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 First Submission 31/07/2024 10:58 (SGT) Reported by Actual Driver Date of Accident 30/07/2024 12:10 (SGT) Exact Location of Accident Singapore Additional Location Information 11 SENGKANG CENTRAL SENGKANG GRAND MALL CARPARK Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLU6150H

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner CORNERSTONE TUNING Company Reg No 53371060W Email Address GBR_KENJI@HOTMAIL.COM Mobile Phone No (Phone) +65-98155179 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Volkswagen Model Tiguan 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 your vehicle? Yes Vehicle Category Commercial vehicle Transmission Auto CC 1400

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5124121254-02

DRIVER

Name of Driver LIM ZI QUAN, KENJI NRIC No. S8425197F Date Of Birth 21/08/1984 Occupation Indoor

Driving Pass Date 16/12/2008 Driving experience 15 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-98155179 Alt. Phone Number Email Address GBR KENJI@HOTMAIL.COM Address 26 SERANGOON NORTH AVE 1 Address complement Postcode 554340 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? 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? Nο 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 DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Ang Mo Kio Division Headquarters Police Station Phone No (Phone) +65-18002180000 Alt. Police Station Phone No (Fax) +65-64814246 Police Station Address 51 Ang Mo Kio Avenue 9 Singapore 569784 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT NO. F/20240730/7072 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident FILE TOO BIG. MOTORVIDEO@INCOME.COM.SG **DETAILS OF OTHER VEHICLE PROPERTY 1**

SLJ3661C

Accident report SN07247V0005

Vehicle Registration Number

Vehicle Manufacturer
Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Private car

 Name of Driver
 UNKNOWN FEMALE

 Contact Number

 Address

 Address complement

 Postcode

 Insurance Company Name

 Nature Of Damage

 Details of property damaged in accident

 No. Of Passenger (Including Driver)

WITNESS DETAILS

WITNESS 1

Name EDMUND

Phone (Phone) +65-93639870

Email

IMPORTANT NOTICE

SKETCH PLAN

- 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 withholding of material facts may allow
- 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 Purposas, 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

CORNERS TONE w firms), which may be sited outside of Singapore, for one or more of the above Purposes.

TUNING ROC 53371060W

Policyholder's Signature / Date & Time

Sketch Plan

Driver's Signa not the policyholder) / Date 81/07/240 LOJ8hrs

MUMMMAD FARLY SIEIMAN d by Reporting Centre Personnel \$603048 e as in NRIGID card)

SLUGISOH SENGEANG GRAND MALL

	RATER TO FRICE REPORT No: 1/20240750/7072
Declaration I/We declare the for CORNERST TUNING ROC 533710	G 060W
Policyholder's Septati	Driver's Signatury (If driver is not the policyholder) / Date 8 Time 31/07/24@1038hr Microssoft by Reporting Cantre Persons (Namy as in NRICHD card)



1 of 2

Report No. F/20240730/7072

POLICE REPORT (NP299)

Police Station Of Origin Ang Mo Kio Division HQ 51 Ang Mo Kio Avenue 9 SINGAPORE 569784 Tel No:1800-2180000

Vide Report No.		Station Diary No.		
Address 26 Serangoon North Avenue 1 #04-47 Affinity At Serangoon SINGAPORE 554340				
Contact No.				
Home/Office:		Mobile: 98155179		
Email Address gbr_kenji@hotmail.com				
Sex Male	Age 39	Date of Birth 21/08/1984	Race Chinese	
Language English				
Location Of Incident				
11 SENGKANG CENTRAL SENGKANG GRAND MALL SINGAPORE 544575				
	Address 26 Sera Serango Contact Home/C Email A gbr_ken Sex Male Languag English Location	Address 26 Serangoon Nort Serangoon SINGAI Contact No. Home/Office: Email Address gbr_kenji@hotmail. Sex Age Male 39 Language English Location Of Inciden 11 SENGKANG CE	Address 26 Serangoon North Avenue 1 #04-4 Serangoon SINGAPORE 554340 Contact No. Home/Office: Mobile: 98155179 Email Address gbr_kenji@hotmail.com Sex Age Date of Birth Male 39 21/08/1984 Language English Location Of Incident 11 SENGKANG CENTRAL SENGKAI	

Brief details.

On July 30, 2024, at approximately 12:00 PM, my vehicle, "SLU6150H," was parked in the Sengkang Grand Mall carpark.

A black Honda, "SLJ3661C," scratched my vehicle while attempting to park next to it. The driver did not stop to assess the situation or leave any notes regarding the incident.

She then left the scene and parked in another location within the same carpark. The incident was recorded by both my vehicle's camera and a witness's vehicle camera.

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: 30/07/2024 16:16		
Officer In-Charge Of Case:	Classification Of Case:		
LA PROPERTY			





2012

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20240730/7072

Subjects Involve	M-				
Suspect					
Person Name	Unknown				
Build	Small	Height About	165cm		
Hair Colour	Black				
Victim					
Person Name	Lim Zi Quan Kenji				
ID Type	NRIC NO	ID No	S8425197F		
Gender	Male	Age	39		
Race	Chinese	Language	English		
Occupation	Business and financial project management professional	Address	26 Serangoon North Avenue #04-47 Affinity At Serangoon SINGAPORE 554340		
Mobile No	98155179	Is Informant A Victim?	Yes		
Person Name	Lim Zi Quan Kenji (Informant)				

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.

Date/Time:
30/07/2024 16:16

Officer In-Charge Of Case:

Classification Of Case: