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	23/05/2024 14:13 (SGT)
Reported by	Actual Driver
Date of Accident	22/05/2024 12:45 (SGT)
Exact Location of Accident	Malaysia
Additional Location Information	5460, JALAN PAGOH MUKIM JORAK, PAGOH MUAR OPEN SPACE CAR PARK
Country/State of Loss	Malaysia

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ1034P

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEOH TING TING
NRIC No	SXXXX528H
Email Address	tommygbk@gmail.com
Mobile Phone No	(Phone) +65-91875838
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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	1600

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5125850843-02

DRIVER

Name of Driver	GOH BENG KWEE
NRIC No	SXXXX909D
Date Of Birth	10/02/1983

Occupation	Outdoor
Driving Pass Date	11/01/2010
Driving experience	14 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91875838
Alt. Phone Number	-
Email Address	tommygbk@gmail.com
Address	736 TAMPINES ST 72 #08-22
Address complement	-
Postcode	520736
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Collided into Parked Vehicle
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	BPJ3883
Vehicle Category	Private car

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

ATTACHED POLICE REPORT

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	BPJ3883
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

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

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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.

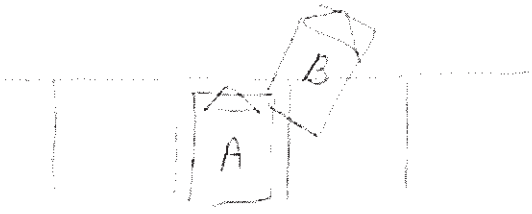
CITY AUTO PTE LTD
[illegible]

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan

5460 Jalan Pasar, Mukim Jurak Pasar, Mua
open space carpark

A - SMJ1034P
B - BPJ3883



SKETCH PLAN #2

Describe Circumstances of the Accident

My vehicle was parked at Fatimang in the parking lot when vehicle B started moving reversed and hit the front right part of my vehicle.

Declaration

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

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-60/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

Witnessed by Reporting Centre Personnel

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

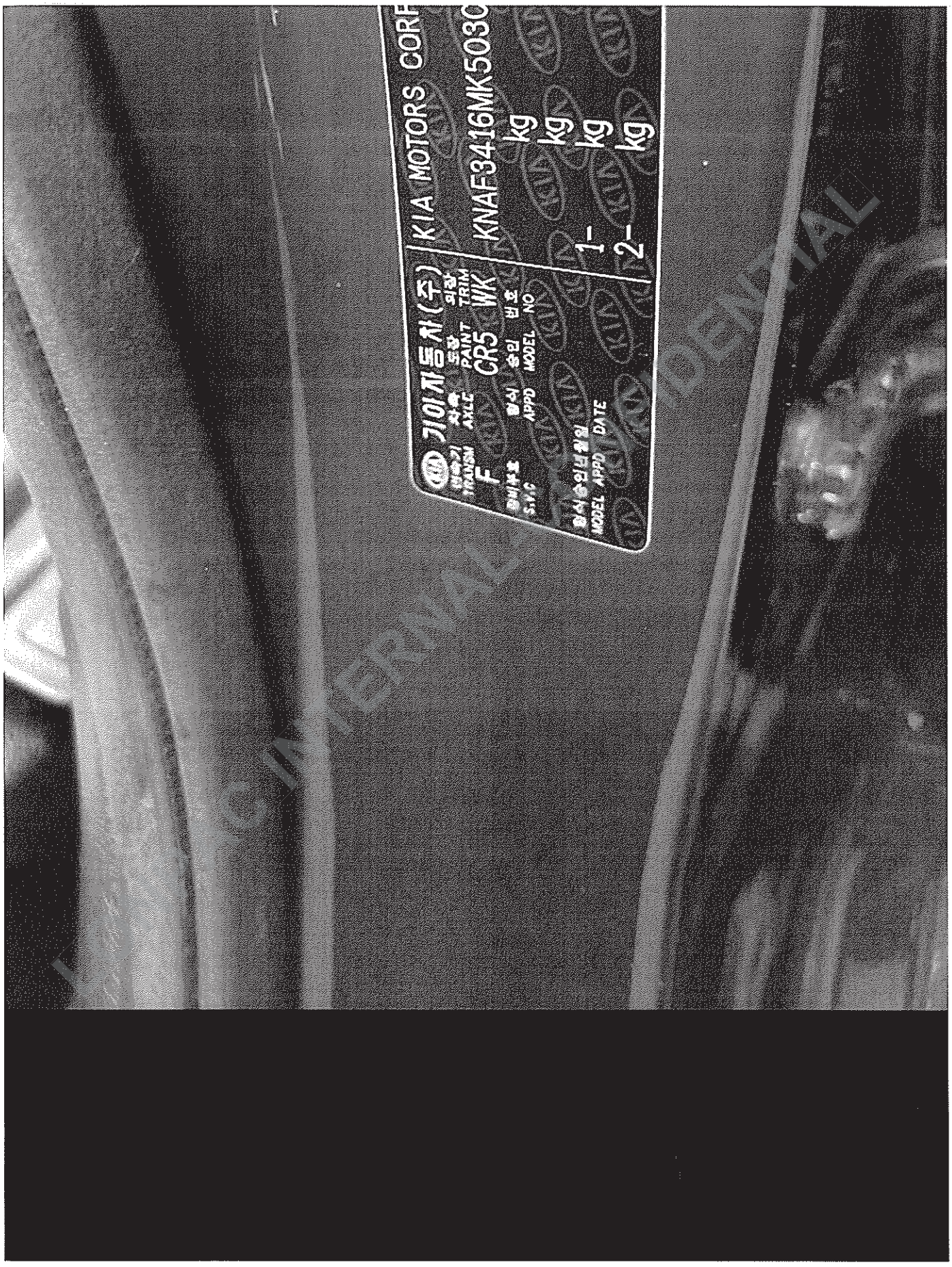
IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

IMAGES #9



SINGAPORE POLICE FORCE

T/20240523/7015

Report No: T/20240523/7015

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
23/05/2024 10:45		

Informant's Particulars

Name of Informant: GOH BENG KWEE			Address: 736 TAMPINES ST 72 #08-22 SINGAPORE 520736	
ID Type / ID No.: NRIC NO / S8369909D			Contact No.: Home/Office: Mobile: 91875838	
Nationality: MALAYSIAN			Email: tommygbk@gmail.com	
Sex: Male	Age: 41	Date of Birth: 10/02/1983	Type of Informant: Driver	
Race: Chinese			Language: English	
Occupation: Delivery man using motorised personal mobility aids/devices			Driving Licence Information Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 22/05/2024 12:45	Type of Location: Car Park

Location:

WOODLANDS CROSSING

Weather: Clear	Road Surface: Dry	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Light
Type of Collision: HIT BY VEHICLE WHILE PARKED STATIONARY IN THE PARKING LOT		Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
BPJ3883	Motor car	TOYOTA	INNOVA	White		0
SMJ1034P	Motor car					0

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL — Use of Pedestrian Crossing: NA

SINGAPORE POLICE FORCE

T/20240523/7015

Report No: T/20240523/7015

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

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: 23/05/2024 10:45
Officer In Charge Of Case: TP / AEIT / FAHKRUL RAZI BIN SUHAIME Contact No.: 65476404	Classification Of Case:

NP168

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SC1N245N0007 Vehicle Registration No: SMJ1034P

Name (as shown in NRIC): GOH BENG KWEE NRIC/FIN/Passport No: S8369909D

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: 736 TAMPINES ST 72 #08-22 Singapore (520736

Contact (Tel): Mobile No.: 9187 5838

Email Address: tommygbk@gmail.com

Date of Accident: 22/05/2024 Time of Accident: 12:45

Place of Accident: 5460, JALAN PAGOH MUKIM JORAK, PAGOH MUAR OPEN SPACE CAR PARK

Insurance Company: INCOME INSURANCE LIMITED - 5125850843-02

(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:

EDITED PLACE OF ACCIDENT

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

POLIS DIRAJA MALAYSIA

REPOT POLIS

Balai	: PAGOH	Pegawai Penyiasat	: G24974
Daerah	: MUAR	No. Repot Bersangkut	: TRAFIK MUAR/004877/24
Kontinjen	: JOHOR		
No. Repot	: TRAFIK MUAR/004878/24		
Tarikh	: 22/05/2024		
Waktu	: 1328 PM		
Bahasa Diterima	: B. Malaysia		

Butir-butir Penerima Repot :

Nama	: NAJEHA BTE ABDUL RAZAK	No. Badan	: R188245	Pangkat	: KPL

Butir-butir Jurubahasa (Jika Ada) :

Nama	: ---	No. K/P (Baru)	: ---	No. Polis/Tentera	: ---
No. Pasport	: ---	Bahasa Asal	: ---		
Alamat	: ---				

Butir-butir Pengadu :

Nama	: GOH BENG KWEE				
No. K/P (Baru)	: ---	No. Polis/Tentera	: ---	No. Pasport	: ---
No. Sijil Beranak	: ---	Jantina	: Lelaki	Tarikh Lahir	: 10/02/1983
Umur	: 41 Tahun 3 Bulan	Keturunan	: Cina	Warganegara	: SINGAPORE
Pekerjaan	: PEMANDU				
Alamat Tinggal	: #08-22 APT BLK 736 TAMPINES STREET 72, 520736 SINGAPORE				
Alamat IbuBapa	: ---				
Alamat Pejabat	: ---				
No. Tel (Rumah)	: ---	No. Tel (Pejabat)	: ---	No. Tel (Bimbit)	: 91875838
Emel	: ---				

Pengadu Menyatakan :

PADA 22/05/2024 JAM LEBIH KURANG 1245 HRS, SAYA TELAH MELETAKKAN MOTOKAR NOMBOR SMJ1034P JENIS KIA CERATO DI TEMPAT LETAK KENDERAAN DI FAIRY PARK LOT 5460 JALAN PAGOH, MUKIM JORAK PAGOH, MUAR. PADA KETIKA ITU, SAYA TIDAK BERADA DI DALAM KENDERAAN. SAYA TELAH DIBERITAHU ORANG YANG BERADA DISITU ADA KENDERAN NOMBOR PENDAFTARAN BPJ3883 JENIS TOYOTA INNOVA TELAH MELANGGAR BAHAGIAN DEPAN KENDERAAN SAYA. SAYA DAPATI ADA KEROSAKAN PADA BUMPER DEPAN SEBELAH KANAN KEMEK, LAMPU DEPAN KANAN PECAH DAN LAIN KEROSAKAN TIDAK PASTI. SEKIAN LAPORAN SAYA.

Tandatangan Pengadu: ----------

Tandatangan Jurubahasa(Jika ada): ----------

Tandatangan Penerima Repot: ----------

IBU POLIS PAGOH TEL : (06-974) 222

ID Pencetak | Tarikh @ Masa Cetak : R188245 | 22/05/2024 01:38:26 PM

POLIS DIRAJA MALAYSIA

REPOT POLIS

Balai	: PAGOH	**Pegawai Penyiasat**	G24974
Daerah	: MUAR		
Kontinjen	: JOHOR		
No. Repot	: TRAFIK MUAR/004877/24		
Tarikh	: 22/05/2024		
Waktu	: 1318 PM		
Bahasa Diterima	: B. Malaysia		

Butir-butir Penerima Repot :

Nama	: NAJEHA BTE ABDUL RAZAK	**No. Badan**	R188245	**Pangkat**	: KPL

Butir-butir Jurubahasa (Jika Ada) :

Nama	: ---	**No. K/P (Baru)**	: ---	**No. Polis/Tentera**	: ---
No. Pasport	: ---	**Bahasa Asal**	: ---		
Alamat	: ---				

Butir-butir Pengadu :

Nama	: TAN HAN KOW				
No. K/P (Baru)	: 800324016929	**No. Polis/Tentera**	: ---	**No. Pasport**	: ---
No. Sijil Beranak	: ---	**Jantina**	: Lelaki	**Tarikh Lahir**	: 24/03/1980
Umur	: 44 Tahun 1 Bulan	**Keturunan**	: Cina	**Warganegara**	: Malaysia
Pekerjaan	: PENGURUS				
Alamat Tinggal	: NO 13 JALAN SRI MULIA 3 TAMAN SRI MULIA, BATU PAHAT, 83000 JOHOR				
Alamat IbuBapa	: ---				
Alamat Pejabat	: ---				
No. Tel (Rumah)	: ---	**No. Tel (Pejabat)**	: ---	**No. Tel (Bimbit)**	: 0166616581
Emel	: ---				

Pengadu Menyatakan :

PADA 22/05/2024 JAM LEBIH KURANG 1245 HRS, SAYA MEMANDU MOTOKAR NOMBOR BPJ3883 HENDAK MASUK DI TEMPAK LETAK KENDERAAN DI FAIRY PARK LOT 5460 JALAN PAGOH, MUKIM JORAK PAGOH, MUAR . PADA KETIKA ITU, APABILA SAYA HENDAK MENGUNDURKAN KENDERAAN SAYA, TIBA-TIBA SAYA DENGAR BUNYI YANG KUAT DAN SAYA DAPATI TELAH TERKENA KENDERAAN YANG BERADA DI SITU, NOMBOR PENDAFTARAN SMJ1034P JENIS KIA CERATO. DALAM KEJADIAN ITU, SAYA TIDAK MENGALAMI APA-APA KECEDERAAN. KEROSAKAN KENDERAAN SAYA IALAH BUMBER BELAKANG KEMEK DAN LAIN-LAIN KEROSAKAN TIDAK PASTI. SEKIAN LAPORAN SAYA.

Tandatangan Pengadu:	Tandatangan Jurubahasa(Jika ada):	Tandatangan Penerima Repot:
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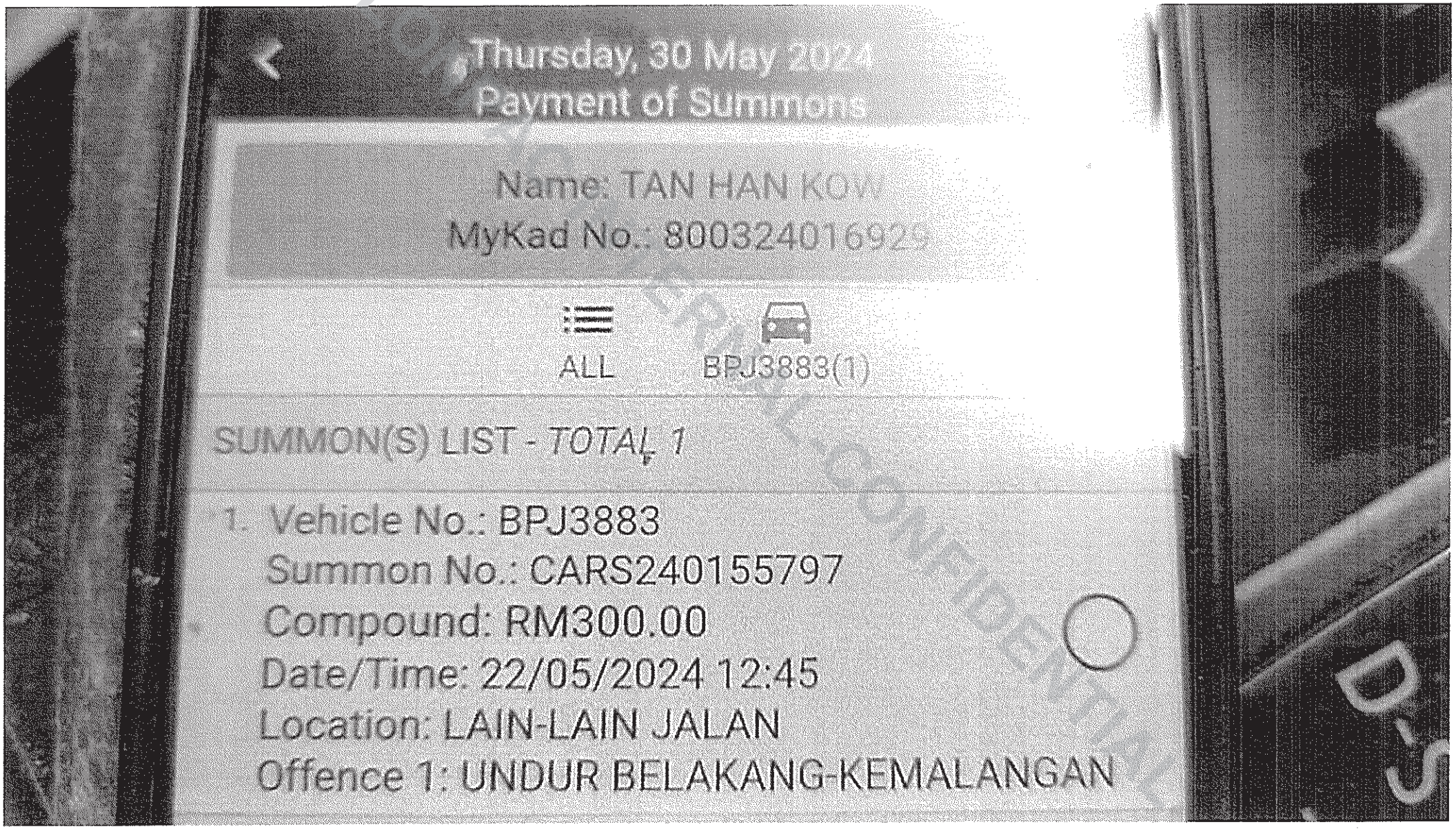
ID Pencetak | Tarikh @ Masa Cetak : R188245 | 22/05/2024 01:27:32 PM


Thursday, 30 May 2024
Payment of Summons
Name: TAN HAN KOW
MyKad No.: 800324016929
ALL
BPJ3883(1)
SUMMON(S) LIST - TOTAL 1
1. Vehicle No.: BPJ3883
Summon No.: CARS240155797
Compound: RM300.00
Date/Time: 22/05/2024 12:45
Location: LAIN-LAIN JALAN
Offence 1: UNDUR BELAKANG-KEMALANGAN

S THREE AUTOMOTIVE RECOVERY PTE LTD

BLK 8 SIN MIN INDUSRTIAL ESTATE #01-64/66 (S) 575643
Tel: (65) 6284 1542 / (65) 6284 1575 Fax: (65) 6487 5315
Reg. No: 201325741R

PRO FORMA INVOICE

INVOICE NO	0730
DATE	31/7/2024
VEHICLE NO:	SMJ1034P
MAKE/MODEL	KIA CERATO

NAME TEO TING TING

ADDRESS 736 TAMPINES ST 72

#08-22

SINGAPORE 520736

S/NO.	DESCRIPTION	UNIT	AMOUNT
1	REPAIR COST FOR VEHICLE SMJ1034P		$ 7,100.00
		TOTAL	$7,100.00
		9%GST	$639.00
		TOTAL AMOUNT	$7,739.00

JOEY KHO