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 08/05/2023 19:25 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 06/05/2023 10:35 (SGT) Exact Location of Accident Singapore Additional Location Information Causeway Woodlands to Johor Bahru Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNJ4628U

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner Lee Teck Meng NRIC No S9223451G Email Address teckmeng92@gmail.com Mobile Phone No (Phone) +65-90609620 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Mercedes Model E300 Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto CC

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5135511451

DRIVER

Name of Driver Lee Teck Meng NRIC No S9223451G Date Of Birth 11/07/1992 Occupation Indoor

Date Of Driving Pass 25/04/2012 Driving experience 11 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-90609620 Alt. Phone Number Email Address teckmeng92@gmail.com Address Blk 87 Zion Road #17-176 Address complement Postcode 160087 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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 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? 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? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name unknown Gender Male PASSENGER 2 Name unknown Gender Male PASSENGER 3 Name unknown Gender Female PASSENGER 4 Name unknown Gender Female 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?

refer attached report.

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

Remail Income

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer	SNA1207T Toyota
Vehicle Model	Raize
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Muhammad Muzakkir
NRIC No	S9324951H
Contact Number	(Phone) +65-94597264
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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")

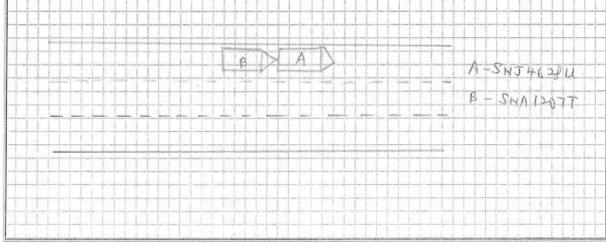
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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

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

TEL: 6452 7018

Sketch Plan



vJun2022

scribe Circumstance of the Accident				
REFER TO POLICE REPORT				
TP claim at Other Work Shop.				
T				
D. Javana				

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

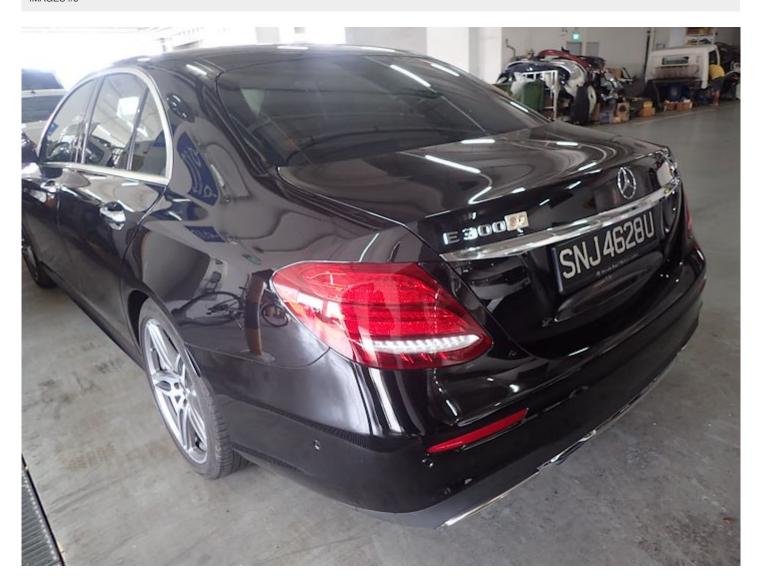
Policyholder's Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) Withessed by Reporting Centre Personnel (Name as in NRIC/ID card)

6452 7018

vJun2022

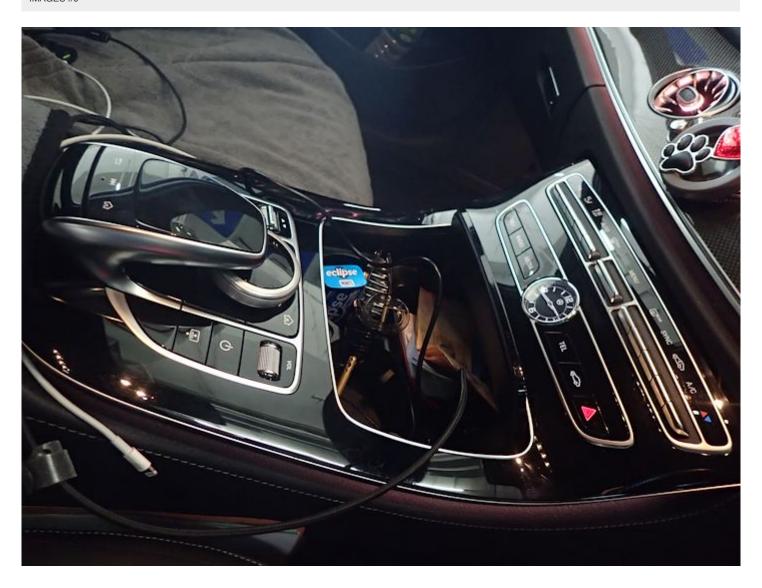




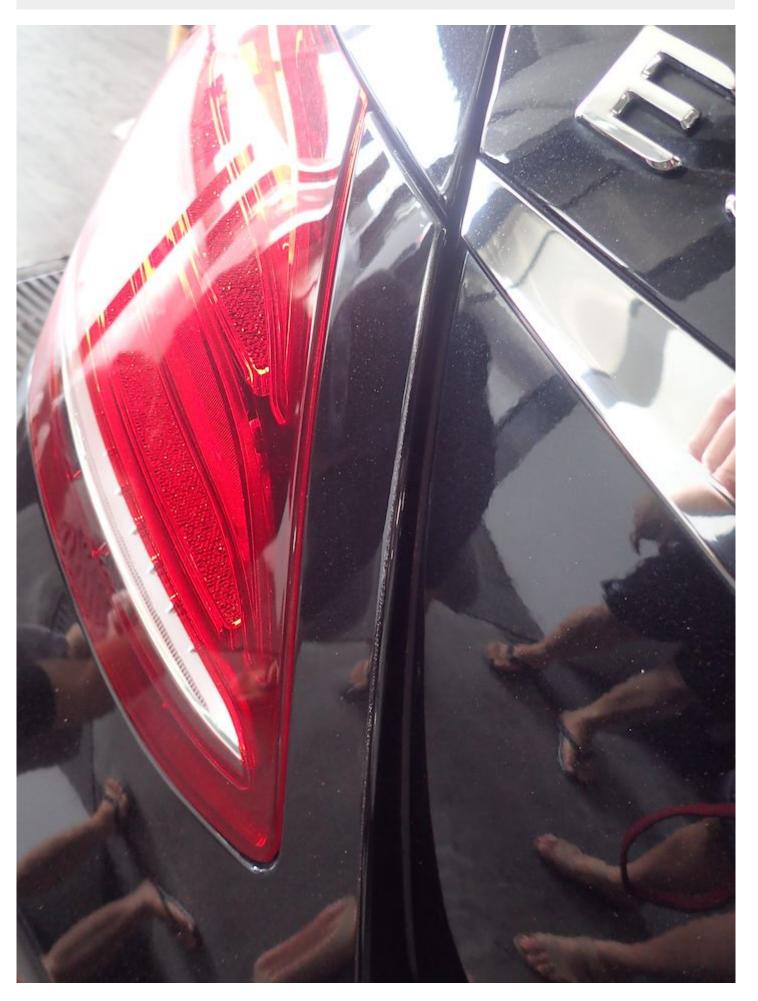


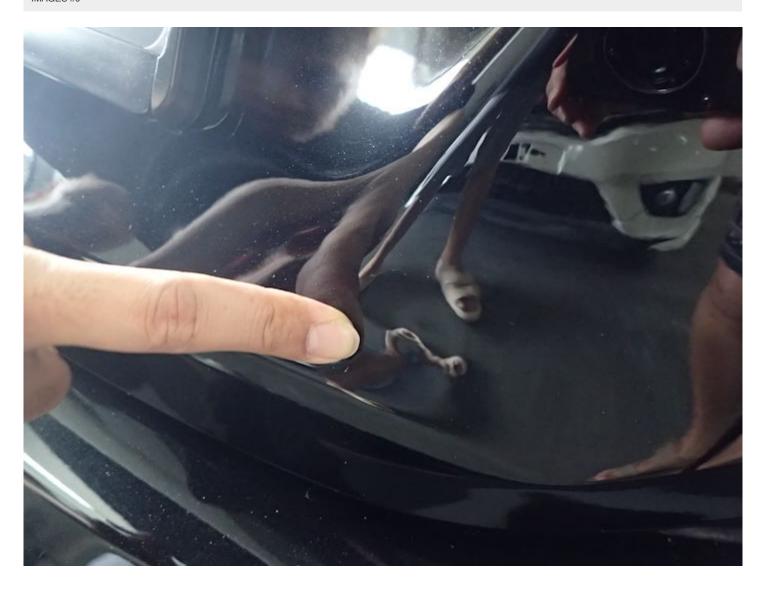


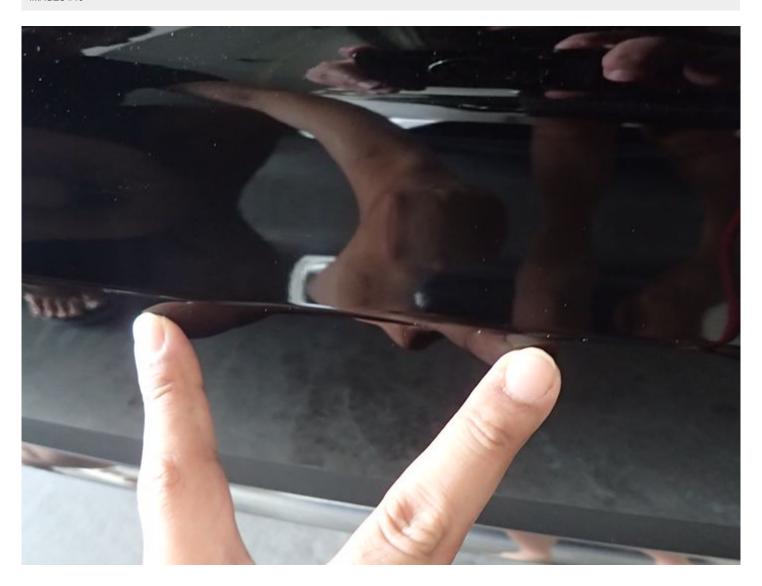


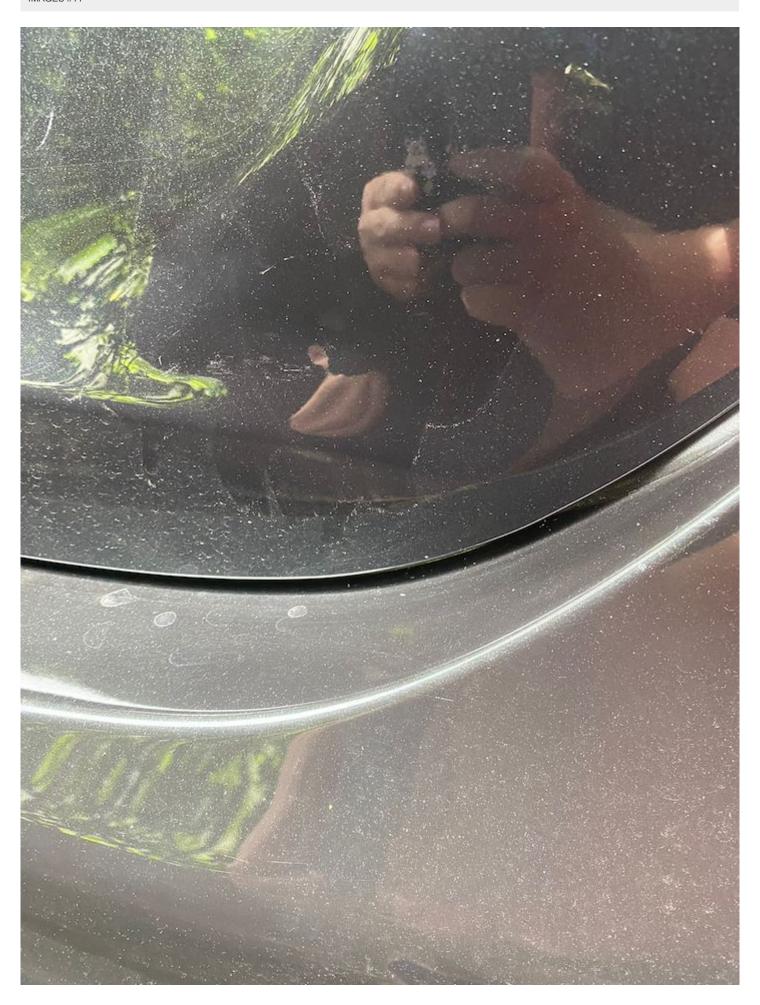


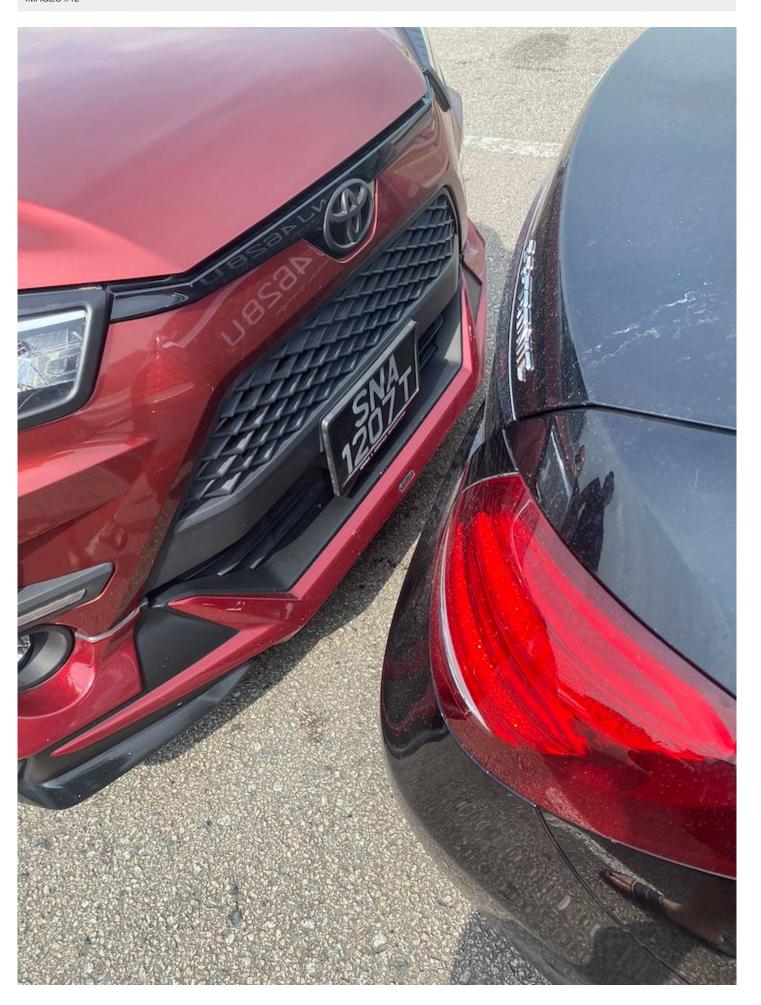


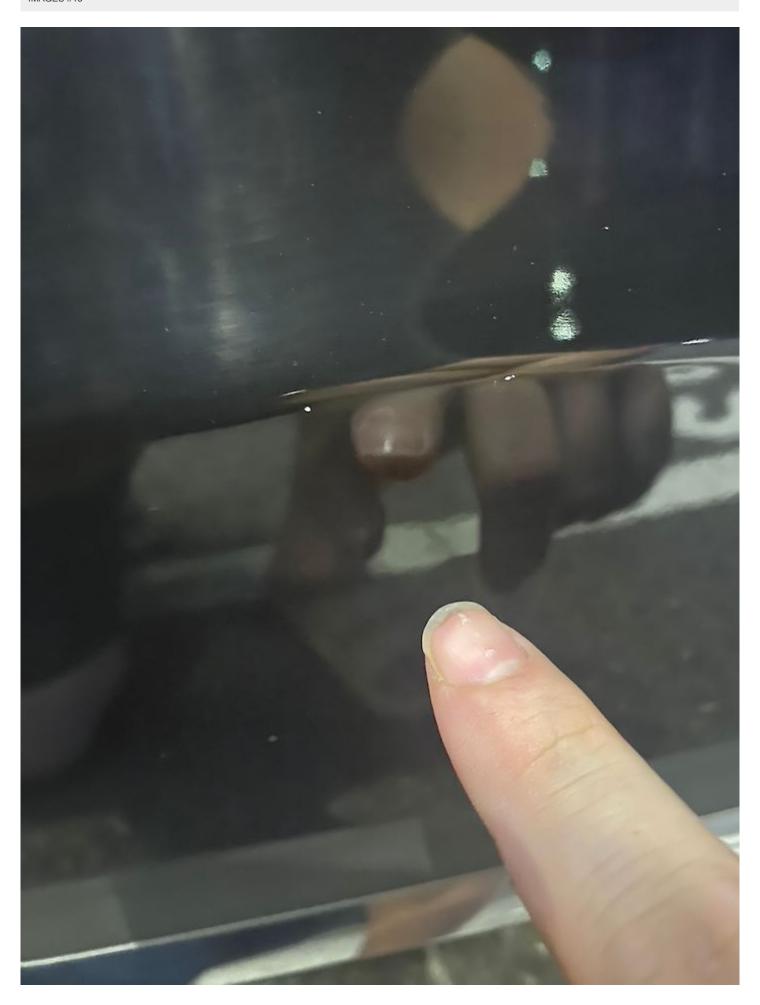
















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20230508/7005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/05/2023 01:32		Vlade:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars			
Name of Informant: LEE TECK MENG		8	Address: 87 ZION ROAD #17-176 SINGAPORE 160087		
ID Type / ID No.: NRIC NO / S9223451G		51G	Contact No.: Home/Office:	Mobile: 90609620	
Nationality: SINGAPORE CITIZEN		EN	Email: TECKMENG92@GMAIL.0	СОМ	
Sex: Age: Date of Birth: Male 30 11/07/1992			Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Sales manager			Driving Licence Informatio Class:	n: Date of Expiry:	

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 06/05/2023 10:35	Type of Location Bridge	
Location: CAUSEWAY Weather: Clear		Road Surface: Dry			
400 400 000 00 00 00 00 00 00 00 00 00 0		Traffic Control: Not Controlled		Traffic Volume: Heavy	
	ia a i	Type of Collision: Between Moving Vehicles - Head To Rear			

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SNA1207T	Car	ТОУОТА		Red	Slightly Damaged	2
SNJ4628U	Car	MERCEDES BENZ	E300 AMG LINE (R19 LED SR)	Black		0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 2 of 3 Report No. T/20230508/7005

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SNJ4628U	NTUC Income Insurance Co-Operative Limited	5135511451	14/04/2023	13/04/2024	

Details of Perso	n Involved					
Any Pedestrian I	nvolved: No					
No. of Pedestrians Injured: NIL Use of F				Pedestrian Crossing: NA		
Driver						
Name	LEE TECK MENG			ID No.	S9223451G	
Related Vehicle	SNJ4628U (Car)			Contact No	90609620	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL		Date	NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of	NIL		

Brief Details. Dear Police

I would like to report an accident happened on the bridge towards Johor Malaysia on 06/05/2023 at around 10:37am. I was travelling on the bridge toward Johor when i felt a knock at the back of my vehicle (SNJ4628U). Hence, I went down to take photos and exchanged contact with driver of SNA1207T. However due to inexperience and congestion on the bridge i have not took the IC/Driver license of the driver.

There was dent and scratches on the back of my vehicle and i messaged the driver to informed him i would like to proceed with the claim via insurance. However I have not managed to attain his personal particulars.

I have a video from my rear car camera showing that he have hit and damaged my vehicle.

Thank you



T/20230508/7005

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20230508/7005

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: 08/05/2023 01:32
Officer In Charge Of Case: TP / TPIB / TAY CHUN KEEN Contact No.: 65476436	Classification Of Case:

NP168