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	Male
Mobile Number	(Phone) +65-98155179
Alt. Phone Number	-
Email Address	GBR_KENJI@HOTMAIL.COM
Address	26 SERANGOON NORTH AVE 1
Address complement	04-47
Postcode	554340
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	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	2
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)	0
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	-

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?	No
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

Vehicle Registration Number	SLJ3661C
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	-

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 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.

CORNERSTONE TUNING
ROC 53371060W

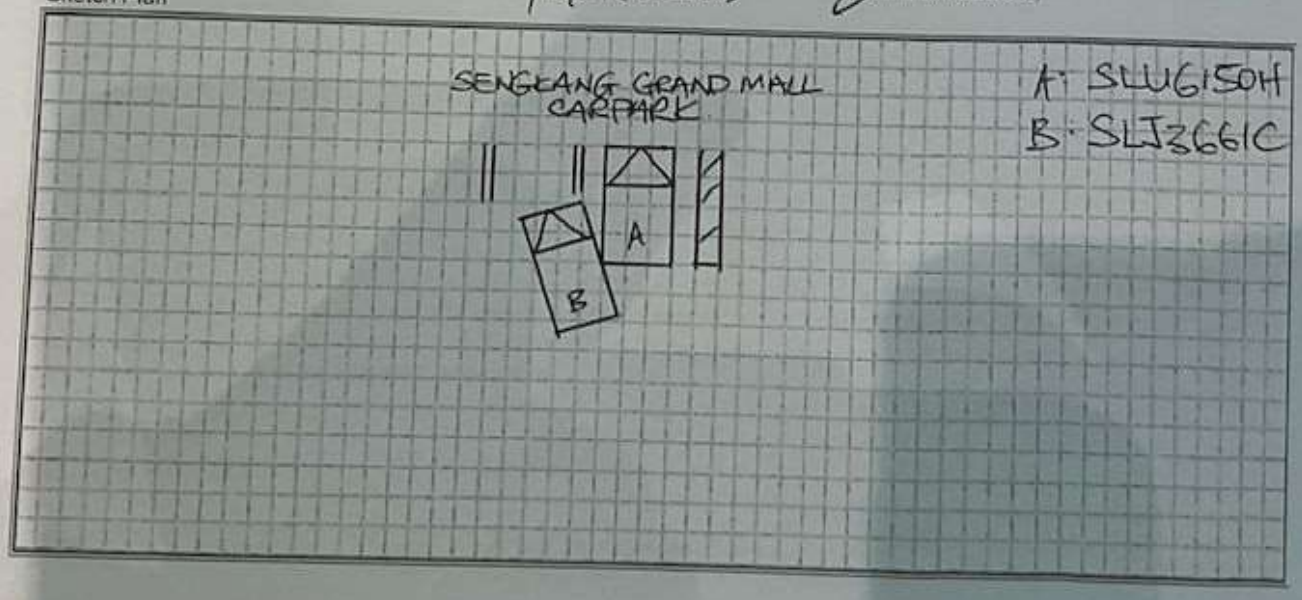
Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time 21/07/24 @ 1028hrs

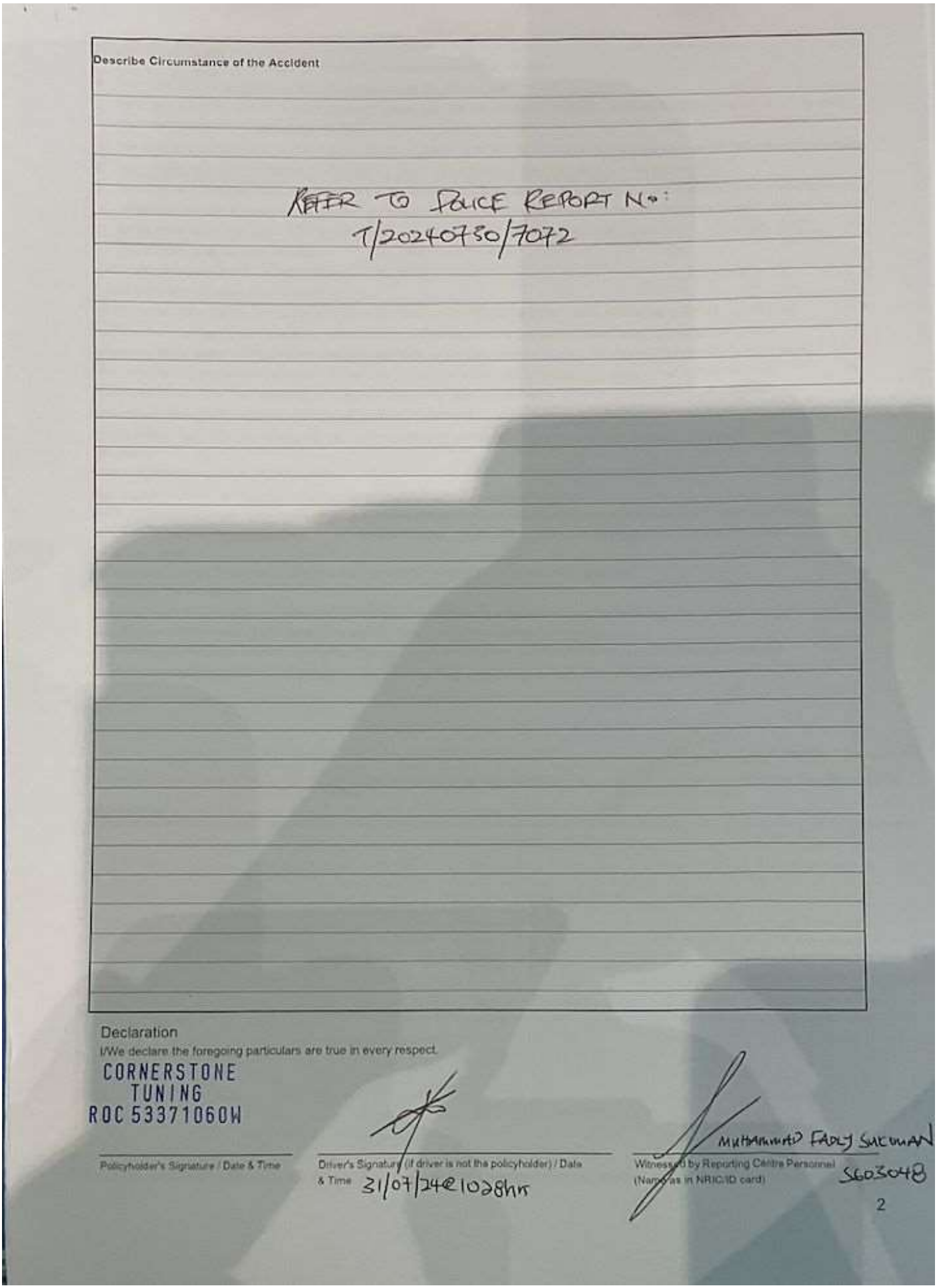
MUHAMMAD FAIZY SULEIMAN S6030**8

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



1



Describe Circumstance of the Accident

REFER TO POLICE REPORT No:
T/20240730/7072

Declaration

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

CORNERSTONE
TUNING
ROC 53371060W

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time 31/07/24@1028hrs

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card) MUHAMMAD FADLY SULAIMAN S6030488

2

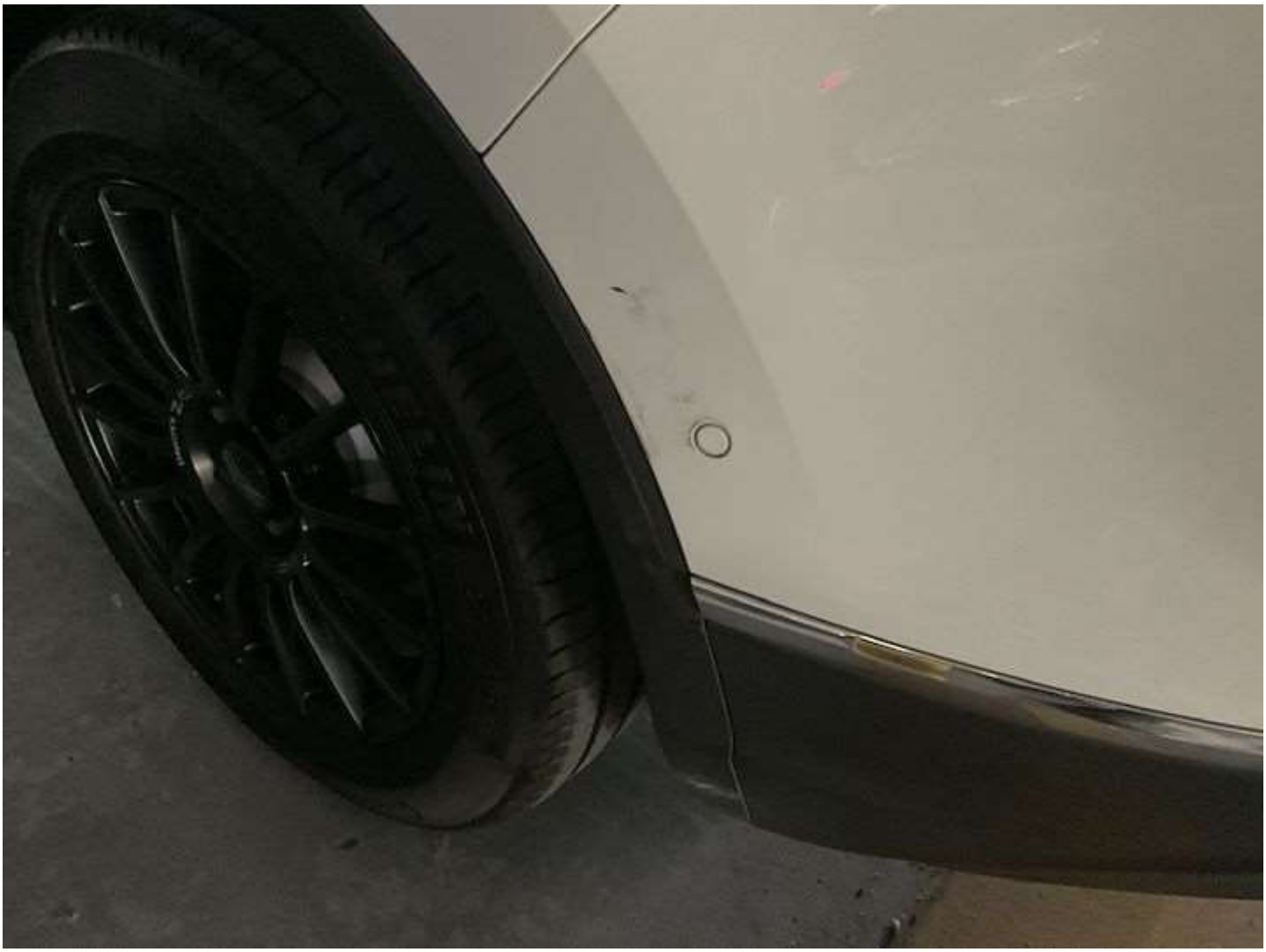
IMAGES

IMAGES #2

IMAGES #3

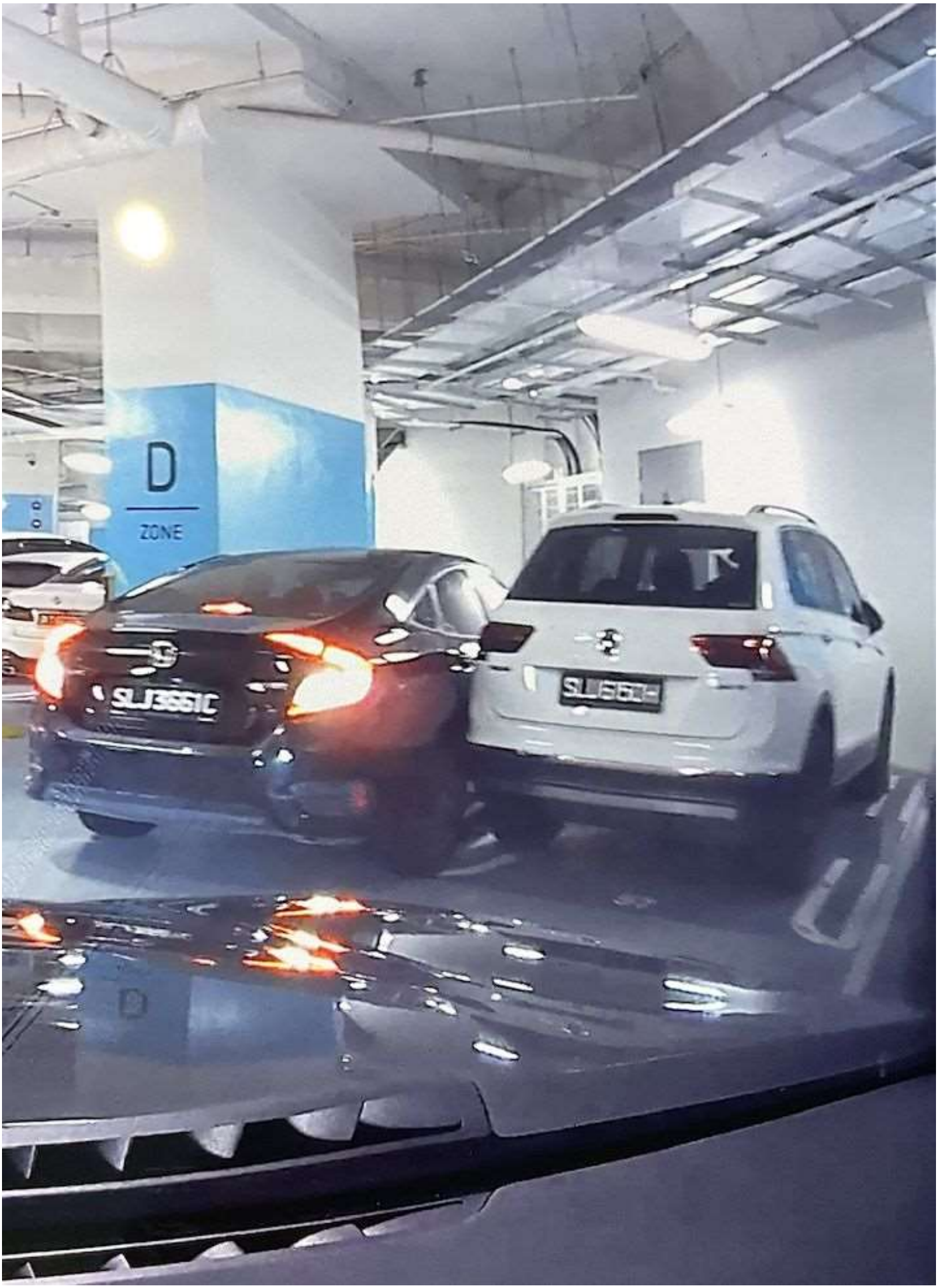
IMAGES #4

IMAGES #5



IMAGES #6

IMAGES #7



SINGAPORE POLICE FORCE

F/20240730/7072

POLICE REPORT (NP299)

Report No. F/20240730/7072

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

Date/Time Report Made	Vide Report No.	Station Diary No.
30/07/2024 16:16		

Name Of Informant Lim Zi Quan Kenji	Address 26 Serangoon North Avenue 1 #04-47 Affinity At Serangoon SINGAPORE 554340			
ID Type / ID No. NRIC NO / S8425197F	Contact No. Home/Office:	Mobile: 98155179		
Nationality SINGAPORE CITIZEN	Email Address gbr_kenji@hotmail.com			
Occupation Business and financial project management professional	Sex Male	Age 39	Date of Birth 21/08/1984	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 30/07/2024 12:00 - 30/07/2024 12:10	Location Of Incident 11 SENGKANG CENTRAL SENGKANG GRAND MALL SINGAPORE 544575			

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:

SINGAPORE POLICE FORCE

F/20240730/7072

POLICE REPORT (NP299) CONTINUATION OF REPORT Report No. F/20240730/7072

Subjects Involved			
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 1 #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.
Signature Of Interpreter: Not applicable	Date/Time: 30/07/2024 16:16
Officer In-Charge Of Case:	Classification Of Case: