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 08/02/2023 17:25 (SGT) Reported by Date of Accident 07/02/2023 17:00 (SGT) Exact Location of Accident Temenggong Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number SGY4664T

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner HENG SOON COLLECTION PTE LTD Company Reg No 2XXXXX525H Email Address zhoumingpeh@gmail.com Mobile Phone No (Phone) +65-85111998 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Vios 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 1497

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMPCSNW00217332100

DRIVER

Name of Driver TERRY TAN LEONG HENG NRIC No SXXXX699G Date Of Birth 19/09/1990 Occupation Outdoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	12/08/2011 11 YEARS AND 6 MONTHS Male (Phone) +65-85111998 - zhoumingpeh@gmail.com BLK 811A CHOA CHU KANG AVENUE 7 #08-653 - 681811 No Friend No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Hit and run / Vandalism / Damaged whilst parked Clear 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? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement	No 2 No - Yes 0 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO POLICE REPORT T/20230208/7034	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident	Yes Yes WITH TRAFFIC POLICE
DETAILS OF OTHER	VEHICLE PROPERTY 1

SMQ6190B

Vehicle Model

Vehicle Registration Number
Vehicle Manufacturer

Vehicle Variant	_
Vehicle Colour	_
Vehicle Category	Private car
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 correctly the details of the accident to speed up the claims pricess.
- 2 This Form must be completed by the Policyholder and/or the Acqual Driver
- J. Information provided must be as truffilled and accurate as possible. Any wallet materials entailed 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 hability 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 Singapora (GIA) for anthrong and that copies of this report will for a fee be made available upon application by interested porties.
- 7. By the loggement 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 assessed.
- 8 Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that

(ii) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to cofect, use, disclose, and/or process my personal data/personal information set out in this Bornt and any other personal information provided by me or possessed by my injurier (cofectively the "Personal Information") and disclose and transfer such Personal Information to at 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 coffectively referred to as the "Insurers"), the Insurers' is inversal forms, the Modelary Authority of Singapore and any relevant government agencylauthority (such as the police), for the purpose(s) of:

(i) processing, transfering and/or dealing with my claims including the settlement of the claims and any necessary sixestigations 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.

(w) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain paraional data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); andror

(v) complying with applicable law in administering, processing, hardling 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 Revyershow times, marytane permitted to collectione, disclose and/or process my Personal Information for one or more of the above Purposes; and

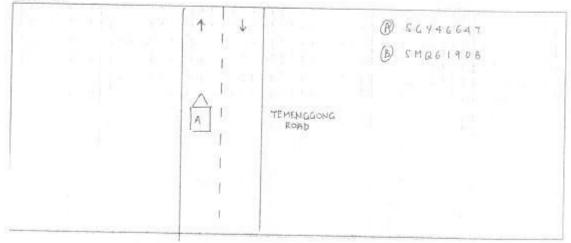
(c) my Personal Internation may/can be disclosed by any of the insurers and/or GIA to their third-party service providers or agents (including their tawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policytichturs Signature (Daile & Time

Diver's Signature of exwerts rule the policytocklery) Date.

Washington by Reputting Contre Personnel

Sketch Plan





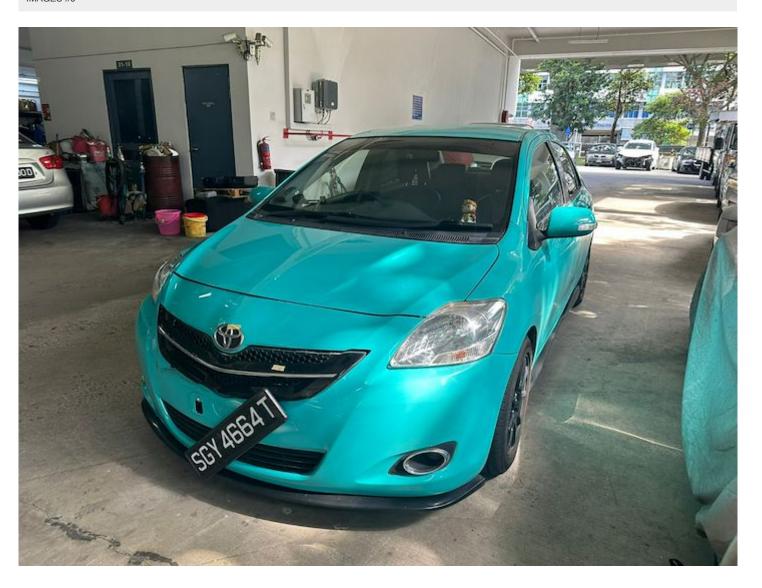


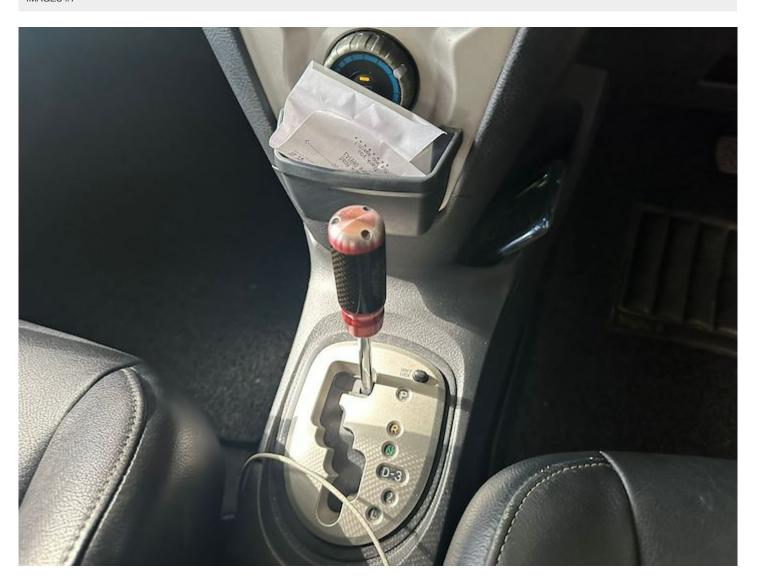


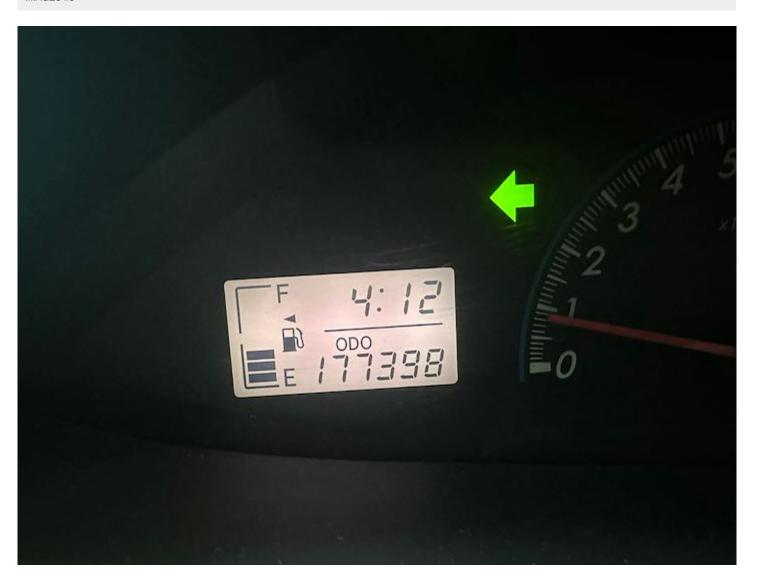


















Police Station Of Origin; Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/2023/0208/7034

REPORT OF A TRAFFIC ACCIDENT

Date/Tir 08/02/20	ne Report I 023 14:28	Made:	Vide Report No.: D/20230207/0082	Station Diary No.:	
Informa	nt's Partic	ulars			
Name o	ne of Informant: Addr RRY TAN LEONG HENG 811A		Address: 811A CHOA CHU KANG AV 681811	ENUE 7 #08-653 SINGAPORE	
	/ ID No.: D / \$90346	99G	Contact No.: Home/Office:	44274	
Nationality: SINGAPORE CITIZEN		EN	Home/Office: Mobile: 85111998 Email: zhuomingpeh@gmail.com		
Sex: Male	Age: 32	Date of Birth: 19/09/1990	Type of Informant:		
Race: Chinese			Language: English	Institution / School Name:	
Occupation:			Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Non-Injury Attended by Poli	Anna Carlotte and	e: Accident:		Type of Location uphill slope
Location:		l No	07/02/2023 17	:00	FORTHWO THE SERVE
TEMENGGO	IC PDAD				
LINENGGOI	AG ROAL				
Weather:		Dond Curtass			
Maria de la companya del companya de la companya de la companya del companya de la companya de l		Road Surface:			d Speed Limit:
Weather: Clear Traffic Flow:		Dry		40 K	lm/h
Clear		Dry Traffic Control:		40 K	lm/h lic Volume:
Clear Traffic Flow:	ion:	Dry		40 K Trafi No T	lm/h

Vehicle No.	Type	Make	Model	Color	Conditio	BALL OF
SGY4664T	Car	TOYOTA			100000000000000000000000000000000000000	No of
		TOTOIA	VIOS	Green	Slightly Damaged	1
SMQ6190B	Car	LEXUS				



NIL

NIL

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 85470000

Details of Vehicle Insurance

Report No. T/20230208/7034

CONTINUATION OF REPORT

	mere insurance				
Vehicle No.	Insurance Company	Insurance No Effective Exploy			
SGY4664T	CHINA TAIPING INSURANCE		Effective	Expiry Dat	
	(SINGAPORE) PTE. LTD.	DMPCSNW002173	18/10/2021	26/03/2023	
	77. TE, E10.	32100			
Details of Per	son Involved				
Any Pedestria	n Involved: No				
No. of Pedestr	ians Injured: NIL	Use of Pedestrian Cros	alan KIA		
Driver		1 000 or r edestriair Gros	sing: NA		
Name	TERRY TAN LEONG HENG	ID No.	Dono mon-		
		10 140.	S9034699G		
Related Vehicl	e SGY4664T (Car)	Control No	05444000		
	1	Contact No.	85111998		
Hospital/Clinic	NIL	Class or	2017		
	Service .	Class of	Class: NIL Date of Expiry: NIL		
		Driving Licence &			
		Expiry			
Date	MIII	Lexpity	xiry		

Date

Degree of

Brief Details.

Date

Video send to IO PAN Tel: 65476433 Reported to TP on day of incident

No. of Days granted Medical Leave

Vehicle was parked along temonggong road from 1630-1815, road was empty, parked downhill behind a white Lexus SMO6190B. returned to find out vehicle front bumper was damaged. white paint residue was found on the impacted areas of the damage, no mode of contact was left by the other party,

NIL



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



3 of 3 Report No. 7/20230208/7034

CONTINUATION OF REPORT

mormant is	not	able to	provide sketo

Sketch Plan

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:
08/02/2023 14:28

Classification Of Case:
TP / TPIB /
JOFILIANO BIN MOHAMED ALI
Contact No.: 65476960