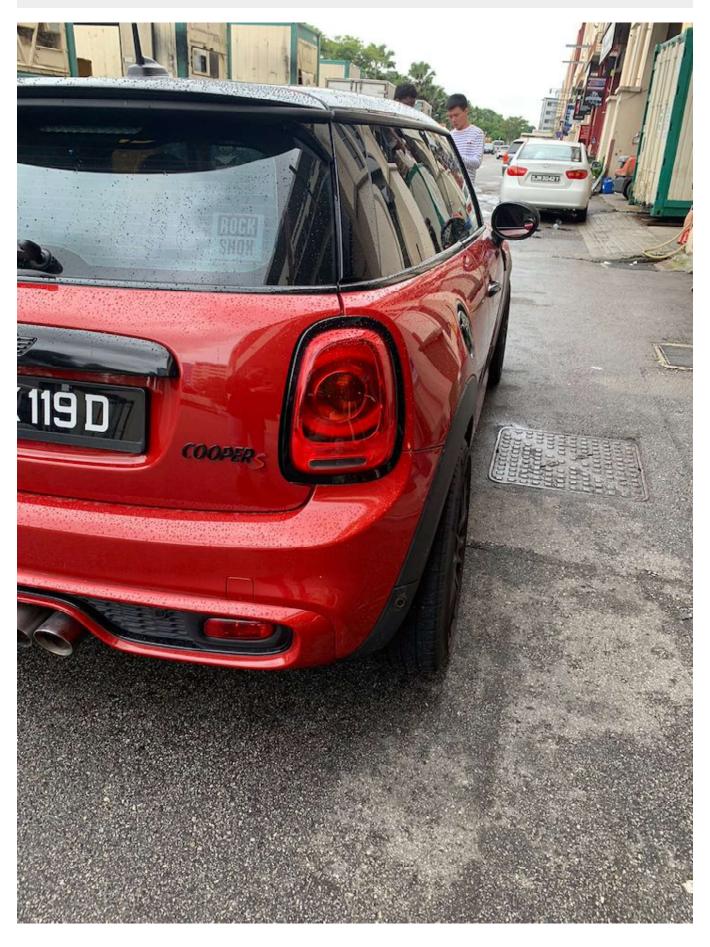


















Palice Station Of Origin: Fathic Poice. 19 Uci Avenue 3 SINGAPORE 408865

Report No. 7/2022102577064

REPORT OF A TRAFFIC ACCIDENT

| Date/Time Report Made: 25/10/2022 19:07 | | | Vide Report No.: | Station Diary No | | |
|---|--------------|------------------------------|---|----------------------------|--|--|
| Informa | int's Partic | ulars | | | | |
| Name of Informant: CAULIA YANG ANDY | | | Address: 258 WESTWOOD AVENUE | SINGAPORE 648458 | | |
| ID Type / ID No.: NRIC NO / S8111146D Nationality: SINGAPORE CITIZEN | | 46D | Contact No.: Home/Office: Mobile: 91149880 | | | |
| | | EN | Email: APPLEWERK@MAC.COM | | | |
| | Age: 41 | Date of Birth: 13/04/1981 | Type of Informant: Driver | | | |
| Race: Chinese Occupation: | | | Language: English | Institution / School Name: | | |
| | | | Driving Licence Information: Class: | Date of Expiry: | | |

| Type of Anaident. | Non-Injury Hit and Run | Drink Drive: | Date/Time of Accident: | Type of Location Straight Road |
|--|------------------------------|-------------------------------------|---------------------------|-----------------------------------|
| | | No | 25/10/2022 13:25 | |
| PAN ISLAND | EXPRESSWAY | | | |
| | | | | |
| | | | | |
| | | | | |
| | | Road Surface: | F | Road Speed Limit |
| | | Road Surface: Dry | F | Road Speed Limit |
| Clear Traffic Flow: One Way | | | 1 | raffic Volume: |
| Weather, Clear Traffic Flow; One Way Type of Collisi | on: ng Vehicles - Side Sw | Dry Traffic Control: Not Controlled | I. | 4 |

| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
|-------------|------|------|---------------------|-------|---------------------|-------|
| SKK119D | Car | MINI | Cooper S 2.0 | | Slightly Damaged | 1 |
| KS2495R | Gar | AUDI | TT 2.0 S- Tronic | White | Slightly Damaged | 0 |



T/20221025/7064

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

2 of 3 Report No. T/20221025/7064

CONTINUATION OF REPORT

| No. of Pedestrians Injured: NIL | | | Use of Pedestrian Crossing: NA | | | |
|---------------------------------------|-------------------|--|--------------------------------|---------------------------------|-------|-----------------------------------|
| | | | | | 0.000 | mig. 1871 |
| | LAU JIA YANG ANDY | | | ID No. | | S8111146D |
| Related Vehicle | SKK119D (Car) | | | Contact | t No. | 91149880 |
| Hospital/Clinic | NIL | | | Class of Driving Licence Expiry | | Class: NIL Date of Expiry: NIL |
| Date | NIL | | Date | | VIL | |
| No. of Days granted Medical Leave NIL | | | Degree o | The second second second | VIL | |

Boot Details

On 25/10/2022 at about 13:25hr, I was driving my vehicle - SKK119D, along PIE in the direction of Changi, with my wife in my vehicle. Approximately after the entrance of Jurong West Avenue 1, I was travelling on the extreme right lane when vehicle number - SKS9495R, swerved into my lane and grazed onto my vehicle's front left portion. The impact caused my vehicle to brush against the roadworks divider on my right. The said vehicle then sped off from the accident scene.



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



Report No. T/20221025/70/14

CONTINUATION OF REPORT

Skelch Plan informant is not able to provide sketch

| Gignature Of Officer Recording The Report: | 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: 25/10/2022 19:07 |
| Officer In Charge Of Case: TR / TPIB / SUFTYAN BIN KHAIRI Contact No.: 65476148 | Classification Of Case: |