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 Authorised 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.

- 4. The issue and acceptance of this is form by instrained 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 Submission 11/03/2021 18:36 (SGT) Date of Accident 11/03/2021 12:30 (SGT) Exact Location of Accident 175 South Bridge Rd, Singapore 058740 Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGK165S

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner TAN MEOW LI MAGDALENE (CHEN MIAOLI, MAGDALENE)

NRIC No. SXXXX360I

Email Address TANTM.ALEX@GMAIL.COM

Mobile Phone No (Phone) +65-90622880

Alternative Phone No +65-90622880

VEHICLE PARTICULARS

Manufacturer Mercedes Model Gla180

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

your vehicle? No - Claiming third party

Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AIG

Type of Coverage Comprehensive

Fleet Policy

Policy Number 1800069224-02

Cover Note Number

DRIVER

Name of Driver TAN TAI MONG NRIC No SXXXX320B Date Of Birth 06/07/1956 Occupation Indoor

Date Of Driving Pass 19/01/1977 Driving experience 44 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-84223232 Alt. Phone Number Email Address TANTM.ALEX@GMAIL.COM Address BLK 163 TAMPINES ST 12 #11-269 Address complement Postcode 521163 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Parent Does Driver Own Other Vehicles? Nο 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 Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No **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 REFER TO POLICE REPORT T/20210311/7013 & T/20210311/7015 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SFF72P Vehicle Manufacturer Vehicle Model

Private car

Accident report SN09213B000M

Vehicle Variant
Vehicle Colour
Vehicle Category

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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- 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 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 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)

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

8 Time
Personnel

Policyholder's Signature / Date & Time

Sketch Plan

HUND LIM MUTTI (LIMPLEX

- - - -

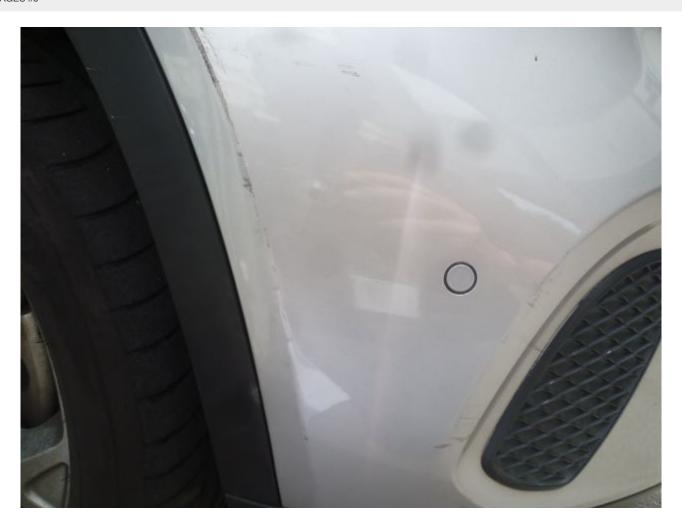
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1	-1 -210311 7015
	10. 7/301011
	lefer to TP Police Report NO. 7/20210311/7013
	surer may have 14 days time frame for you to submit an Own Damage Claim under your
your own comprehensive police	cy. Please check your policy for more information.
eclaration	
We declare the foregoing particula	rs are true in every respect.
	Dunin the
	Hollman





















1 of 3 Report No. T/20210311/7013

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

REPORT	F A TRAFFIC	ACCIDENT			
	ne Report M 21 14:58	1ade:	Vide Report No.:	Station Diary No.	
Informa	nt's Particu	ulars		A PROPERTY OF THE REAL PROPERT	
Name of TAN TAI	Informant: MONG		Address: 163 TAMPINES STREET 12	#11-269 SINGAPORE 521163	
ID Type NRIC NO	/ ID No.: D / S218432	20B	Contact No.: Home/Office: Mobile: 90622880		
	Nationality: SINGAPORE CITIZEN		Email: tantm.alex@gmail.com		
Sex: Male	Age: 64	Date of Birth: 06/07/1956	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: SELF EMPLOYED			Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 11/03/2021 12:30	Type of Location: Car Park
Location: UPPER CRO	SS STREET			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
		Traffic Control:		Traffic Volume:
Traffic Flow:		Traine Comion		ridillo vololilo:

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SFF72P	Car					0
SGK165S	Car					0

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



T/20210311/7013

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20210311/7013

CONTINUATION OF REPORT

Driver	denominate liste	a all serve			
Name	TAN TAI MONG		ID No.	S2184320B	
Related Vehicle	SGK165S (Car)			Contact No	90622880
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL	
	ted Medical Leave	NIL	Degree o	of NIL	

Brief Details

On 11/03/2021 at about 1200pm, I parked my vehicle at level 4 of Hong Lim Complex Multi storey carpark, everything was intact.

When I returned back to my vehicle at about 1300pm, I realized that the front right portion of my vehicle was damaged.

When I viewed my in car camera footage, I realized a vehicle (B) SFF72P hit my vehicle (A) while doing a reverse parking and went away without leaving a note in my car.

I wished to report that this is a hit and run incident.

Vehicles involving in this situation:

- (A) SGK165S
- (B) SFF72P





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20210311/7013

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

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.

Date/Time:
11/03/2021 14:58

Officer In Charge Of Case:
TP / TPIB /

Classification Of Case:

NP168

KALESWARI PALANI Contact No.: 65476902

Authentication Stamp





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3

Report No. T/20210311/7015

REPORT OF A TRAFFIC ACCIDENT

	ate/Time Report Made: 1/03/2021 15:17		Vide Report No.: T/20210311/7013	Station Diary No.:	
Informa	nt's Partic	ulars			
Name of TAN TAI	Informant: MONG		Address: 163 TAMPINES STREET 12	#11-269 SINGAPORE 521163	
	/ ID No.: D / S21843:	20B	Contact No.: Home/Office:	Mobile: 84223232	
National SINGAP	ity: ORE CITIZ	EN	Email: tantm.alex@gmail.com		
Sex: Male	Age: 64	Date of Birth: 06/07/1956	Type of Informant:		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: SELF EMPLOYED			Driving Licence Information: Class:	Date of Expiry:	

General Infor	mation of the Accide	nt	SS, U.S. SHIPPING BASKET	Sammer of Continues of Continue
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 11/03/2021 12:30	Type of Location: Car Park
Location:				
UPPER CRO	SS STREET			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collis Moving Vehic	ion: le Against - Parked Ve	hicle		Anyone conveyed by ambulance:

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SFF72P	Car					0
SGK165S	Car					0

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





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20210311/7015

CONTINUATION OF REPORT

Driver		VALUE COMP	Page Charles			
Name	TAN TAI MONG		ID No.	S2184320B		
Related Vehicle	SGK165S (Car)		SGK165S (Car)		Contact No	. 84223232
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL		Date	NIL		
No. of Days gran	ted Medical Leave	NIL	Degree o	f NIL		

Brief Details.

REFER TO TP REPORT: T/20210311/7013

I WISH TO AMEND MY HP NUMBER FROM 90622880 TO 8422 3232





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20210311/7015

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

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.

Date/Time:
11/03/2021 15:17

Officer In Charge Of Case:
TP / TPIB /
KALESWARI PALANI
Contact No.: 65476902

Signature Of Informant:
The identity of the person making this report has been authenticated by SingPass. No signature is required.

Classification Of Case:

Classification Of Case:

NP168

Authentication Stamp