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 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.

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

NG SOON HUAT

S6934991I

07/10/1969

Indoor

DRIVER

NRIC No

Name of Driver

Date Of Birth

Occupation

Driving Pass Date Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	19/11/1998 25 YEARS AND 7 MONTHS Male (Phone) +65-97254442 - fullstop423@gmail.com BLK 804 YISHUN RING ROAD #04-4299 - 760804 No OWNER No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Hit and run / Vandalism / Damaged whilst parked Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? 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? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No -
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO POLICE REPORT T/20240624/7067 (FAIL T	O SUBMIT IN GEAR ON MAINTAINANCE ON 24-06-2024)
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model	SMB1532K -

Vehicle Variant

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

- 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
- Any false reporting may be referred to the Police for investigation.
- 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
- 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
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that:

- (ii) 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
 - (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
- 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 ments (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes

Policyholder's Signature Date

JEN:

Driver's Signature

(If driver is not the policyholder) Date

& Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

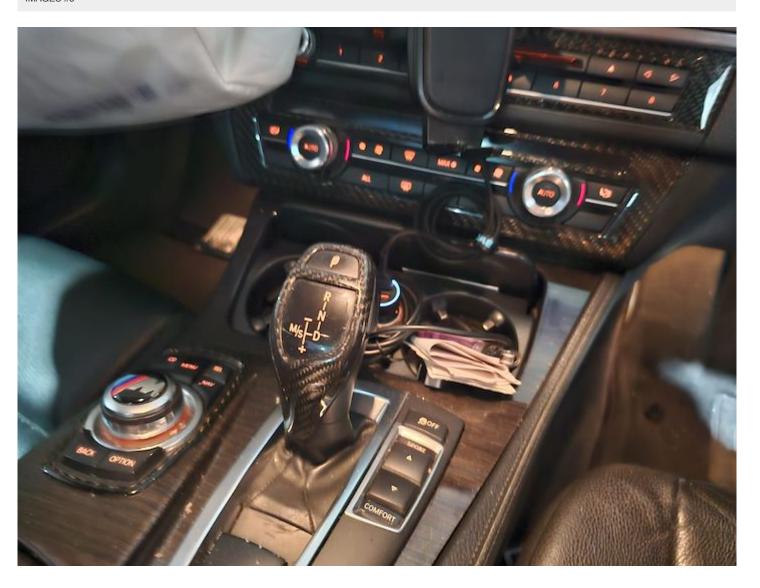
SKETCH PLAN

A-SND53K B-SmB153ZK

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	1011a Egisti : 1/302400	524/7067
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eclarethe foregoing particu	lars are true in every respect.	
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-0,		1606/2014
older's Signature Date	Driver's Signature Reporting Ce (If driver is not the policyholder) Date Name:	ntre Personnel's Signature























Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20240624/7067

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 24/06/2024 14:58		Vide Report No.:	Station Diary No.:
Informan	t's Particular	3		
Name of NG SOO	Informant: N HUAT		Address: 804 YISHUN RING ROAL	D #04-4299 SINGAPORE 760804
ID Type / NRIC NC	ID No.: 7 S693499	11	Contact No.: Home/Office:	Mobile: 97254442
Nationali SINGAP	ty: ORE CITIZE	N	Email: FULLSTOP423@GMAIL.	СОМ
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	on: Date of Expiry:	

Seneral Information	Control of the Contro				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 23/06/2024 06:10	Type of Location: Straight Road	
_ocation:					
MANDAI ROAD					
Weather: Clear		Road Surface: Dry			
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light	
Type of Collision: Between Moving V	ehicles - Side Swipe	- Same Direction		one conveyed by oulance:	

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
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		Children Torr	ALIAN AND PERMIT	OCH STOR		AND
Name	NG SOON HUAT		ID No).	S6934991I	
Related Vehicle	SND53K (Motor car)		Conta	act No.	97254442	
Hospital/Clinic	NIL			Class Drivin Licen Expir	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date D			arge	NIL	<u> </u>
No. of Days grant	ed Medical Leave (MC)	NIL	Degree of		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	