SA1822BA0006 / Abwin Service Pte Ltd ENTRY DATE & TIME: 10/11/2022 16:19 (SGT) SUBMITTED BY: Claims VERSION: 1 (10/11/2022 16:19 (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.

- 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 10/11/2022 16:19 (SGT) Reported by Date of Accident 06/11/2022 21:40 (SGT) Exact Location of Accident Bukit Batok West Ave 6, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

1500

Vehicle Registration Number SLH3035X

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner YEE WEI YANG NRIC No S9376854Z Email Address WEIYANG5107@GMAIL.COM Mobile Phone No (Phone) +65-85112810 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

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

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5122193850-01

DRIVER

CC

Name of Driver YEE WEI YANG NRIC No S9376854Z Date Of Birth 18/06/1993 Occupation Indoor

Date Of Driving Pass 02/11/2016 Driving experience 6 YEARS Gender Male Mobile Number (Phone) +65-85112810 Alt. Phone Number Email Address WEIYANG5107@GMAIL.COM Address 194A BUKIT BATOK WEST AVENUE Address complement 08-219 Postcode 651194 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 Hit and run / Vandalism / Damaged whilst parked 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? 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? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN AND POLICE REPORT ATTACHED 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 SH6423G Vehicle Manufacturer

Vehicle Model
Vehicle Variant

Vehicle Colour	-
Vehicle Category	Taxi
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

- 1. Please 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
- 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
- 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) precessing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to (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
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (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 Igwyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

's Signature (if driver is not the policyholder) / Date 1011 Witnessed by Reporting Centre Person 22 & Time Sketch Plan (Name as in NRIC/ID card)

scribe Circumsta	nce of the Accid	ent					
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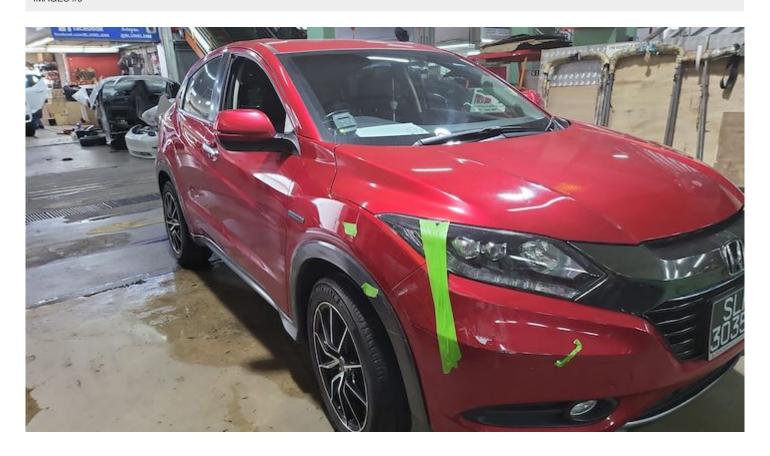
















Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20221108/7002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/11/2022 00:17			Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars				
Name of Informant: YEE WEI YANG			Address: 194A BUKIT BATOK WEST AVENUE 6 #08-219 SINGAPORE 651194			
ID Type / ID No.:			Contact No.:			
NRIC NO / S9376854Z			Home/Office: Mobile: 85112810			
Nationality:			Email:			
SINGAPORE CITIZEN			WEIYANG5107@GMAIL.COM			
Sex:	Age:	Date of Birth:	Type of Informant:			
Male	29	18/06/1993	Driver			
Race:			Language: Institution / School Name:			
Chinese			English			
Occupation:			Driving Licence Information: Class: Date of Expiry:			

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 06/11/2022 21:40	Type of Location Car Park
Location: BUKIT BATO	K WEST AVENUE 6			
Weather: Clear				
		Road Surface: Dry		Road Speed Limit: 20 Km/h
			:	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SLH3035X	Car	HONDA	VEZEL 1.5X HYBRID A	Red		0

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
SLH3035X	NTUC Income Insurance Co-Operative Limited	5122193850-01	18/05/2022	27/04/2023		





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20221108/7002

CONTINUATION OF REPORT

Details of Perso	n Involved					
Any Pedestrian I	nvolved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Driver						
Name	YEE WEI YANG		ID No.		S9376854Z	
Related Vehicle	SLH3035X (Car)			Contact No.		85112810
Hospital/Clinic	NIL		Class Driving Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL	
Date	NIL	Date		NIL		
No. of Days gran	ted Medical Leave	NIL	Degree o	of	NIL	

Brief Details.

My HONDA VEZEL RED SLK3035X parked at car park lot.

A blue comfort delgo Hyundai Ionia blue attempt to reverse the parking lot beside.

While reversing, the blue Hyundai Ioniq hit the side of my car.

The damage side driver door and passenger door was identified.

Upon finding, my car footage cam recorded and found the taxi car plate is SH6423G.

the at fault driver failed to inform the collision.

Car footage cam video with sound is the solid proof of collision.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20221108/7002

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:	Date/Time:
Not applicable	08/11/2022 00:17
Officer In Charge Of Case: TP / TPIB /	Classification Of Case:
KASMAWATI BTE SAMIAN	
Contact No.: 65476368	
NP168	