SJ0G246S0007 / JP Knights Pte Ltd ENTRY DATE & TIME: 28/06/2024 09:55 (SGT) SUBMITTED BY: Flash Reporting VERSION: 1 (28/06/2024 09:55 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

28/06/2024 09:55 (SGT) Both Policyholder and Actual Driver 27/06/2024 08:30 (SGT) Jln Ikan Merah, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SML1527Z

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address**

Mobile Phone No Alternative Phone No. No

TJIOE HONGYUN, WILBUR

SXXXX113F

WILBUR, HT@ZOHOMAIL.COM

(Phone) +65-98627086

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

Hyundai

AD AVANTE

Private use

No - Claiming third party

Private car Auto

1591

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

India International Insurance Pte Ltd D23MPCM000713 1

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

TJIOE HONGYUN, WILBUR SXXXX113F 18/10/1985 Indoor



Driving Pass Date

Priving experience

Gender

Mobile Number

Alt. Phone Number

Email Address Address

Address complement

Postcode

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

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions

Road Surface

Hit and run / Vandalism / Damaged whilst parked

Clear

Dry

No

No

Yes

1

No

2

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

08/05/2007

Male

541286

Yes

No

17 YEARS AND 1 MONTH

WILBUR.HT@ZOHOMAIL.COM

286A COMPASSVALE CRES #09-75

(Phone) +65-98627086

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/20240627/7044

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Yes

Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model Vehicle Variant

Honda Vezel

SND739R

Accident report SJ0G246S0007

Page 2 of 16

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

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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 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 interested parties.
- 7 By the ladgment of this report to the insurers, you hereby consent to the archiving of this report at the center and to copies of the report being made available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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
- (ii) 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")

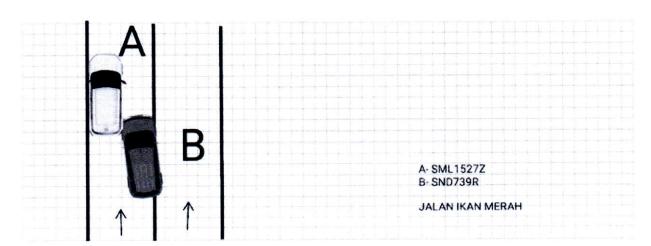
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use disclose and/or process my Personal Information for one or more of the above Purposes, and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GtA 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.

Policyholder's Signature / Date &

gnature / Date & Driver's Signature (If driver is not the policyholder) / Date 270624 2200HRS & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPO T/20240627/7044	PRT			

Declaration

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

Policyholder's Signature / Date & Time

270624 2200HRS

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

Witnessed by Reporting Centre Personnel







Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20240627/7044

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 27/06/2024 13:14		Vide Report No.:	Station Diary No.:		
Informani	's Particular	s				
	Informant: DNGYUN, V	VILBUR	Address: 286A COMPASSVALE CRESCENT #09-75 SINGAPORE 541286			
ID Type / ID No.: NRIC NO / S8530113F			Contact No.: Home/Office:	Mobile: 98627086		
Nationalit SINGAPO	y: ORE CITIZE	N	Email: WILBUR.HT@ZOHOMA	L.COM		
Sex: Male	Age: 38	Date of Birth: 18/10/1985	Type of Informant: Driver			
Race: Chinese		Language: English				
Occupation: Other physical and engineering science technicians			Driving Licence Informati Class: 3	on: Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Dri No	ve: Date/Time of Ac 27/06/2024 08:3	
Location: JALAN IKAN MER Weather: Clear	АН	Road Surface: Dry		
740. 5 80. 74000		Traffic Control: Not Controlled		
Traffic Flow: One Way				Traffic Volume: No Traffic

Type	Make	Model	Color	Condition	No of Passenger
Motor car	HYUNDAI	Avante	Blue	Slightly	0
			1777		10)PC

Vehicle No.	Insurance Company	Insurance No	Effective Date	Evnin Date
venicie ivo.	Insurance Company	moundate NO	Fuernse Date	LAPINY Date
SML1527Z	Bubblegum Car Insurance	D23MPCM000713_1	08/05/2024	07/05/2025



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



2 of 3

Report No. T/20240627/7044

CONTINUATION OF REPORT

Details of Person	Involved					
Any Pedestrian In	volved: No					
No. of Pedestrians	s Injured: NIL		Use of Pedestrian Crossing: NA			g: NA
Driver						
Name	TJIOE HONGYUN, W	ILBUR		ID No		S8530113F
Related Vehicle	SML1527Z (Motor car)		Conta	ct No.	98627086	
Hospital/Clinic	NIL			Class Drivin Licent Expin	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days grant	ed Medical Leave (MC)	NIL	Degree of	Injury	NIL	

Brief Details.

On 27 Jun 2024 at around 8.30am I parked my car SML1527Z along Jln Ikan Merah. When I returned at around 10.15am, I noticed there were scratches along the right side of my car's rear, and the right lower rear lamp was dislodged inwards from the bumper. As such, I retrieved my car dashcam footage and noticed that a vehicle that was parking behind my rear collided on my car. The plate number of the car is SND739R. At the same time the driver of the said vehicle did not place any note or contact number on my windscreen after the collision. There is no other vehicle that was damaged during the minor incident or any government property damaged. I didn't call for the police at the point of time, and headed to police station to lodge the report.



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



3 of 3

Report No. T/20240627/7044

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: 27/06/2024 13:14
Officer in Charge Of Case: TP / HRT / KASMAWATI BTE SAMIAN Contact No.: 65476368	Classification Of Case:
This report is lodged at Sengkang NPC Kiosk 1	

NP168