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 10/01/2023 17:47 (SGT) Reported by Date of Accident 09/01/2023 13:07 (SGT) Exact Location of Accident Singapore Additional Location Information DEFU LANE 4 TOWARDS DEFU AVENUE 2 BESIDE SIM JOO HUAT (S539407) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMH4713D

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner LEE SIEW YIN NRIC No SXXXX585J Email Address dylan_chensiwei@hotmail.com Mobile Phone No (Phone) +65-96619497 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Mercedes Model C180k 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 your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto CC 1597

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMPCSNW00082912202

DRIVER

Name of Driver **CHEN SI WEI** NRIC No SXXXX119A Date Of Birth 28/03/1990

Occupation Indoor Date Of Driving Pass 02/11/2009 Driving experience 13 YEARS AND 2 MONTHS Gender Male Mobile Number (Phone) +65-92250999 Alt. Phone Number Email Address dylan_chensiwei@hotmail.com Address 813A CHOA CHU KANG AVENUE 7 Address complement Postcode 681813 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Parent 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 Collided into Parked Vehicle Weather Conditions Clear Road Surface 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? 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 Ang Mo Kio Division Headquarters Police Station Phone No (Phone) +65-18002180000 Alt. Police Station Phone No (Fax) +65-64814246 Police Station Address 51 Ang Mo Kio Avenue 9 Singapore 569784 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO THE ATTACHED POLICE REPORT-F/20230109/7069 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 WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

XD3137P

Vehicle Registration Number

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 report <u>correctly</u> 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 <u>truthful</u> and accurate as <u>possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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)

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' lawyers/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;
- (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")

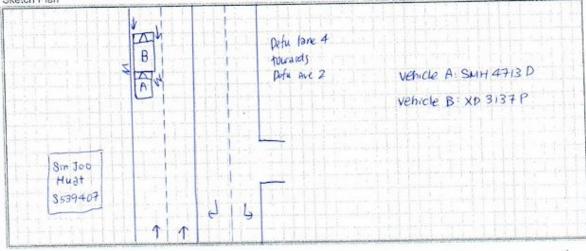
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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.

Policyholder's Signature / Date & Time

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

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

Sketch Plan



1

per police Report				
rt No : F/2023010	9/7069			
WOTTH				
Declaration				
I/We declare the foregoing particulars are	true in every respect.			
,	CIM -		^	
108 -	()//		gull !	0/1/23
Policyholder's Signaturo / Date & Time	Driver's Signature (if driver is not	the policyholder) / Date	Witnessed by Reporting Centre F (Name as in NRIC/ID card)	Personnel





Report No. F/20230109/7069

POLICE REPORT (NP299)

Police Station Of Origin Ang Mo Kio Division HQ 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

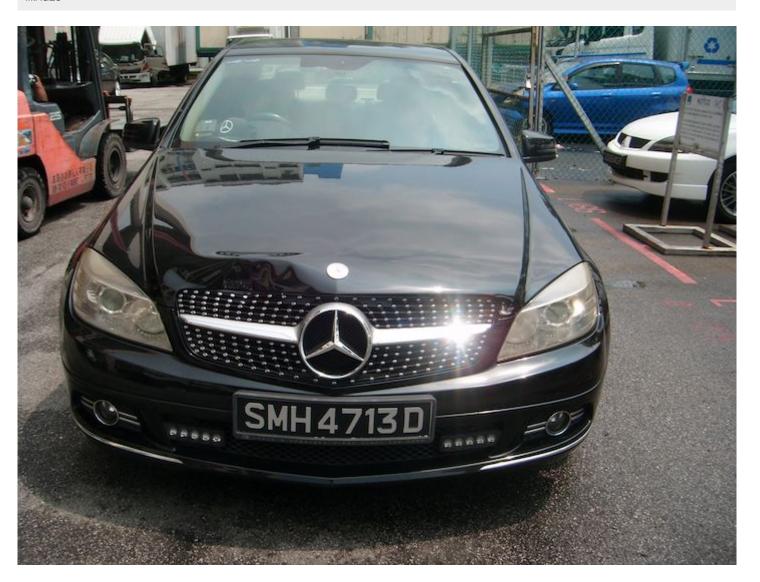
Tel No:1800-2180000

Date/Time Report Made 09/01/2023 16:55	Vide Re	port No.		Station Diary No.
Name Of Informant	Address			00 96-1 0009000
CHEN SIWEI	813A CHOA CHU KANG AVENUE 7 #13-551 SINGAPORE 681813		#13-551	
ID Type / ID No.	Contact	No.		
NRIC NO / S9011119A	Home/Office: Mobile:			
	92250999			
Nationality	Email Address			
SINGAPORE CITIZEN	DYLAN CHENSIWEI@HOTMAIL.COM			
Occupation	Sex	Age	Date of Birth	Race
Human resource consultant (excluding	Male	32	28/03/1990	Chinese
executive search consultant)				
Institution/School Name	Language English			
Date/Time Of Incident	Location Of Incident			
09/01/2023 13:10 - 09/01/2023 14:00	2 DEFU LANE 4 DEFU INDUSTRIAL ESTATE			
	SINGAPORE 539407			

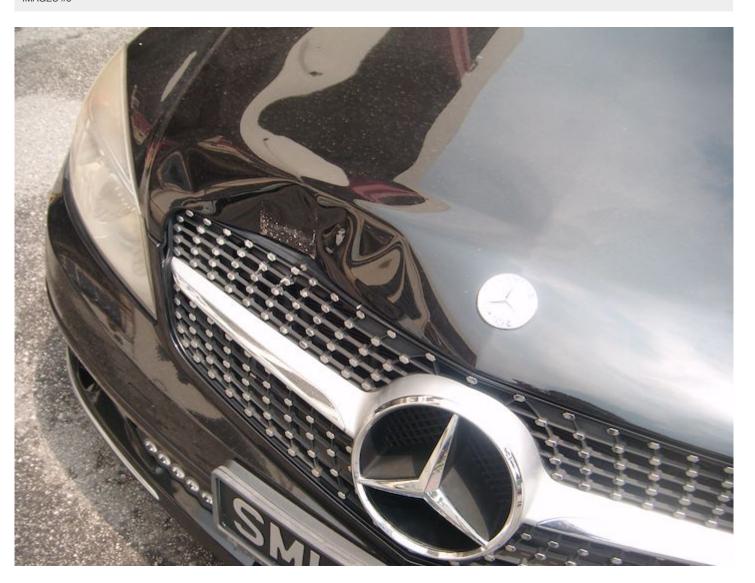
Brief details.

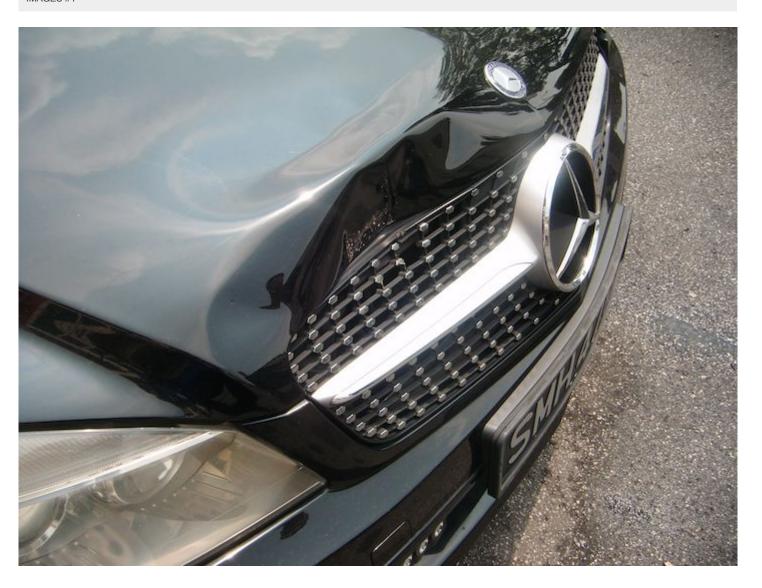
on 09 January 2023 My Car (SMH4713D) Mercedes Benz 1,6L Kompressor was parked outside of my office from 9a.m and i was alert my car being hit&run by a Mitsubishi Fuso Truck : XD3137P at around 1.50p.m but the truck did not stop nor leave any note on my car. Hence i have withdraw CCTV footage from my factory and noticed the plate number of the truck and the footage where the truck have banged onto my car and did not have any intention to leave note or be responsible of what he did, but he just

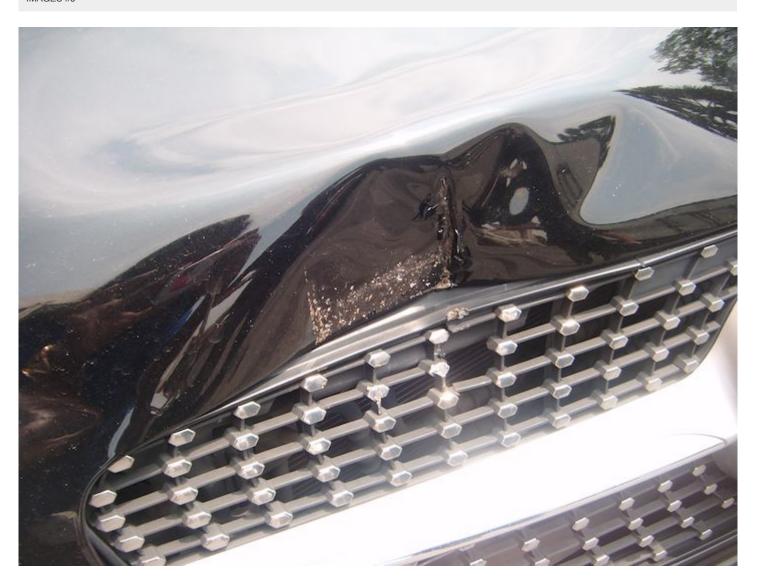
Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 09/01/2023 16:55
Officer In-Charge Of Case:	Classification Of Case:

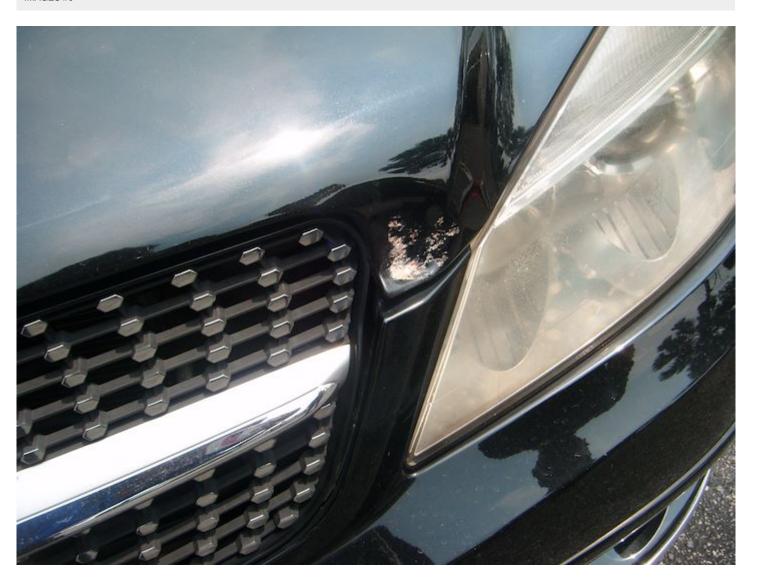






















Report No. F/20230109/7069

POLICE REPORT (NP299)

Police Station Of Origin Ang Mo Kio Division HQ 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

Tel No:1800-2180000

Date/Time Report Made 09/01/2023 16:55	Vide Re	port No.		Station Diary No.
Name Of Informant	Address			
CHEN SIWEI	813A CHOA CHU KANG AVENUE 7 #13-551 SINGAPORE 681813		#13-551	
ID Type / ID No. NRIC NO / S9011119A	Contact Home/C		Mobile: 92250999	
Nationality SINGAPORE CITIZEN	Email Address DYLAN CHENSIWEI@HOTMAIL.COM			
Occupation	Sex	Age	Date of Birth	Race
Human resource consultant (excluding executive search consultant)	Male	32	28/03/1990	Chinese
Institution/School Name	Language English			
Date/Time Of Incident 09/01/2023 13:10 - 09/01/2023 14:00	Location Of Incident 2 DEFU LANE 4 DEFU INDUSTRIAL ESTATE SINGAPORE 539407			

Brief details.

on 09 January 2023 My Car (SMH4713D) Mercedes Benz 1,6L Kompressor was parked outside of my office from 9a.m and i was alert my car being hit&run by a Mitsubishi Fuso Truck : XD3137P at around 1.50p.m but the truck did not stop nor leave any note on my car. Hence i have withdraw CCTV footage from my factory and noticed the plate number of the truck and the footage where the truck have banged onto my car and did not have any intention to leave note or be responsible of what he did, but he just

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: 09/01/2023 16:55		
Officer In-Charge Of Case:	Classification Of Case:		





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20230109/7069

drove off.

At this point, there is a witness who witnessed this case too.

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: 09/01/2023 16:55
Officer In-Charge Of Case:	Classification Of Case: