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 5. Intribution provided must be as truthful and accurate as possible. Any white misteries entailed to withouting of material racis may allow insurance companies to reputing 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 04/05/2023 17:14 (SGT) Reported by Actual Driver Date of Accident 04/05/2023 09:30 (SGT) Exact Location of Accident Singapore Additional Location Information SUNSET WAY Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMV7226A

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner URBAN REVENO PTE. LTD. Company Reg No 202126671N Email Address LUC AS1996@HOTMAIL.COM Mobile Phone No (Phone) +65-94763328 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Mercedes Model B180 Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private hire Transmission Auto

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5133666337

DRIVER

Name of Driver KENNY LEE SHI JIE NRIC No S9303336A Date Of Birth 02/02/1993 Occupation Outdoor

Date Of Driving Pass 26/09/2011 Driving experience 11 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-96236667 Alt. Phone Number Email Address KENNY.LEE.SJ@GMAIL.COM Address 534 BUKIT BATOK STREET 51 #06-12 Address complement Postcode 650534 Is the driver the policyholder? Nο If No, Relationship of the Driver with the Insured Hirer 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 Collision - Head to Rear 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? Yes Was any injured conveyed to hospital by ambulance? No 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 PASSENGER 1 Name **MURAT** Gender Male **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? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO ATTACHED ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer	SMR1097R
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Variant-Vehicle Colour-Vehicle CategoryCommercial vehicleName of Driver-Contact Number-Address-
Vehicle Category Commercial vehicle Name of Driver - Contact Number -
Name of Driver - Contact Number -
Contact Number -
Address
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender	KENNY LEE SHI JIE
Phone No	-
Address	=
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMV7226A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



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.
- 3. Information provided must be as truthful and accurate as possible. Any willul 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.
- 6. 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.
- 7. By the ledgement 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.
- 6. 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 flaw 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

- (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

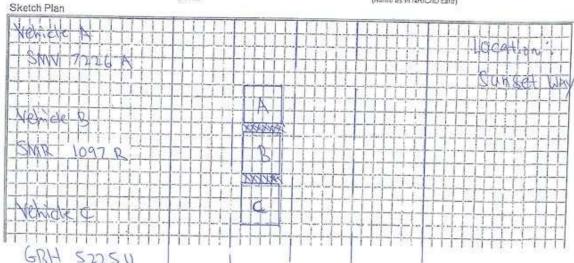
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

Oriver's Signature (if dover is not the policyholder) / Date

Witnessed by Reporting Centre Personnel (Name as in NRICAD card)



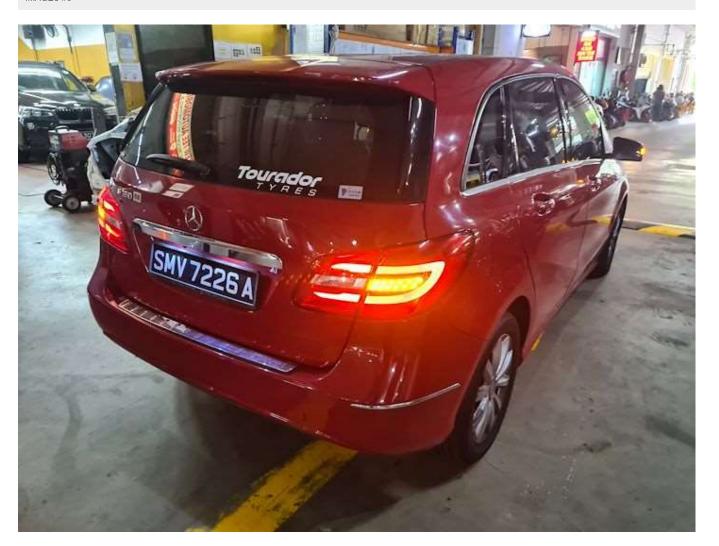
Scannad with Campanner

DOWN GLASSIAN CONTROL		
Describe Circumstance of the Acc	oldent	
	Refer to Police Report	
	17 12 40 79:1	
Nosta auto a		1
ectaration We declare the foregoing particulars a	are true in every respect	
	1/	
mula may	NA	

Scannad with Campanner

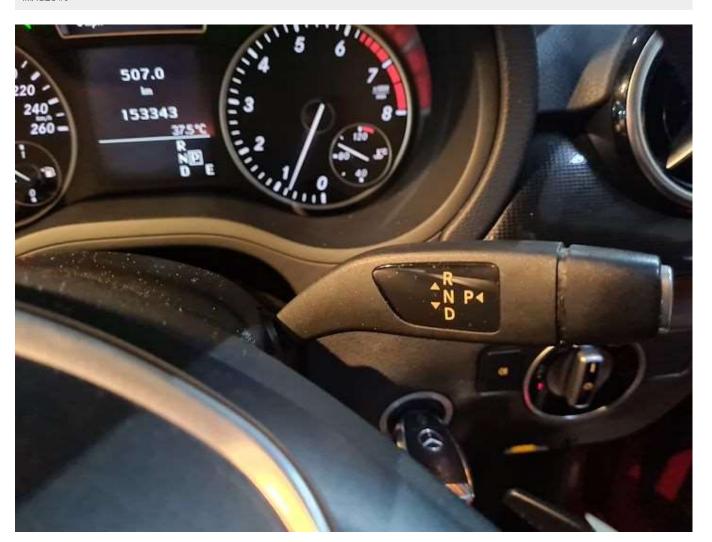






















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20230504/7026

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/05/2023 12:09		vlade;	Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars				
Name of Informant: Address:			0.000 (St. 100 Charles)	T 51 #06-12 SINGAPORE 650534		
ID Type / ID No.: NRIC NO / S9303336A		36A	Contact No.; Home/Office;	Mobile: 96236667		
Nationality: SINGAPORE CITIZEN		EN	Email: KENNY.LEE.SJ@GMAIL.COM			
Sex: Age: Date of Birth: Male 30 02/02/1993			Type of Informant: Driver			
Race: Chinese			Language: English			
Occupation: PHV DRIVER			Driving Licence Information: Class: 3 Date of Expiry:			

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/05/2023 09:3	Type of Location Straight Road
Location: SUNSET WA Weather: Clear	Y	Road Surface:		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN THE PERSON NAMED IN THE PER				

Details of V	ehicle Invo	lved		-	A Water	
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBH5225U	Lorry				Seriously Damaged	0
SMR1097R	Car				Seriously Damaged	0





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20230504/7026

CONTINUATION OF REPORT

Details of V	ehicle Invo	olved			1	
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SMV7226A	Car		I not control	Red	Slightly Damaged	1

Details of Perso	n Involved				CALL STREET
Any Pedestrian I	nvolved: No				
No. of Pedestriar	ns Injured: NIL	Use of Ped	Pedestrian Crossing; NA		
Driver	The second second	THE O	DATE AND DE		
Name	KENNY LEE SHI JIE			ID No.	S9303336A
Related Vehicle	SMV7226A (Car)			Contact No	o. 96236667
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	04/05/2023		Date	04/	05/2023
No. of Days gran	ted Medical Leave	03	Degree of	Ser	ious

Brief Details.

ON THE STATED DATE AND TIME I VEHICLE PLATE NUMVER SMV 7226 A TRAVELING ALONG SUNSET WAY ON THE LANE 3, CAR INFRONT OF ME JAM BRAKE AND I SLOW DOWN MY VEHICLE TOO, SUDDENLY I FELT A HUGE IMPACT ON THE REAR PORTION OF MY VEHICLE I CAME DOWN AND REALIZE I WAS INVOLVED WITH A THRID CAR CHAIN COLLUSION WITH VEHICLE PLATE NUMBER SMR 1097 R AND LAST CAR VEHICLE PLATE NUMBER GBH 5225 U.

AFTER THE ACCIDENT I WENT TO LOH & LOH CLINIC & SURGERY TO CONSULT DOCTOR CAUSE I FELT A PAIN ON NECK, BACK, RIGHT HAND, CHEST AND BLURRY VISION AND WAS GIVEN 3 DAYS MC.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20230504/7026

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: 04/05/2023 12:09
Officer In Charge Of Case: TP / TPIB / PAN JIANHONG Contact No.: 65476904	Classification Of Case:

NP168





<u>IMPORTANT NOTE:</u> Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: SY0323540004 Vehicle Registration No: SMV7226A Name (as shown in NRIC): KENNY LEE SHI JIE NRIC/FIN/Passport No: SXXXX336A (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate Address: 534 BUKIT BATOK STREET 51 #06-12 __ Singapore (650534) Mobile No.: __96236667 Contact (Tel):_ Email Address: LUC_AS1996@HOTMAIL.COM Date of Accident: 04/05/2023 ____ Time of Accident: 09:30 Place of Accident: SUNSET WAY Insurance Company: Income Insurance Limited (B) ADDITIONAL INFORMATION / AMENDMENTS: I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments: WRONGLY UPDATE DETAILS DIVIA Policyholder / Driver's Signature Reporting Centre Personnel's Signature Date: Name: NRIC/FIN No.:

Date:

GIARMC Addendum Form