SS2X22BC0004 / SME MOTOR PTE LTD ENTRY DATE & TIME: 12/11/2022 12:16 (SGT) SUBMITTED BY: Wen Ying VERSION: 1 (14/11/2022 14:28 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process
 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

 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 Police for investigation.
 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

12/11/2022 12:16 (SGT)

Both

09/11/2022 14:29 (SGT)

16 Tannery Ln, Singapore 347778

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SJB3888G

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No

No

TAN SOO KHOON

S0157517A

CHIWOOI1221@GMAIL.COM

(Phone) +65-96391088

VEHICLE PARTICULARS

Manufacturer

Model Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission

CC

Mercedes

E200

Private use

No - Claiming third party

Private car

Auto

1796

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

AXA Insurance Pte Ltd

GA368189

DRIVER

Name of Driver

NRIC No

Date Of Birth

Occupation

LEE YIM YOONG S1213669B 02/12/1956 Indoor



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

09/01/1975

47 YEARS AND 10 MONTHS

Female

(Phone) +65-96381298

CHIWOOI1221@GMAIL.COM

16 FIRST AVE

268751

No

Spouse

No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

Collided into Parked Vehicle

Clear Dry

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 No 2

No

Yes

1

No

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?

Yes

Traffic Police

(Phone) +65-65470000 (Fax) +65-65474900

10 Ubi Avenue 3 Singapore 408865

No

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO.T/20221110/7034.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer

Vehicle Model Vehicle Variant SME4920M

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	/iæ:
Address complement	y=:
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 Forminist be completed by the Policyholder and/or the Authorised Driver
- Information provided must be as truthful and accurate as possible. Any will all mistepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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.
- 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.
- 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, 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' 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;
- (ii) 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 mo 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 Singapore, for one or more of the above Purposes.

huzeus

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

STATIONARY PARK A: 33B 3B889. B: SME 4920M

16 TANNORY LANG

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Heller	Police	Peport:	1 20001	10-034	
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Declaration

I'We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date 8 Time

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

Witnessed by Reporting Centre Personnel





Report No. T/20221110/7034

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/11/2022 15:09			Vide Report No.:	Station Diary No.	
Informan	t's Partici	ulars			
Name of Informant: LEE YIM YOONG			Address: 16 FIRST AVENUE SINGAPORE 268751		
ID Type / ID No.: NRIC NO / \$1213669B			Contact No.: Home/Office:	Mobile: 96381298	
Nationalit SINGAPO		EN	Email: JENNIFERT@CRYST	ALTIME.COM.SG	
Sex: Female	Age: 65	Date of Birth: 02/12/1956	Type of Informant: Driver		
Race: Chinese		Language: English	Institution / School Name:		
Occupation: DIRECTOR		Driving Licence Inform Class:	ation: Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 09/11/2022 14:3	Type of Location Car Park
Location: TANNERY L	ANE			
Weather:		Road Surface:		Road Speed Limit:
Weather: Clear Traffic Flow: One Way		Road Surface: Dry Traffic Control:		Road Speed Limit: Traffic Volume: No Traffic

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJB3888G	Car					0
SME4920M	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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

2 of 3 Report No. T/20221110/7034

CONTINUATION OF REPORT

Driver						
Name	LEE YIM YOONG			ID No.		S1213669B
Related Vehicle	SJB3888G (Car)			Contact	No.	96381298
Hospital/Clinic	NIL			Class o Driving Licence Expiry		Class; NIL Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days gran	NIL	Degree (of I	NIL		

My vehicle (SJB3888G) was parked stationary at open space car park of 16 Tannery Lane.

My staff informed me there was damage on the left portion of my vehicle.

I manage get the video from the building cctv , from the video showed the vehicle B (SME4920M) collided

vehicle and immediately leave the scene without left any message.



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

Informant is not able to provide sketch

Sketch Plan

T.202211107034

3 of 3

Report No. T/20221110/7034

CONTINUATION OF REPORT

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: 10/11/2022 15:09
Officer In Charge Of Case: TP / TPIB /	Classification Of Case:

NP168

Contact No.: 65476902