From	ASSIGNMENT
Estimated Cost:	
	Veh No: SG K1655 . Yr Regn: 2
OD / TP / WS / TP RES / OD RES / EVA / INV / MV To Inspect Vehicle No:	July Das / Van / Lorny / T- 11-
	Trailet 0
at Workshop m/s	Colour Silves Berz GLA180 c.c 1585
of	A/C: Insured / Std / NI / NA
Insured:	I/Radio: Insured / Std / NI / NA
Policy No.	
Claims No.	C/No: WDC15694227511435
Sum Insured: Excess:	Gen. Cond. Good / Fair / Poor / Burnt
(Client's Record)	Steering: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Brake: Inorder / Jammed / Leaked / Burnt or
Man 8% 21 a	Modi: Nil / S/Rim / STD A/Rim or
(Policy Condition)	Tyre Size: F: 23 5 / 50 R 18
Remark: The year had a second	R: 235/50R18
repair at the time of inspection.	O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
Bal. or Market Value:	TOYO/YOKO or Continental.
	<u>Front</u> <u>Rear</u>
	R/Bal. 06 mm R/Bal. 06 mm
	L/Bal. 06 mm L/Bal. 06 mm
Est. Repairs: days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No	D.O.A. D.O.I. 15/06/21 - MG Solution .
,	
CA / REV / REP. / 24 HRS Vehicle: IN /	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	The 676 / Chassis Haille / Body Structure affected due to collision.
TPAL6.	Marrie Manuel
	Solt Case and
	mozethavitalitalitalitalita
MV :	
PV:	
Nett:	
processing	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
i) : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Refurn to?	Transportation:
2) ,Adc	Fee: Site Insp (\$)_s+Rs_si
	: Interview (\$) Photos
Report Formet:	: Tech. Invs (3) Others
Lump Sum / LPJ: (\$: Weet end (S)



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 Authorised 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 Submission Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

11/03/2021 18:36 (SGT) 11/03/2021 12:30 (SGT) 175 South Bridge Rd, Singapore 058740

Singapore

SGK165S

Mercedes

Gla180

DETAILS OF OWN VEHICLE

Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No

TAN MEOW LI MAGDALENE (CHEN MIAOLI, MAGDALENE) SXXXX360I TANTM.ALEX@GMAIL.COM (Phone) +65-90622880 +65-90622880

VEHICLE PARTICULARS

Manufacturer Model Variant Exact purpose for which vehicle was being used at time of

Private use accident Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category No - Claiming third party Private car

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

AIG Comprehensive No 1800069224-02

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

TAN TAI MONG SXXXX320B 06/07/1956 Indoor

Date Of Driving Pass Driving 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

0

No

19/01/1977

Male

521163

Parent

No

No

44 YEARS AND 2 MONTHS

TANTM.ALEX@GMAIL.COM

BLK 163 TAMPINES ST 12 #11-269

(Phone) +65-84223232

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 material or property damaged?

Number of Passengers (Including Driver) Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

Yes Traffic Police

(Phone) +65-65470000 (Fax) +65-65474900

10 Ubi Avenue 3 Singapore 408865

No

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?

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210311/7013 & T/20210311/7015

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Was there any audio recorded?

Yes

Yes

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver Contact Number SFF72P

Private car

Accident report SN09213B000M

Page 2 of 19

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.
- 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 withholding of material facts may allow insurance companies to repudiate policy liability.

- 5. The report will be forwarded by the insurers of the GA 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
- 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 "Persional 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;
- (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' 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.

Almen

Sketch Plan

HONO LIM MUIT CEMPLEX

Describe Circumstances of t	he Accident			
			proport	
		10 PC	tice has	
0	alex to	JY I		
*	ELC1.		still rois	
	- 10	1/20210	3111	
	No-	1		
				in Own Damage Claim under your
your own comprehensive palic	y. Please chec	k your policy for m	ore information	
eclaration				
We declare the foregoing particular	s are true in ever	ry respect.		
				4
		Gunn		Vial
Policyholder's Signature / Date &	Driver's Signal		e policyholder) / Date	Witnessed by Reporting Centre Personnel





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

Report No. T/20210311/7013

REPORT OF A TRAFFIC ACCIDENT

	me Report Made: 2021 14:58		Vide Report No.: Station Diary No.			
Informa	nt's Partice	ulars				
Name of TAN TAI	Informant: MONG		#11-269 SINGAPORE 521163			
ID Type NRIC NO	/ ID No.: D / S21843	20B	Contact No.: Home/Office:	Mobile: 90622880		
Nationali	ty: ORE CITIZ	EN	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:		
Occupat SELF EN	ion: MPLOYED		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	ec etpeet			
UPPER UNU	33 31 NEC1			
Weather:		Road Surface:		Road Speed Limit:
		Road Surface: Dry		Road Speed Limit:
Weather: Clear Traffic Flow:				Road Speed Limit: Traffic Volume:

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

Report No. T/20210311/7013

CONTINUATION OF REPORT

Name	TAN TAI MONG			ID No.		S2184320B
Related Vehicle	SGK165S (Car)			Conta	ict No.	90622880
Hospital/Clinic	NIL			Class Drivin Licen Expin	g ce &	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 T;20210311;7013

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.
Signature Of Interpreter: Not applicable	Date/Time: 11/03/2021 14:58
Officer In Charge Of Case: TP / TPIB / KALESWARI PALANI Contact No.: 65476902	Classification Of Case:





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 11/03/2021 15:17		Vide Report No.: Station Diary No T/20210311/7013				
Informa	nt's Partic	ulars	the place and the later to the later later				
Name of TAN TAI	Informant: MONG		Address: 163 TAMPINES STREET 12:	#11-269 SINGAPORE 521163			
ID Type NRIC NO	/ ID No.:) / S21843:	20B	Contact No.: Home/Office:	Mobile: 84223232			
National SINGAP	ty: ORE CITIZ	EN	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:			
Occupati SELF EN	on: IPLOYED		Driving Licence Information: Class:	Date of Expiry:			

General Infor	mation of the Accide	nt estate and the second	Sould regularization	Simulated Landing
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:		Road Surface:		toad Speed Limit:
Clear		Dry		toad Speed Limit.
Traffic Flow: Traffic Control:		Traffic Control:	Traffic Volume:	
Type of Collis Moving Vehic	ion: le Against - Parked Ve	ehicle		inyone conveyed by mbulance:

Details of Vehicle Involved						
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



T/20210311/7015

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					
Name	TAN TAI MONG			ID No.	S2184320B
Related Vehicle	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 granted Medical Leave		NIL	Degree of	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

Report No. T/20210311/7015

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Not applicable

Signature Of Interpreter: Not applicable

TP / TPIB / Contact No.: 65476902

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

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