SC1I231R0009 / CHENG HOE MOTOR PTE LTD[768761] ENTRY DATE & TIME: 27/01/2023 18:32 (SGT) SUBMITTED BY: CHIONG BENG CHOON VERSION: 1 (27/01/2023 18:32 (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 27/01/2023 18:32 (SGT) Reported by Date of Accident 21/01/2023 08:30 (SGT) Exact Location of Accident Malaysia Additional Location Information NO 4 JLN MAJU 1/6 TMN LEMBAH MAJU 56100 KUALA LUMPUR Country/State of Loss Malavsia

DETAILS OF OWN VEHICLE

Mercedes

Vehicle Registration Number SFB6883Y

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LYE YOON SAN NRIC No SXXXX595I Email Address jameslye61@gmail.com Mobile Phone No (Phone) +65-96956883 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model E200 EXCLUSIVE (R18 LED) 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

Yes your vehicle? Vehicle Category Private car Transmission Auto CC 1991

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd Policy Number / Cover Note Number Z22VP05031963

DRIVER

Name of Driver LYE YOON SAN NRIC No SXXXX595I Date Of Birth 23/02/1966 Occupation Indoor

Date Of Driving Pass 07/03/1997 Driving experience 25 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-96956883 Alt. Phone Number Email Address jameslye61@gmail.com Address BLK 330 YISHUN RING ROAD #08-1436 Address complement Postcode 760330 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 **NOT SURE** Road Surface NOT SURF 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? No Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο 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 Yishun North Neighbourhood Police Centre Police Station Phone No (Phone) +65-18008529999 Alt. Police Station Phone No (Fax) +65-68522299 Police Station Address 31 Yishun Central Singapore 768827 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?

Yes
Was there any video captured by Car Camera?

No

SKETCH PLAN

VEHNO: SFB 6883Y

INSURER LOADAC

DATE OF ACC 21/1/23 8.30 cm

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:

(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.

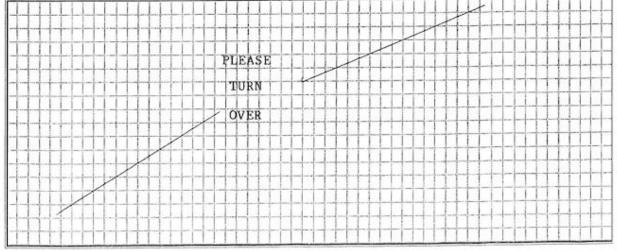
Policyholder's Signature / Date & Time

Lin

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

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

Sketch Plan



1

	ice of the Accident	T YOUR INSURER HAVE 140	DAYS TIME FRAME fo	or you to submit OWN	DAMAGE
		hensive policy. Pls check			
(/) Claim Or) Claim Third party		eporting Onlly	
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		1embah Maju,	56100 KL.		
	<u> LLiggeril</u>				-
			DoA:	21 1 23 8:30	D.4M
Refer Poi	ice Report				

Policyholder's Signature / Date & Time

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

& Time

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

(Y.S) org 27 1123 Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

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Report No. L/20230127/2038

POLICE REPORT (NP299)

Police Station Of Origin Yishun North N.P.C 31 Yishun Central SINGAPORE 768827

Tel No: 1800-8529999

Date/Time Report Made 27/01/2023 13:42	Vide Report No.		Station Diary No 34		
Name Of Informant	Address				
LYE YOON SAN	APT BLK 330 YISHUN RING ROAD #08-1436 SINGAPORE 760330				
ID Type / ID No. NRIC NO / S2670595I	Contact No. Home/Office		Mobile 96956883		
Nationality MALAYSIAN	Email Address jameslye61@gmail.com				
Occupation	Sex	Age	Date of Birth	Race	
Self-Employed	Male	56	23/02/1966	Chinese	
Institution/School Name	Language English				
Date/Time Of Incident 20/01/2023 22:00 - 21/01/2023 08:30	Location Of Incident No 4 Jln Maju 1/6 Tmn Lembah Maju 56100 Kuala Lumpur MALAYSIA				

Brief details.

On 20/01/2023 at about 2200hrs, I had parked my vehicle 'SFB6883Y' Mercedes Benz-E200 outisde my mother house in Malaysia at No 4 Jln Maju 1/6 Tmn Lembah Maju 56100 Kuala Lumpur and everything was intact.

On 21/01/2023 at about 0830hrs, I discovered that my vehicle 4 tyres were flat, both taillights were

Signature Of Officer Recording The Report: L / SGT 3 TOH WEE KEAT	Signature Of Informant:	
Signature Of Interpreter: Not applicable	Date/Time: 27/01/2023 13:42	
Officer In-Charge Of Case: L / Woodlands Police Divisional Investigation Branch / SR STAFF SGT TAN WEI MING Contact No.: 63647559	Classification Of Case:	





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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20230127/2038

broken and the whole vehicle were badly scratched. I then went to repair my tyres which cost RM6,360/-My niece then went to the neighbour unit to see their CCTV and later found out the person that did all the damaged to my vehicle is someone she knows. As such I had went to report the matter to the Malaysia police and the suspect were later arrested by the Malaysia police.

I am lodging this report for my insurance claim and for my record.

Signature Of Officer Recording The Report:
L / SGT 3 TOH WEE KEAT

Signature Of Interpreter:
Not applicable

Date/Time:
27/01/2023 13:42

Classification Of Case:
L / Woodlands Police Divisional Investigation Branch / SR STAFF SGT TAN WEI MING
Contact No.: 63647559

Signature Of Informant:

Classification Of Case:
Classification Of Case:



POLIS DIRAJA MALAYSIA REPOT POLIS

Balai : PANDAN INDAH
Daerah : AMPANG JAYA
Kontinjen : SELANGOR

No. Repot : PANDAN INDAH/001267/23

 Tarikh
 : 21/01/2023

 Waktu
 : 1830 PM

 Bahasa Diterima
 : B. Maiaysia

Butir-butir Penerima Repot:

Nama : NURUL ERNA NABILA No. Badan : R204265 Pangkat : L/KPL

BINTI AZMAN

Butir-butir Jurubahasa (Jika Ada) :

Nama :-- No. K/P (Baru) :--- No. Polis/Tentera :---

No. Pasport :--- Bahasa Asal :---

Alamat :---

Butir-butir Pengadu:

Nama : LYE YOON SAN

No. K/P (Baru) : 660223085827 No. Polis/Tentera : A0350958 No. Pasport :--

No. Sijil Beranak :-- Jantina : Lelaki Tarikh Lahir : 23/02/1966 Umur : 56 Tahun 10 Bulan Keturunan : Cina Warganegara : Malaysia

Pekerjaan : KONTRAKTOR

Alamat Tinggal : BLK 330 YISHUN RING RD #08-1436 SINGPORE 760330 96956883 SINGAPORE 760330

SINGAPORE

Alamat IbuBapa :--Alamat Pejabat :---

No. Tel (Rumah) :--- No. Tel (Pejabat) :--- No. Tel (Bimbit) : 6596956883

Emel : jameslye61@gmail.com

Pengadu Menyatakan:

PADA 20.01.2023 JAM LEBIH KURANG 2200HRS SAYA TELAH MELETAKKAN M/KAR MILIK SAYA JENIS: MERCEDES BENZ-A200 NOMBOR PENDAFTARAN: SFB 6883 Y WARNA: HITAM DIHADAPAN RUMAH ALAMAT NO 4 JLN MAJU 1/6 TMN LEMBAH MAJU 56100 KUALA LUMPUR DALAM KEADAAN BAIK.

PADA 21.01.2023 JAM LEBIH KURANG 0830HRS SEMASA SAYA MAHU MENGGUNAKAN SEMULA M/KAR, SAYA DAPATI KEEMPAT-EMPAT TAYAR TELAH DIBOCORKAN, KEDUA-DUA LAMPU BAHAGIAN BELAKANG TELAH DIPECAHKAN DAN KESELURUHAN BADAN M/KAR MEMPUNYAI KESAN CALAR. SAYA SYAKI INI ADALAH PERBUATAN KHIANAT DAN DIA TELAH MENGGUNAKAN OBJEK YANG TAJAM. APABILA SAYA MEMBUAT SEMAKKAN RAKAMAN CCTV MELALUI RUMAH JIRAN DAN DAPATI PERBUATAN TERSEBUT DILAKUKAN OLEH TEMAN LELAKI KEPADA ADIK IPAR SAYA IAITU NAMA: WENG NOMBOR TELEFON: 017-2063206, UNTUK MAKLUMAN, SAYA TIDAK MENGENALINYA DAN TIDAK PERNAH BERJUMPA. SAYA DATANG BALAI BUAT LAPORAN UNTUK TINDAKAN SELANJUTNYA. SEKIAN LAPORAN SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa(Jika ada):

Tandatangan Penerima Repot:

Salinan Repot Pertama