SN08234K0003 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 20/04/2023 12:52 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (20/04/2023 12:52 (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 20/04/2023 12:52 (SGT) Reported by **Actual Driver** Date of Accident 18/04/2023 07:00 (SGT) Exact Location of Accident Toh Yi Dr. Singapore Additional Location Information CAR PARK (CLTY2) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **SJP7777T**

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **WANG BIN** Passport No/FIN GXXXX310W Email Address alonejc 88@hotmail.com Mobile Phone No (Phone) +65-91236969 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Vellfire Variant

Exact purpose for which vehicle was being used at time of accident **Employment**

Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category

Private car Transmission Auto CC 2494

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMPCSNA00112522201

DRIVER

Name of Driver **BRAYDEN MARCUS LOW** NRIC No SXXXX621G Date Of Birth 02/11/1988 Occupation Outdoor

Date Of Driving Pass 08/12/2010 Driving experience 12 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-91236969 Alt. Phone Number Email Address alonejc_88@hotmail.com Address **BLK 3 TOH YI DRIVE #08-177** Address complement Postcode 590003 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Paid Driver 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 Hit and run / Vandalism / Damaged whilst parked Weather Conditions Clear Road Surface Dry 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 Clementi Division Headquarters Police Station Phone No (Phone) +65-18007740000 Alt. Police Station Phone No (Fax) +65-67741705 Police Station Address 20 Clementi Avenue 5 Singapore 129858 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH AND POLICE REPORT D/20230420/7017 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1**

GX9202R

Toyota

CAccident report SN08234K0003

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

- 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 reguldate 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 ladgement 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 Actual Driver's Signature (if driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan OH ORUM (MEDPICK CUY)

By Signature (Date & Time Vitnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

By Signature (Date & Time Vitnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

By Signature (Date & Time Vitnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

20/04/2023 1050am

Accident report SN08234K0003

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Policyholder's Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) Witnessed by Reporting Centre Personnal (Name as in NRIC/ID card)

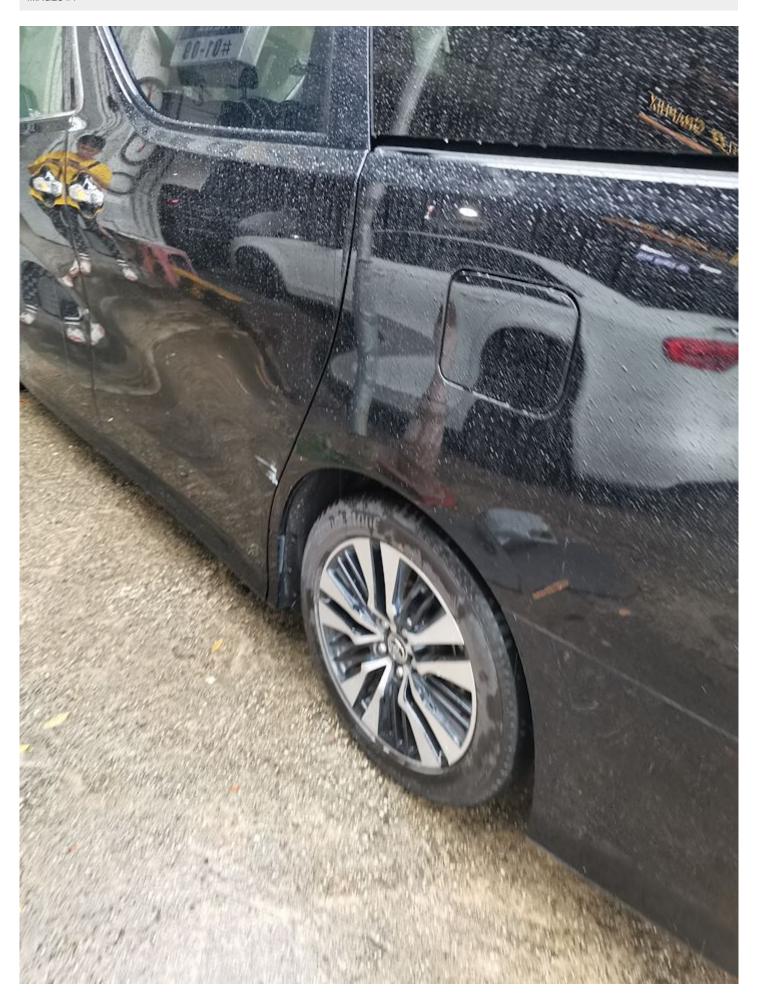
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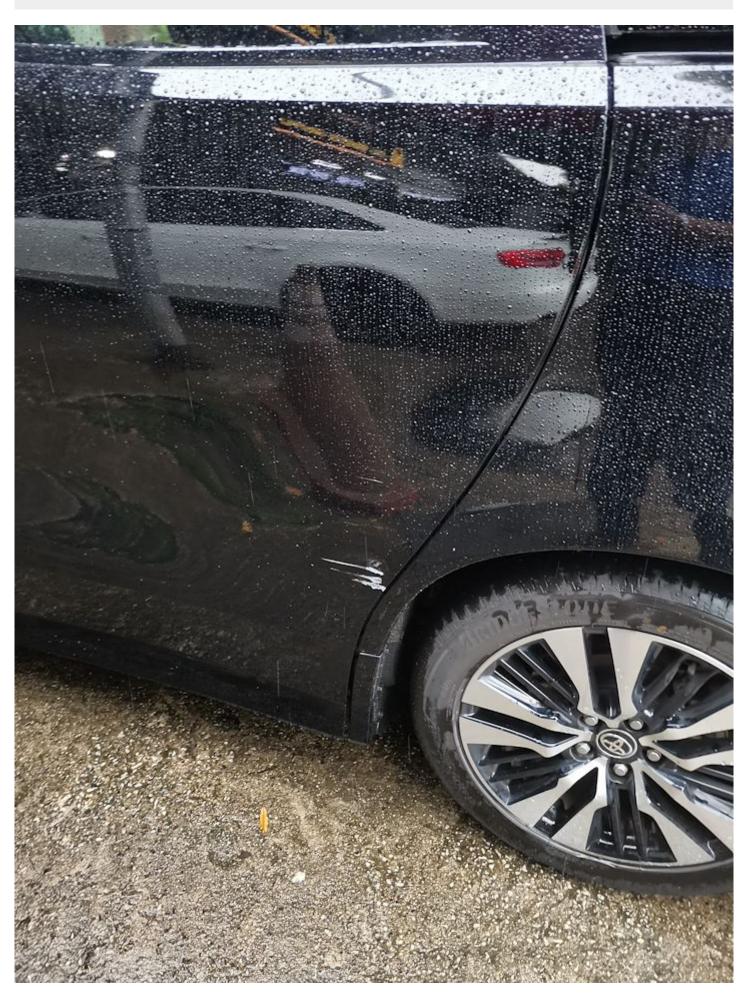
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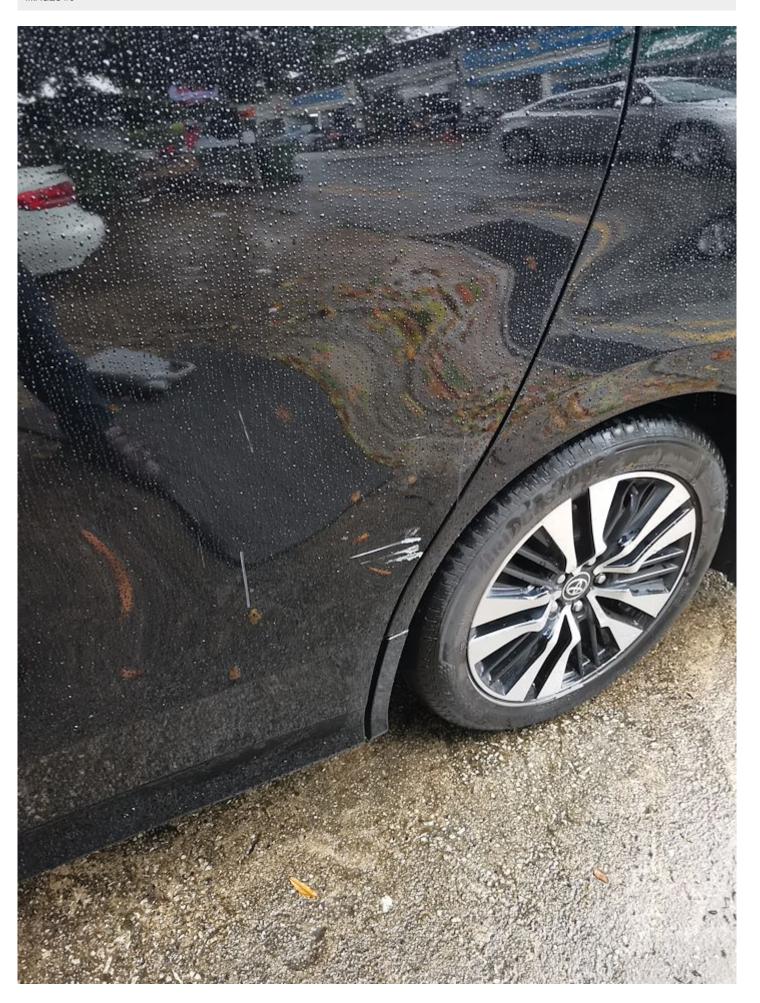






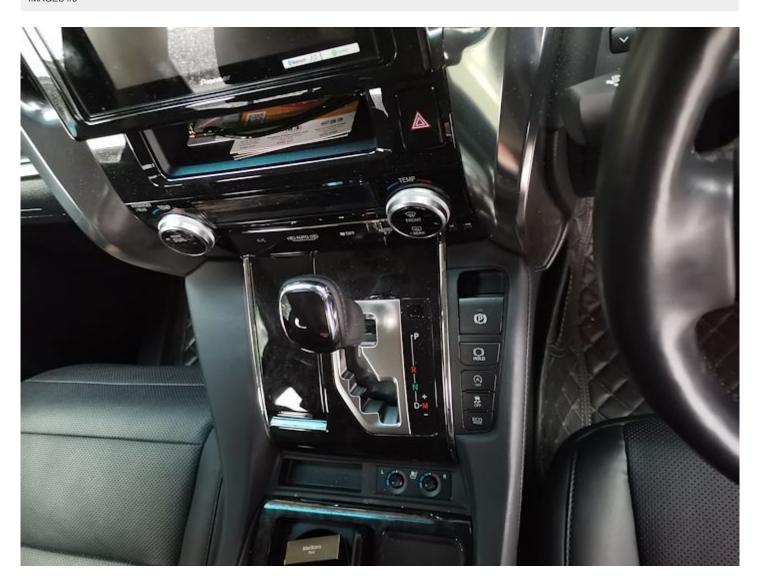










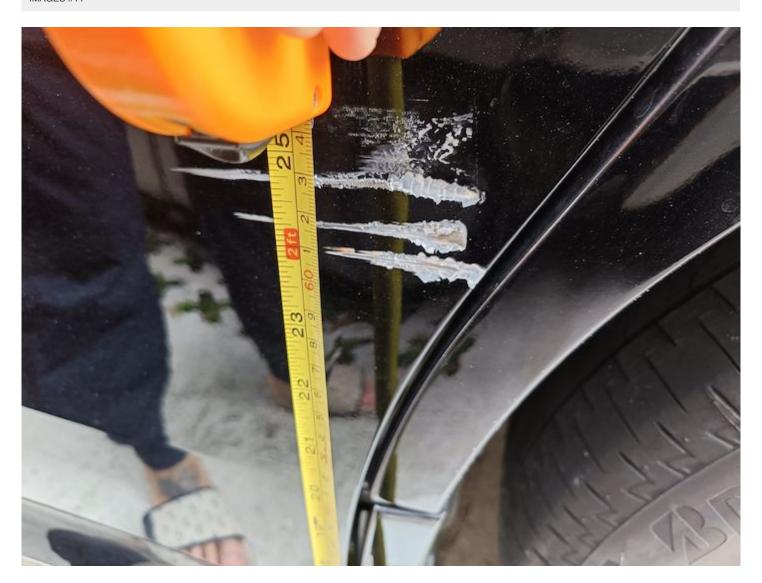


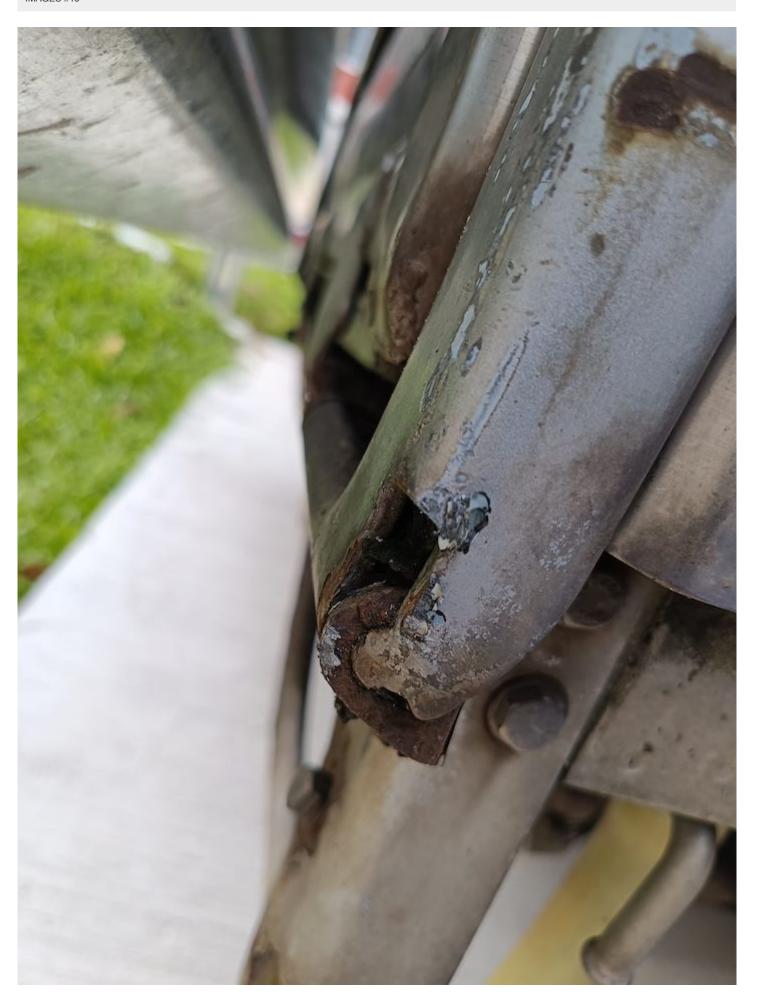




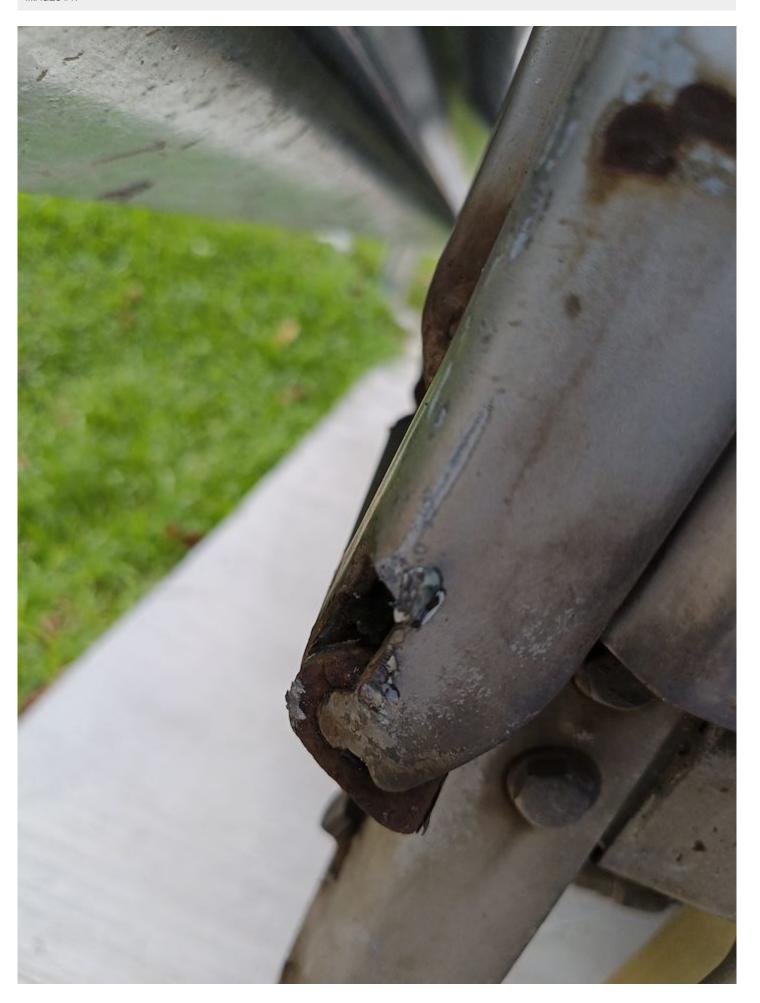


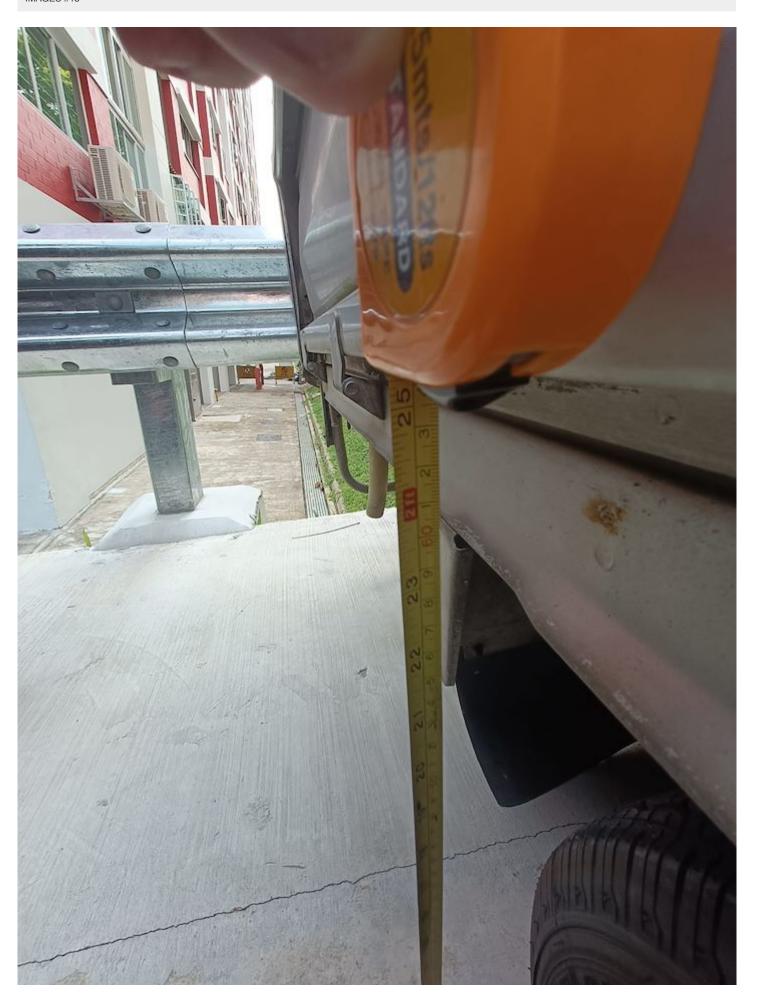


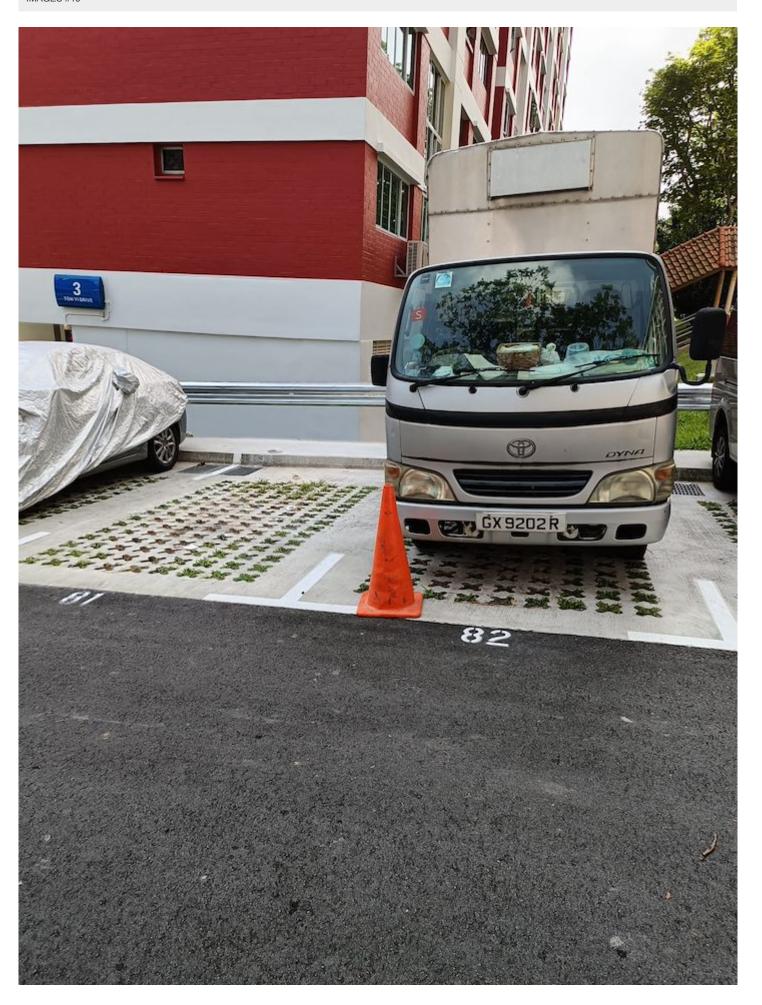


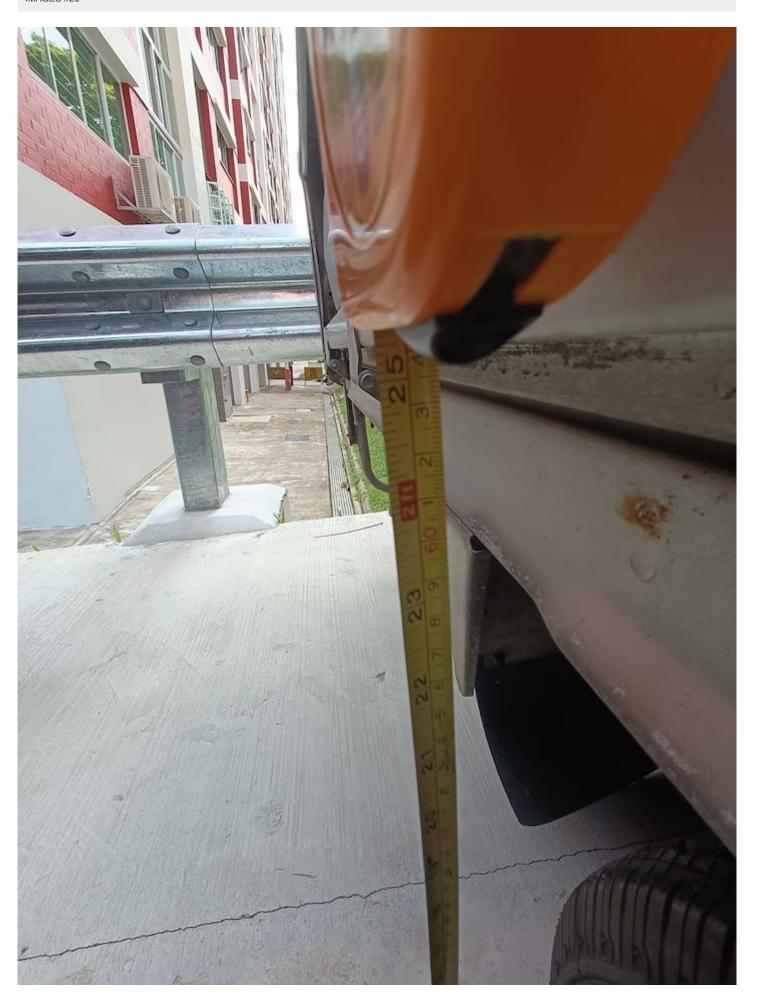


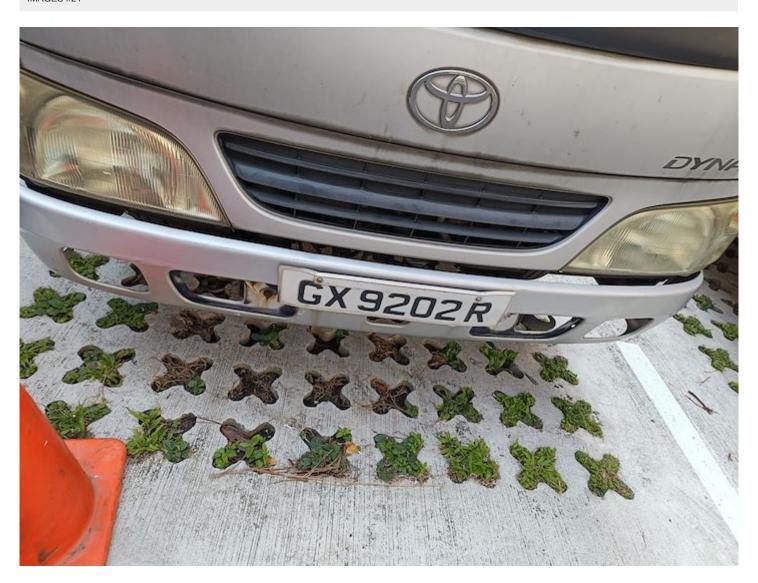




















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Report No. D/20230420/7017

POLICE REPORT (NP299)

Police Station Of Origin Clementi Division HQ 20 Clementi Avenue 5 SINGAPORE 129858 Tel No:1800-7740000

Date/Time Report Made	Vide Report No.			Station Diary No	
20/04/2023 11:15	December 198 States Care S			524000000000000000000000000000000000000	
Name Of Informant	Address	3			
BRAYDEN MARCUS LOW	3 TOH YI DRIVE #08-177 SINGAPORE 590003			RF 590003	
ID Type / ID No.	Contact No.			115 000000	
NRIC NO / S8846621G	Home/Office: Mobile:				
	91236969				
Nationality	Email Address				
SINGAPORE CITIZEN	ALONEJC_88@HOTMAIL.COM				
Occupation	Sex	Age	Date of Birth	Race	
Other personal service workers	Male	34	02/11/1988	Chinese	
Institution/School Name	Language English				
Date/Time Of Incident	Location Of Incident				
18/04/2023 01:00 - 20/04/2023 07:00	3 TOH YI DRIVE #08-177 SINGAPORE 590003				
Brief details.	110000000000000000000000000000000000000				

On the 18 April 2023 at about 1am I park my vehicle SJP7777T at TOY YI DRIVE CARPARK CODE (CLTY2) LOT 81. At about 0700hrs on the same day I saw a lorry parked next to my vehicle in LOT 82 and notice scratch mark on my vehicle. Vehicle number GX9202R. Very obvious is only this lorry who parked next to me. I dislike parking next to lorry but this lorry always like to park next to me. So I when to inspect the lorry and found out some damage marked on the lorry. I left a note for him to return call to me unfortunately he didn't. The date and time of accident happened is between 18/04/2023 0100hours to 18/04/2023 0700hrs.

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: 20/04/2023 11:15			
Officer In-Charge Of Case:	Classification Of Case:			





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20230420/7017

Victim				
Person Name	BRAYDEN MARCUS LOW			
ID Type	NRIC NO	ID No	S8846621G	
Gender	Male	Age	34	
Race	Chinese	Language	English	
Occupation	Other personal service workers	Address	3 TOH YI DRIVE #08-177 SINGAPORE 590003	
Mobile No	91236969	Is Informant A Victim?	Yes	

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: 20/04/2023 11:15			
Officer In-Charge Of Case:	Classification Of Case:			