SN09246P0001 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 25/06/2024 10:28 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (25/06/2024 10:28 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>
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	25/06/2024 10:28 (SGT)
Reported by	Actual Driver
Date of Accident	23/06/2024 06:10 (SGT)
Exact Location of Accident	Seletar Expw., Singapore
Additional Location Information	TOWARDS BKE BEFORE MANDAI
Country/State of Loss	Singapore

DETAILS O	F OWN VEHICLE			
Vehicle Registration Number	SND53K			
INSURED/POLICYHOLDER				
Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No	Yes MS CAR AUTO PTE. LTD. 201726092Z fullstop423@gmail.com (Phone) +65-97254442			
VEHICLE PARTICULARS				
Manufacturer Model 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? Vehicle Category Transmission CC INSURANCE COMPANY	BMW 528i - Private use No - Claiming third party Commercial vehicle Auto 1997			
Name of Insurance Company Policy Number / Cover Note Number	China Taiping Insurance (Singapore) Pte. Ltd. DMPCSNW00020782400			

DRIVER

Name of Driver NG SOON HUAT NRIC No S6934991I 07/10/1969 Date Of Birth Occupation Indoor



Driving Pass Date	19/11/1998
Driving experience	25 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97254442
Alt. Phone Number	
Email Address	fullstop423@gmail.com
Address	BLK 804 YISHUN RING ROAD #04-4299
Address complement	
Postcode	760804
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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	
Road Surface	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)	1
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	
DETAILS OF POLICE ACTION	
	V
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	
PLEASE REFER TO POLICE REPORT T/20240624/7067 (FAIL	TO SUBMIT IN GEAR ON MAINTAINANCE ON 24-06-2024)
PLEASE REFER TO POLICE REPORT 1/2024/0024/7007 (17/12	10 000 1111 111 012 111 011
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
DETAILS OF OTHE	R VEHICLE PROPERTY 1
A STATE OF THE PARTY OF THE PAR	
VIII D. L. C. Marker	CMP1E22V
Vehicle Registration Number	SMB1532K
Vehicle Manufacturer	14 [10] 1 [1
VARICIE MODEL	

Vehicle Variant

Vehicle Model

Vehicle Colour	-
Vehicle Category	Bus
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

- the report correctly the details of the accident to speed up the claims process.
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- 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
- Any false reporting may be referred to the Police for investigation.
- 6. The 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
- 8 8y the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of
- Consent under the Personal Data Protection Act (PDPA) Funderstand, acknowledge, agree and consent that:
 - 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)
 - (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;
 - fiv) 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
 - 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
- my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or propositional including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature Date

Driver's Signature

(If driver is not the policyholder) Date

Reporting Centre Personnel's Signature

Name

NRIC/FIN No.

SKETCH PLAN

A-SNDS3K B-Sm81532K

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LARATION				
Heclarente loceso	ng particulars are true in ev	very respect.		,
(Carley)3				.14
KI-SIN		N		200/200/201
-fr		14		106/201
	Date Driver's Sign	1111		ing Centre Personnel's Signature



T/20240624/7067

1 of 3

Report No. T/20240624/7067

Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/06/2024 14:58			Vide Report No.:	Station Diary No.:	
Informant	's Particular	S			
Name of NG SOO!	Informant: N HUAT		Address: 804 YISHUN RING ROAD	#04-4299 SINGAPORE 760804	
ID Type / NRIC NO	ID No.: / S693499	11	Contact No.: Home/Office:	Mobile: 97254442	
Nationalit SINGAPO	y: DRE CITIZE	N	Email: FULLSTOP423@GMAIL.C	COM	
Sex: Male	Age: 54	Date of Birth: 07/10/1969	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Company director			Driving Licence Information: Class: 3 Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive No	23/06/2024 06:10	nt: Type of Location Straight Road
Location:				
MANDAI ROAD				
Weather:		Road Surface:		
The second secon		Road Surface: Dry		
Clear				Traffic Volume:
Weather: Clear Traffic Flow: One Way		Dry		Traffic Volume: Light

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMB1532K	Bus/Coach/Mini bus (School Children)					0
SND53K	Motor car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20240624/7067

Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

2 of 3 Report No. T/20240624/7067

CONTINUATION OF REPORT

Driver						
Name	NG SOON HUAT		ID No.		S6934991I	
Related Vehicle	SND53K (Motor car)		Contac	ct No.	97254442	
Hospital/Clinic	NIL		Class Driving Licence Expiry	e &	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL Date Disch		narge	NIL		
No. of Days grant	d Medical Leave (MC) NIL Degree of I			Injury	NIL	

Brief Details.

on the above mentioned date and time i was travelling along Mandai road towards (SLE) Seletar Expressway, as i was entering the (SLE) Seletar Expressway, a Tower Transit bus which is in front of me travelling from the extreme left lane cut into my lane and hit onto the left side of my vehicle, after the collision my vehicle came to a stop, however the Tower Transit Bus continued to drive off without checking or exchange particulars with me, after waiting by the road for about half an hour, a guy driving a motorcycle FBU4575Y came and claims he is from the Tower Transit bus company alerted me that their bus SMB1532K had hit onto my vehicle, after this incident, i then proceed to lodge a police report about this accident as this is a hit and run case.



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



3 of 3

Report No. T/20240624/7067

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: 24/06/2024 14:58
Officer In Charge Of Case: TP / HRT / KASMAWATI BTE SAMIAN Contact No.: 65476368	Classification Of Case:
NP168	