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 17/07/2023 18:02 (SGT) Reported by **Actual Driver** Date of Accident 15/07/2023 22:20 (SGT) Exact Location of Accident 5 Stadium Walk, Singapore 397693 Additional Location Information LEISURE PARK BASEMENT CARPARK Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

1798

Vehicle Registration Number SGG187A

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **WONG PUI SAN** NRIC No SXXXX457Z Email Address yami cai@hotmail.com Mobile Phone No (Phone) +65-96197211 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Volkswagen Model **Passat** 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 - Reporting only your vehicle? Vehicle Category Private car Transmission Auto

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number D23MTPV01006488

DRIVER

CC

Name of Driver CHUA AH ME (CAI YAMI) NRIC No SXXXX821A Date Of Birth 21/03/1973 Occupation Indoor

Date Of Driving Pass 07/03/1994 Driving experience 29 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-96197211 Alt. Phone Number Email Address yami_cai@hotmail.com Address BLK 73A REDHILL ROAD #27-32 Address complement Postcode 151073 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse 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 - Major/Minor Rd 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 WONG PUI SAN 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 POLICE REPORT T/20230716/7017 ATTACHMENT(S)

Are accident photos available for attachment?

Yes
Was there any video captured by Car Camera?

Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMS6060H
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)	-

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 Actual 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.
- 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 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
- (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
- (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 providors 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 & Timo 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 CALLANG BASTIMENT EXT A) SGG 187A SMS R) SM3 6060 H K-FA A v.Jun2022

10 28 hrs.

be Circumstance of the Acc	o Polick	RAPORT	7/20230	1716/2017	
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	16	15 28hrs			/,
		15 28 kgs 19/7/2023		much 12/2	2/-00
older's Signature / Date & Time	Actual Oriver's Signa	dure (if driver is not the p	olicyholder) Witnesse	d by Reporting Centre Pe	///UC
	/ Date & Time		(Name a	s in NRIC/ID card)	30000000







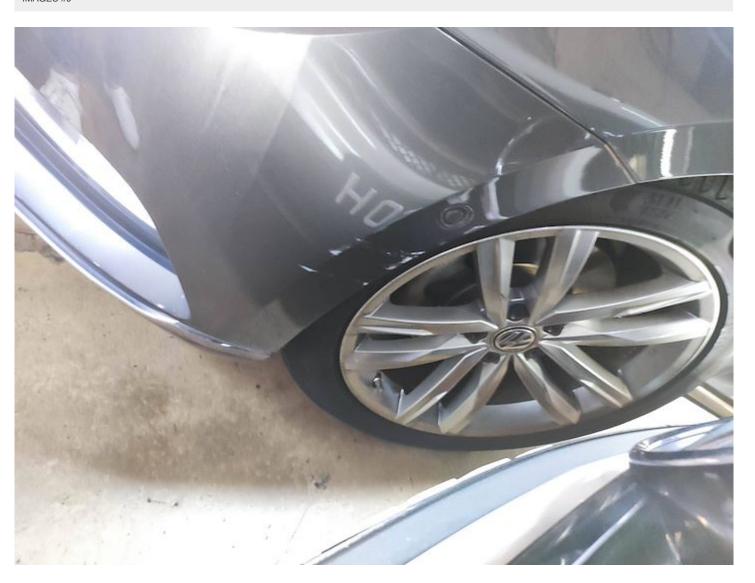


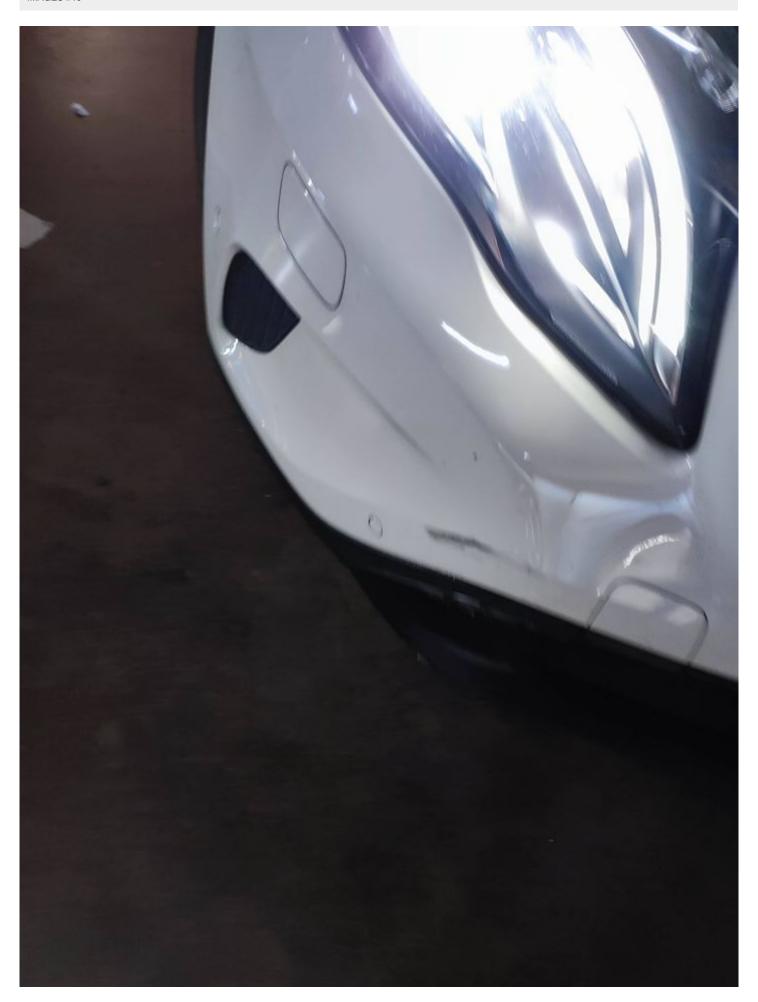
















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

1 of 3 Report No. T/20230716/7017

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT Date/Time Report Made: Vide Report No .: Station Diary No.: 16/07/2023 15:25 Informant's Particulars Name of Informant: Address: CHUA AH ME 73A REDHILL ROAD #27-32 SINGAPORE 151073 ID Type / ID No.: NRIC NO / S7309821A Contact No.: Home/Office: Mobile: 91282103 Nationality: Email: SINGAPÓRE CITIZEN yami_cai@hotmail.com Sex: Age: Date of Birth: Type of Informant: Male 50 21/03/1973 Driver Race: Language: Chinese English Occupation: Driving Licence Information: IT support technician Class: Date of Expiry:

	Non-Injury	nt		
Type of Accident:	Hit and Run	Drink Drive: No	Date/Time of Accident: 15/07/2023 22:20	Type of Location Car Park
Location:	- Athle	1110	10/01/2023 22:20	
STADIUM W	ALK			
Underground	car park	Road Surface: Dry		
Weather: Underground Traffic Flow: Two Way Type of Collis		722-520		raffic Volume: eavy

Vehicle No.	Type	Make	Model	0.1	12	1.0
SGG187A	Car	wake	Model	Color	Conditio	No of
0001017	Car					0
SMS6060H	Car	MERCEDES	Not sure.	White	Slightly	2
	1565000	BENZ		Trinco	Damaged	2





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

2 of 3 Report No. T/20230716/7017

CONTINUATION OF REPORT

Details of Perso	n Involved	-			the section	
Any Pedestrian I						
No. of Pedestrian	ns Injured: NIL		Use of Pe	adoetrian	Cross	ring: NA
Driver		550000	000 0110	aucon iai	Closs	sing. NA
Name	CHUA AH ME			ID No		S7309821A
Related Vehicle	SGG187A (Car)			Contact No.		91282103
Hospital/Clinic	NIL			Class of Driving Licence &		Class: NIL Date of Expiry: NIL
Date	NIL		Date	Expiry		,
No. of Days gran	ted Medical Leave	NIL	Degree o	f	NIL	

Brief Details.

I was leaving the underground carpark of Leisure Park Kallang after Jacky Cheung concert. The driver of vehicle SMS6060H got into his vehicle and proceeded to aggressively positioned his vehicle to cut into my lane even though I have the right of way.

He might have side swiped the vehicle (SKB5933J - white Honda Vezel) in front of me and I tried to keep right to avoid a collision with him but failed. I got out of the vehicle to inspect the damage and SMS6060H driver got out as well. He took some pictures and a picture of my license plate and then got into his vehicle and drove off without exchanging particulars.

I am lodging this report to ensure that this accident is recorded with the authorities to safeguard myself against fraudsters. I have video recordings of the incident and picture of the damage but I do not know what is the best course of action for me. Please advise.





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

3 of 3 Report No. T/20230716/7017

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: 16/07/2023 15:25
Officer In Charge Of Case: TP / TPIB / SUFIYAN BIN KHAIRI Contact No.: 65476148	Classification Of Case: