SL0Z22CF0001 / LKK Auto Consultants Pte Ltd [408933] ENTRY DATE & TIME: 15/12/2022 09:54 (SGT) SUBMITTED BY: LKK Auto PU VERSION: 1 (15/12/2022 09:54 (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 15/12/2022 09:54 (SGT) Reported by Date of Accident 13/12/2022 18:30 (SGT) Exact Location of Accident Singapore Additional Location Information Jalan Bukit Merah (Exit to CTE) Country/State of Loss Singapore **DETAILS OF OWN VEHICLE** Vehicle Registration Number SKK4321J

Volkswagen

# INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner Wee Hoe Auto Service Company Reg No 3XXXX700X Email Address weehoeauto@hotmail.com Mobile Phone No (Phone) +65-82001770 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer

Model Jetta 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 CC 1390

# **INSURANCE COMPANY**

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number A 300648407 MTR

## DRIVER

Name of Driver Lee Xue Pin, Connie NRIC No SXXXX346I Date Of Birth 20/12/1990 Occupation Indoor

Date Of Driving Pass 28/12/2009 Driving experience 13 YEARS Gender Female Mobile Number (Phone) +65-91592747 Alt. Phone Number Email Address weehoeauto@hotmail.com Address 911 Lorong 1 Toa Payoh Address complement #15-01 Postcode 319771 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse 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 Collision - Head to Rear Weather Conditions Raining 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? Yes 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 Tanglin Division Headquaters Police Station Phone No (Phone) +65-18003910000 Alt. Police Station Phone No (Fax) +65-63964900 Police Station Address 21 Kampong Java Road Singapore 228892 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT Refer to Police Report No. E/20221214/7022. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident Yes with the driver.

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration NumberSKV8526BVehicle ManufacturerToyotaVehicle ModelHarrier



Vehicle Variant Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	S Elamparithi
NRIC No	SXXXX517H
Contact Number	(Phone) +65-94526644
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 Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn?	Lee Xue Pin, Connie Female (Phone) +65-91592747 911 Lorong 1 Toa Payoh #15-01 319771 31 Currently 26 weeks pregnant and given 12 days MC. SKK4321J Yes
Was this injured conveyed to hospital by ambulance?	No

#### SKETCH PLAN

## 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.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding 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 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 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)

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:

 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' 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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

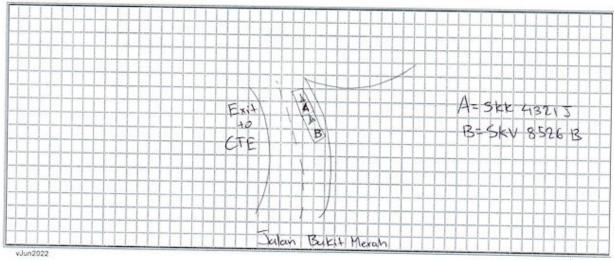
WEE HOE AUTO SERVICE

Policyheider's Signature (-Date & Time Actual Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

15/12/2022

Sketch Plan



CACcident report SL0Z22CF0001

Refer	40	Police	Report	No.	E/2022121417022	
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G Accident report SL0Z22CF0001

vJun2022

Policyholder's Signature / Date & Time

2



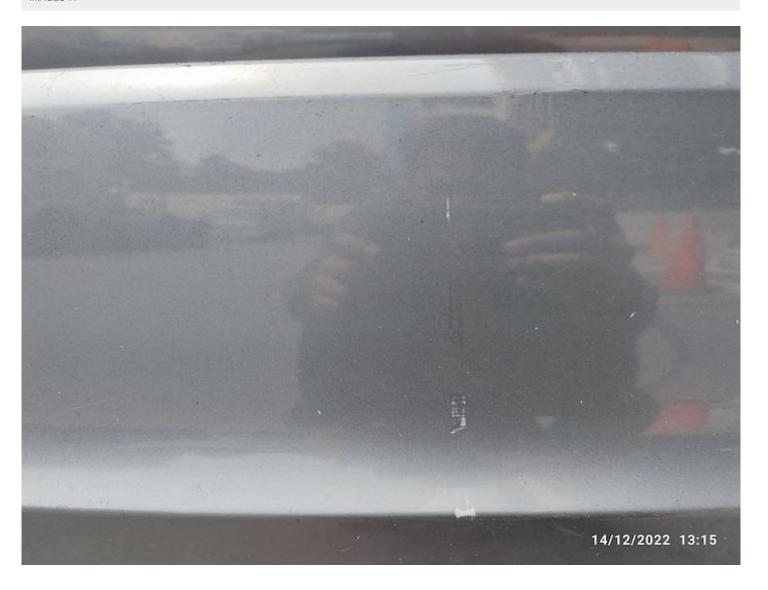


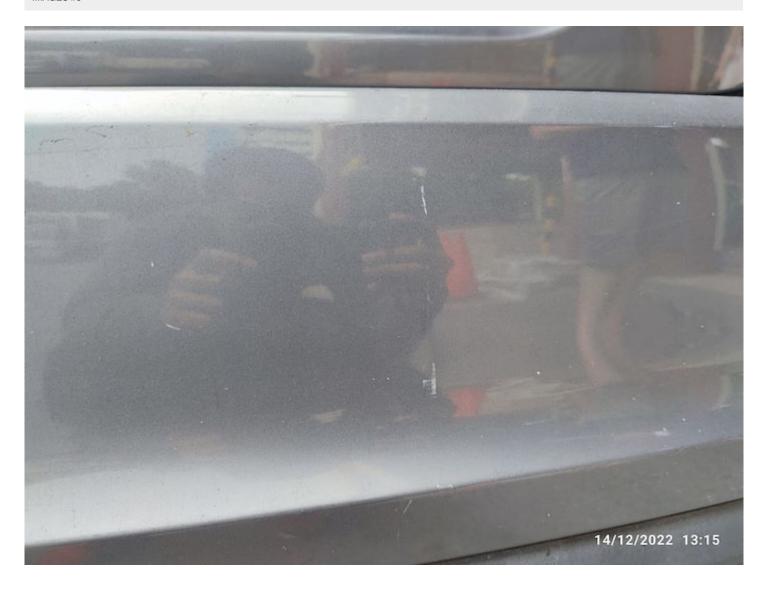




















Report No. E/20221214/7022

# POLICE REPORT (NP299)

Police Station Of Origin Tanglin Division HQ 21 Kampong Java Road SINGAPORE 228892 Tel No:1800-3910000

Vide Rep	oort No.		Station Diary No.
911 LOR		OA PAYOH #15-01	SINGAPORE
Contact No. Home/Office: Mobile:			
Email Address			
Sex Female	Age 31	Date of Birth	Race Chinese
Language English	)		10
Location Of Incident 911 LORONG 1 TOA PAYOH #15-01 SINGAPORE 319771			
	Address 911 LOR 319771 Contact I Home/Of Email Add CONNIE Sex Female Language English Location ( 911 LOR(	319771 Contact No. Home/Office:  Email Address CONNIE LXP@HC Sex Age Female 31 Language English Location Of Incident 911 LORONG 1 TO.	Address 911 LORONG 1 TOA PAYOH #15-01 319771 Contact No. Home/Office: Mobile: 91592747 Email Address CONNIE LXP@HOTMAIL.COM Sex Age Date of Birth Female 31 20/12/1990 Language English Location Of Incident 911 LORONG 1 TOA PAYOH #15-01

Traffic accident report with more than 3 days medical leave.

Jalan Bukit merah exit to cte on 13 Dec 2022 6.30pm.

I am the driver of SKK4321J and was rear ended by SKV8526B.

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: 14/12/2022 14:05
Officer In-Charge Of Case:	Classification Of Case:





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20221214/7022

My personal details are: S9049346I, Connie Lee, Connie\_lxp@hotmail.com, Accountant, 9159 2747. I am currently 26 weeks pregnant and given 12 days MC.

His details (driver of SKV8526B) are: S1705517H, S Elamparithi, 9452 6644.

Suspect					
Person Name	S Elamparithi				
ID Type	NRIC NO	ID No	S1705517H		
Gender	Male	10 110			
Victim					
Person Name	LEE XUE PIN, CONNIE	THE STATE OF THE PERSON NAMED IN			
ID Type	NRIC NO	ID No	000400404		
Gender	Female	Age	S9049346I		
Race	Chinese	Language	31		
Occupation A	Accountant (excluding tax accountant)	Address	English		
			911 LORONG 1 TOA PAYOH		
	91592747		#15-01 SINGAPORE 319771		
	31332747	Is Informant A Victim?	Yes		
Person Name	. ==				
rerson Name	LEE XUE PIN, CONNIE (Infor	mant)			

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: 14/12/2022 14:05
Officer In-Charge Of Case:	Classification Of Case: