SL0Z23530001 / LKK Auto Consultants Pte Ltd [408933] ENTRY DATE & TIME: 03/05/2023 16:50 (SGT) SUBMITTED BY: LKK Auto PU VERSION: 1 (03/05/2023 16:50 (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 03/05/2023 16:50 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 26/04/2023 17:25 (SGT) Exact Location of Accident Singapore Additional Location Information PIE TOWARDS TUAS BEFORE ENG NEO AVENUE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number **SLP1986Y**

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner JIN LIMING NRIC No SXXXX153Z Fmail Address RUIHUAN2000@YAHOO.COM Mobile Phone No (Phone) +65-84995050 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Corolla 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 1598

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number A 300573343 AT2

DRIVER

Name of Driver LI RUIHUAN NRIC No SXXXX603J Date Of Birth 04/09/1982 Occupation Indoor

Date Of Driving Pass 27/04/2017 Driving experience 6 YEARS Gender Female Mobile Number (Phone) +65-84995050 Alt. Phone Number Email Address RUIHUAN2000@YAHOO.COM Address 2 PETIR ROAD Address complement # 12-11 Postcode 678265 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse 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 Side Swipe Weather Conditions Clear Road Surface Dry

OTHER INFORMATION

Yes Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Yes 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? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement

Was any foreign vehicle involved in the accident?

FOREIGN VEHICLE 1

Vehicle Registration Number JVH4088 Vehicle Category Motorcycle

PASSENGER 1

Name K.NITIAH Gender

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 THE ATTACHED POLICE REPORT - T/20230427/7006

* Report was unable to submit on 02.05.2023 as Gear system was down."

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

WITH INVESTIGATION OFFICER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	_
Vehicle Colour	-
Vehicle Category	Bus
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)	_

DETAILS OF OTHER VEHICLE PROPERTY 2

GBE2847K
-
-
-
-
Commercial vehicle
-
-
-
-
-
-
-
-
-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	JVH4088
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	_
Vehicle Colour	-
Vehicle Category	Motorcycle
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)	_

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SNE6671S
Vehicle Manufacturer	-
Vehicle Model	-
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)	-

Injured person in which vehicle?

Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	LI RUIHUAN Female (Phone) +65-84995050 2 PETIR ROAD # 12-11 678265 - MINOR INJURIES, INCLUDING ABRASION AND BODY ACHES-GIVEN 3 DAYS OF MC SLP1986Y - Yes
Name of injured person	K.NITIAH
Gender	Female
Phone No	(Phone) +65-91860500
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	ABDOMINAL PAIN (PREGNANT)- GIVEN 5 DAYS OF MC

SLP1986Y

Yes

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. 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.
- Any false reporting may be referred to the Police for investigation.
- 6. The 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

l 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date Witnessed by Reporting Centre Personnel Sketch Plan PIE Towards Tuas Before Eng Neo Ave A - SLPIASEY 13 - UNKNOWN C- GBE 2347. D - JVH 4088 E - SNELLIS TOURBUS (THE ONE TRAVEL & TOURS PIE LID)

INDLY REFER TO E	OLICE REPO	IKI.	
	1120230.	427/7006-	
ration			
clare the foregoing particula	ars are true in every	respect.	
vish to claim against your ow	m noticy please be	advised that was in	ourleen (14) days clause whereby the claim
e made within the stipulated	timeframe from the	day of occurrence. Kindly check with yo	our insurer for more details.
		Ich.	ammund stellan
older's Signature / Date &	Driver's Signature	(V driver is not the self- to the self-	_ grundle 3/5/202
	& Time	(If driver is not the policyholder) / Date	Witnessed by Reporting Centre Personnel



T/20230427/7006

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

2 of 3 Report No. T/20230427/7006

CONTINUATION OF REPORT

Passenger		District Control	Control of the last		
Name	KNITIAH			ID No.	S8638390Z
Related Vehicle	SLP1986Y (Car)			Contact	No. 91860500
Hospital/Clinic				Class: 3A Date of Expiry: NIL	
Date	26/04/2023		Date		6/04/2023
No. of Days gran	ted Medical Leave	05	Degree		ight
Driver				NATES TO SERVICE	
Name	LIRUIHUAN			ID No.	S8276603J
Related Vehicle	SLP1986Y (Car)			Contact N	lo. 84995050
Hospital/Clinic	NATIONAL UNIVER	RSITY HO	SPITAL	Class of Driving Licence 8 Expiry	Class: 3A Date of Expiry: NIL
Date	26/04/2023		Date		/04/2023
No. of Days grant	ed Medical Leave	03	Degree o		ght

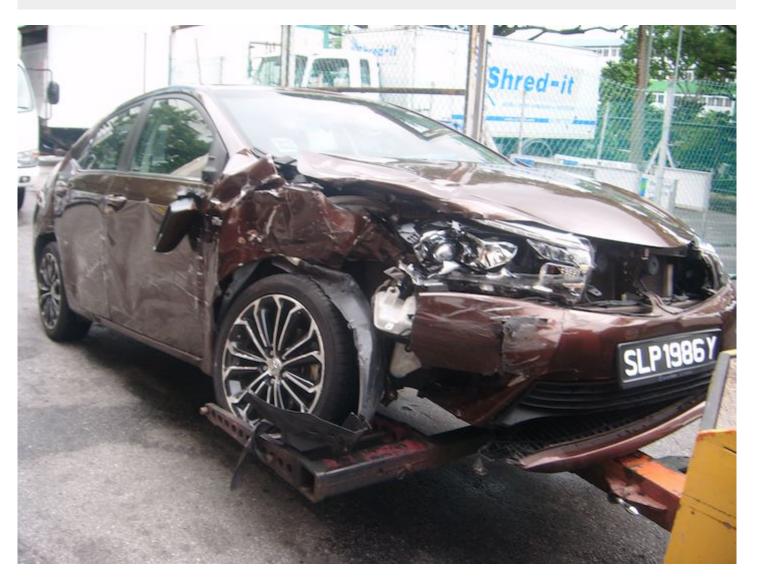
Brief Details.

On 26th April, about 1725hrs. After work, I was driving my car with my colleague who is pregnant, we were on 4th lane at PIE near Eng Neo ave exit 22. While driving, suddenly I felt something hit the right side of my car, causing me to lose control of the vehicle. My car swerved right, and landed on the first lane

As a result, my car veered off the road and collided with the curb on the right side of the road. The impact caused damage to the front and right side of the vehicle. I sustained minor injuries, including abrasion and body aches. My friend had abdominal pain and found her pants to be wet. We were unsure at that moment if the fluid leak was from the pregnancy.

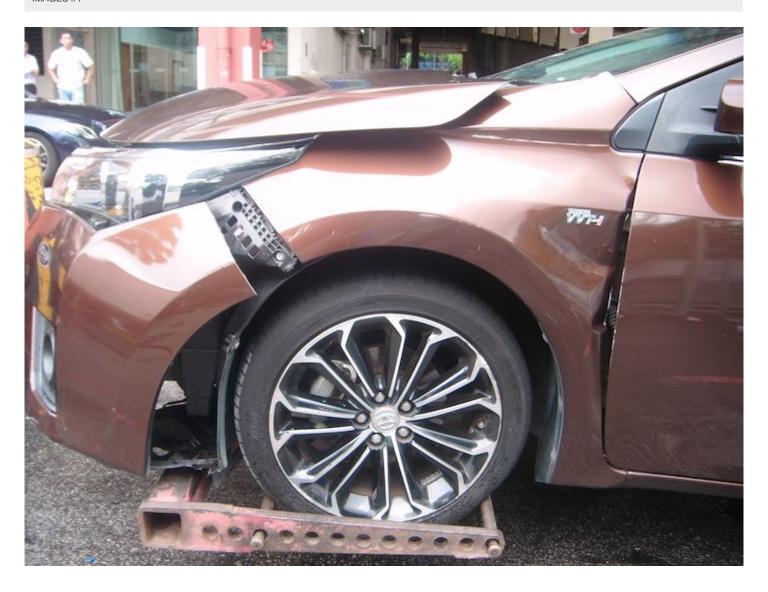
I immediately called emergency services and reported the accident. My friend and I were transported to the hospital for further medical evaluation and treatment. The accident was reported to my insurance company, and they have been notified of the incident.

I have sent the dash camera footage to the investigation officer.



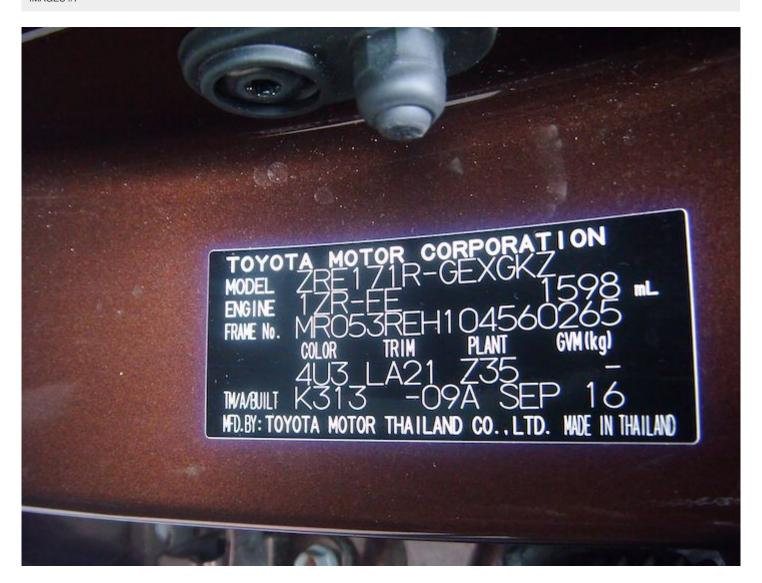








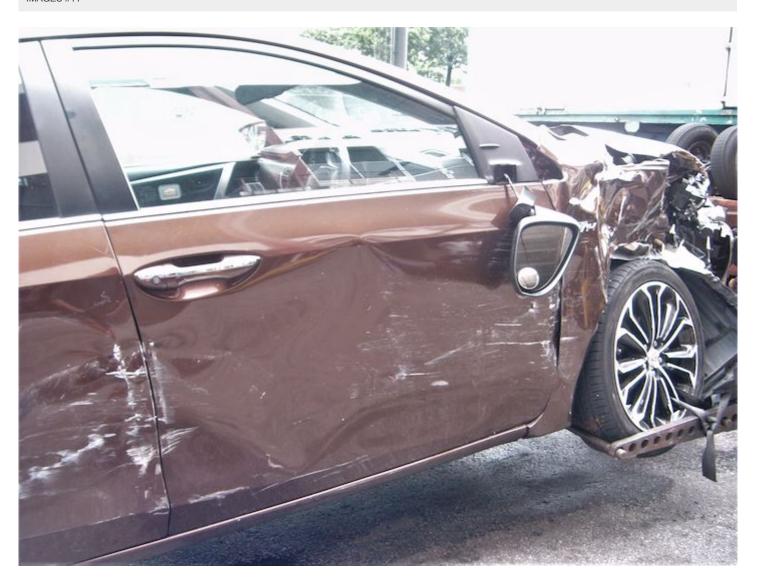


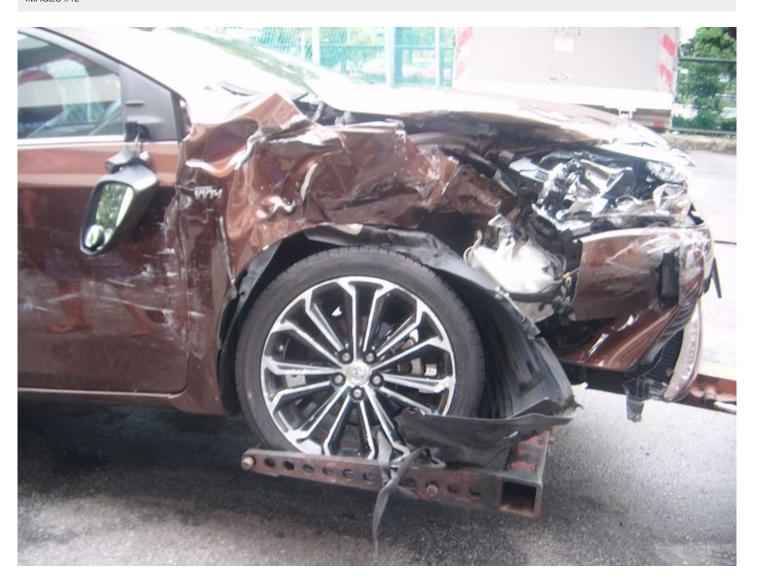




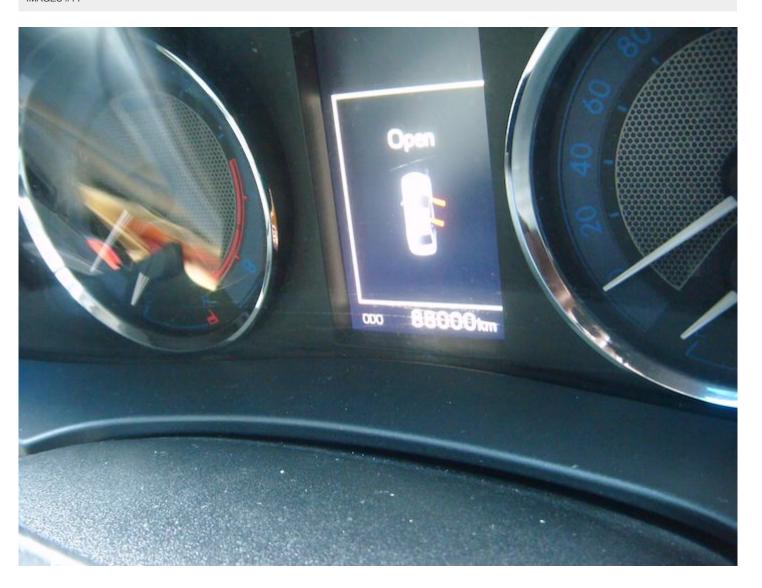














T/20230427/7006

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

1 of 3 Report No. T/20230427/7006

REPORT OF A TRAFFIC ACCIDENT

Date/Tim 27/04/20:	e Report I 23 10:37	Made:	Vide Report No.: E/20230426/0123	Station Diary No.:
Informar	t's Partic	ulars		
	Informant	The state of the s	Address: 2 PETIR ROAD #12-1	1 SINGAPORE 678265
ID Type / NRIC NO	ID No.: / S82766	03J	Contact No.: Home/Office:	Mobile: 84995050
Nationalit SINGAPO		ZEN	Email: RUIHUAN2000@YAH	
Sex: Female	Age: 40	Date of Birth: 04/09/1982	Type of Informant: Driver	
Race: Chinese			Language: English	
Occupation: Registered nurse and other nursing professionals			Driving Licence Inform Class: 3A	ation: Date of Expiry:

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/04/2023 17:25	Type of Location Straight Road
Location: PIE Weather:		Road Surface:		
Clear		Dry		
		Dry Traffic Control: Policeman Controll		Traffic Volume: Moderate

Vehicle No.	Type	Make				
The second second second second	71	Make	Model	Color	Condition	No of Passenge
SLP1986Y	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20230427/7006

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

2 of 3 Report No. T/20230427/7006

CONTINUATION OF REPORT

Passenger	THE REAL PROPERTY.	DE PLAN	The second second		Service.	
Name	KNITIAH		ID No.		S8638390Z	
Related Vehicle	SLP1986Y (Car)			Contact No.		91860500
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL			Class of Driving Licence & Expiry		Class: 3A Date of Expiry: NIL
Date	26/04/2023		Date			/2023
No. of Days granted Medical Leave 05			Degree			The state of the s
Driver				THE REAL PROPERTY.	-	
Name	LI RUIHUAN			ID No.		S8276603J
Related Vehicle	SLP1986Y (Car)			Contact No.		84995050
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL			Class of Driving Licence & Expiry		Class: 3A Date of Expiry: NIL
Date	26/04/2023	Date		26/04/20		2023
No. of Days grant	03	Degree o	Degree of Sligh		2020	

Brief Details.

On 26th April, about 1725hrs. After work, I was driving my car with my colleague who is pregnant, we were on 4th lane at PIE near Eng Neo ave exit 22. While driving, suddenly I felt something hit the right side of my car, causing me to lose control of the vehicle. My car swerved right, and landed on the first lane

As a result, my car veered off the road and collided with the curb on the right side of the road. The impact caused damage to the front and right side of the vehicle. I sustained minor injuries, including abrasion and body aches. My friend had abdominal pain and found her pants to be wet. We were unsure at that moment if the fluid leak was from the pregnancy.

I immediately called emergency services and reported the accident. My friend and I were transported to the hospital for further medical evaluation and treatment. The accident was reported to my insurance company, and they have been notified of the incident.

I have sent the dash camera footage to the investigation officer.



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



3 of 3 Report No. T/20230427/7006

CONTINUATION OF REPORT

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: 27/04/2023 10:37			
Officer In Charge Of Case:	Classification Of Case:			
SITI NORHAFIDAH BINTE HANAFI Contact No.: 65476202				
P168				