SN0922CF000B / National Assessment Centre Services [408933] ENTRY DATE & TIME: 15/12/2022 17:46 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (15/12/2022 17:46 (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.

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 17:46 (SGT) Reported by Date of Accident 08/12/2022 14:30 (SGT) Exact Location of Accident Ang Mo Kio Ave 3, Singapore Additional Location Information OPEN SPACE CARPARK Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Lexus

Vehicle Registration Number SMP7773T

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LEE SHEAN YEOW (LI XUANYAO) NRIC No SXXXX076H Fmail Address investlsy1973@me.com Mobile Phone No (Phone) +65-90046079 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer

Model **UX250H** 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 1987

#### **INSURANCE COMPANY**

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number D22MTPV01013980

#### DRIVER

Name of Driver LEE SHEAN YEOW (LI XUANYAO) NRIC No SXXXX076H Date Of Birth 31/05/1973 Occupation Outdoor

Date Of Driving Pass 13/01/2003 Driving experience 19 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-90046079 Alt. Phone Number Email Address investlsy1973@me.com Address BLK 131 SIMEI STREET 1 #09-212 Address complement Postcode 520131 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 **DRIZZLING** 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? 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 POLICE REPORT T/20221208/7047 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number GY4298S Vehicle Manufacturer

Vehicle Model
Vehicle Variant

Vehicle Colour	-
Vehicle Category	Commercial vehicle
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

- Please inport correctly the defails 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 withit misrepresentation or withholding of material facts may allow ensurance companies to regulate 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 incurance 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 Singapore (GIA) for archiving and that copies of this report will for a fee the made available upon application by interested parties.
- By the todgement of this report to the insuters, 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)

Landerstand, acknowledge, agree and consent that:

(a) My insurer, my workship 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 the [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(v) with have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident (all insurers) tawyers/law farms, 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 doubling with my claims including the settlement of the claims and any necessary investigations relating to

- (ii) investigating the addition and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- iw) administrating my claims probabiling the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of carbon personal data about me to bring about delivery of the same as well as on the external criver of crivelopes/mail packages), and/or
- (v) complying with applicable law in administering, processing, honding and/or dealing with my claims

(collectively the Purposes")

(b) will insurur(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

not my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents finishing their tawyors/kny times), which may be sited outside of Singapore, for one or more of the above Purposes.

Pratocholdor's Signature / Water & Terral

Onwe's Signature of driver is not the policybelder) / Done

Winossed by Reporting Centre Personnel

Sketch Plan

ANG HO NO AVENUE 3
OPEN CAPPARE

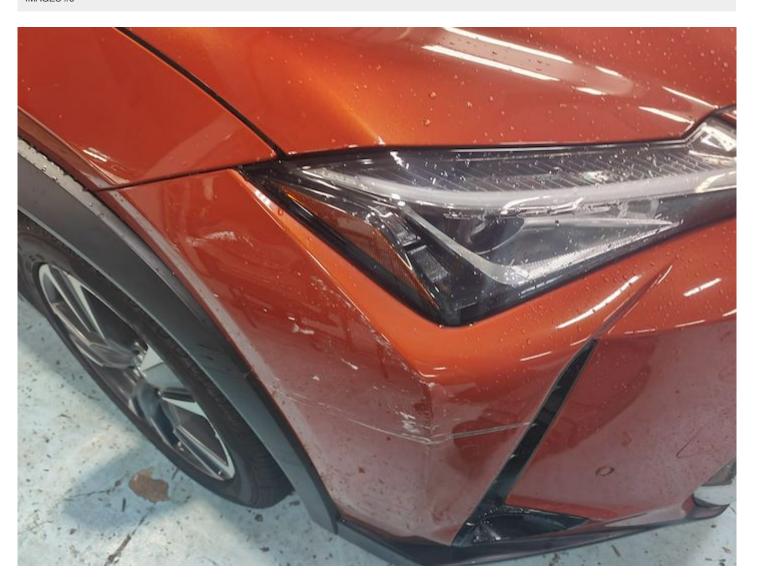
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eclaration Ve declare the forego	ng parikulars are tit.	e in every respect.		/	1 1
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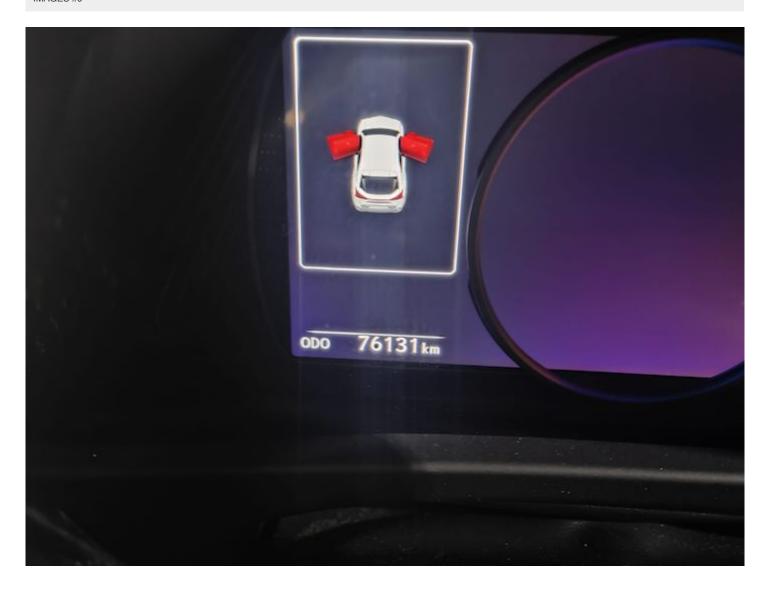


















Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. 1/2022/208/7047

REPORT O	F A TRAFFIC	ACCIDENT		Totalian Diam No.	
Date/Time Report Made: 08/12/2022 17:20			Vide Report No. Station Diary N		
Informa	nt's Particu	ilars			
Name of	Informant: EAN YEOW	3.n	Address: 131 SIMEI STREET 1 #09-21	2 SINGAPORE 520131	
ID Type / ID No.: NRIC NO / S7320076H			Contact No.: Home/Office:	Mobile: 90046079	
Nationality: SINGAPORE CITIZEN		WAY D	Email: INVESTLSY1973@ME.COM		
Sex: Male	Age:	Date of Birth: 31/05/1973	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation:		VER	Driving Licence Information: Class:	Date of Expiry:	

Type of Accident	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 08/12/2022 14:30	Type of Location Car Park
Location: ANG MO KIC	AVENUE 10			
		Road Surface		Daniel Connect Limit
		Wet		Road Speed Limit
Weather: Drizzling Traffic Flow: One Way				Traffic Volume: Light Anyone conveyed by

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
GY4298S	Lorry					U
SMP7773T	Car	TOYOTA	LEXUS UX250H 5DR SUV (AT) (2WD) LUXURY	Orange	Slightly Damaged	0



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

Report Na. T/20221208/7047

# CONTINUATION OF REPORT

Details of Ve	hicle Insurance			Effective	1	
Vehicle No.	Insurance Company		Insurance No		Expiry Date	
SMP7773T	TENET SOMPO INSURANCE P LTD.	TE. D22N 0	MTPV010139	8 13/09/2022	12/09/2023	
Details of Pe	rson Involved					
	an Involved: No					
No. of Pedes	rians Injured: NIL	Use of f	Pedestrian C	rossing: NA		
Driver						
Name	LEE SHEAN YEOW		ID No.	\$7320076	S7320076H	
Related Vehi	cle SMP7773T (Car)		Contact	No. 90046079	E .	
Hospital/Clini	c NIL		Class of Driving Licence Expiry	Date of E		
Date	NIL	Date	1	AIL .		
No of Days	granted Medical Leave NIL	Degree	10:5	HL.		

Brief Details.

I parked my vehicle at Ang Mo Kio Avenue 3 (Bik 446-453A) open carpark at around 13:15 HRS. When I returned to my vehicle at around 14:30 HRS, I noticed a note on my windscreen.

I read the note left by witness (contact detail: 8780 5424) that a vehicle GY4298S had collided onto my vehicle and left.



T/20221208/7047

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 Report No. T/20221208-7047

CONTINUATION OF REPORT

Olm	rock	Plan
315E	ECH	17046811

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP / TPIB / RASHIDAH BINTE AZMAN Contact No.: 65476902

NP168

Signature Of Informant.

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time: 08/12/2022 17:20

Classification Of Case