SS21213G0006 / STA Inspection Pte Ltd[575627] ENTRY DATE & TIME: 16/03/2021 18:34 (SGT) SUBMITTED BY: Mohamad Farez Bin Jalil VERSION: 1 (16/03/2021 18:34 (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 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.
- 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 16/03/2021 18:34 (SGT) Date of Accident 08/03/2021 14:00 (SGT) Exact Location of Accident Near 126 Lor 1 Toa Pavoh, Singapore 310126 Additional Location Information BLK 126 LOR 1 TOA PAYOH OPEN SAPCE CARPARK Country/State of Loss Singapore

DETAILS OF OWN VEHICLE Vehicle Registration Number SGS5856G INSURED/POLICYHOLDER Name Of Registered Owner CHIA HANG SONG NRIC No SXXXX667A Email Address jo_chia@hotmail.com Mobile Phone No (Phone) +65-81893000 Alternative Phone No (Home) +65-81893000 VEHICLE PARTICULARS Manufacturer Toyota Wish 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 No - Claiming third party your vehicle? Vehicle Category Private car INSURANCE COMPANY Name of Insurance Company Type of Coverage ... ThirdPartyFireTheft Fleet Policy Policy Number 5019793620-13 Cover Note Number DRIVER

> CHIA HANG SONG SXXXX667A

28/11/1947

Indoor

Name of Driver

Date Of Birth

Occupation

Dats Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address 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	02/02/1970 51 YEARS AND 1 MONTH Male (Phone) +65-81893000 (Home) +65-81893000 jo_chia@hotmail.com APT BLK 126 LORONG 1 TOA PAYOH #03-569 SINGAPORE 310126 Yes - No
GENERAL MI OTHER TON OF THE ADDIDENT	
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 material or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 No - Yes 0 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO ATTACHED	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No
DETAILS OF OTHER	VEHICLE BROBERTY 1

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP6596C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-93293343
Address	
Address complement	_
Postcode	
Insurance Company Name	_



Natière Of Damage Details of property damaged in accident No. Of Passenger (Including Driver) -

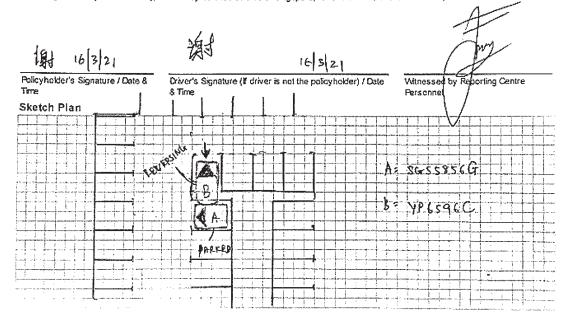
SKETCH PLAN

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- 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;
- (m) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the making of correspondence, statements, invokes, 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 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.



Describe Circumstances of the Accident
The vehicle was parked at the carparic of BIK 126; toupyoh Lod other the 8th March. When I tothe has about to collect the acquart at around 2pm, I saw a severe deat at the driver's cloor. The side mirror at the driver side was also damaget.
other the 8th March. When I ste has about to collect the acar
at around 2pm, I can a severe deat at the driver's door. The
side mirror at the driver side was also damaget.
I saw a note and noticed that it was left behind by the
I saw a note and noticed that it was left behind by the
driver and he said he then his worker accidentally hit my
con while he was coversing the acknowledged that it Has his divers
I It and had requested to sottle married u. He suggested \$10
us to bring to our own garage for quotation a and get back to him. We agreed and repreguested him to provide us his
Valuda no for recording surmses
to him. We agreed and represent him to provide us his vehicle no. for recording purposes. We want to the
We went to the garage and got a quotation minutes on 9th mar 2021 and informed him. He acknowledged and
mar 2021 and intorned him. He actual good acknowledged and
requested to per transfer the and of \$500 to his for the repair cost in 2 instalments and we agreed. He made the
herair cost in 2 instalments and we gareed. He made there
The transfer of \$100 and at the went # M.I.A after that.
He ignored our messages and did not reply.

Declaration

We declare the foregoing particulars are true in every respect.

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

Policyholder's Signature / Date & Time

Witnessed by Reporting Centre Personnel