SN0821470005-01 / National Assessment Centre Services [159721]
ENTRY DATE & TIME: 07/04/2021 16:55 (SGT)
SUBMITTED BY: Rosli Bin Abdul Wahab
VERSION: 2 (07/04/2021 17:00 (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	07/04/2021 16:55 (SGT)
Date of Accident	06/04/2021 15:00 (SGT)
Exact Location of Accident	3 Simei Street 6, Singapore 528833
Additional Location Information	BASEMENT 2 CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR1608D

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN AH MUI
NRIC No	SXXXX733H
Email Address	xiaola68@gmail.com
Mobile Phone No	(Phone) +65-98288778
Alternative Phone No	+65-98288778

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Cla180
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
Transmission	Auto
CC	1597

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00126652000
Cover Note Number	-

DRIVER

Name of Driver	TAN AH MUI
NRIC No	SXXXX733H

Date Of Birth	26/03/1967
Occupation	Indoor
Date Of Driving Pass	24/05/2011
Driving experience	9 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98288778
Alt. Phone Number	+65-98288778
Email Address	xiaola68@gmail.com
Address	BLK 146 RIVERVALE DRIVE #17-501
Address complement	-
Postcode	540146
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
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	2
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)	0
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	Changi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005872999
Alt. Police Station Phone No	(Fax) +65-65872900
Police Station Address	9 Simei Street 2 Singapore 529914
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT T/20210406/2106

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMV7352T
Vehicle Manufacturer	Kia
Vehicle Model	-
Vehicle Variant	-
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

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 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)**

I understand, 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;

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

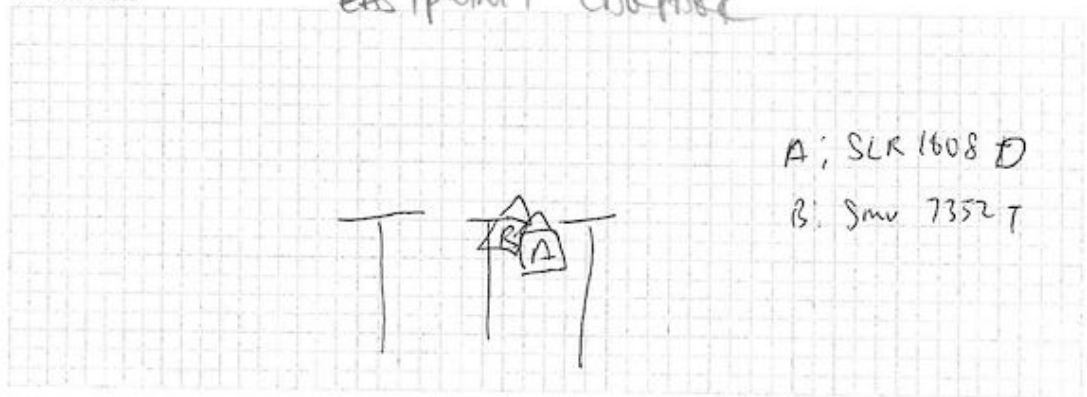
Policyholder's Signature / Date & Time

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

07/04/2021

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to TP Report

T/20210406/2106

I ALSO WISH TO ADD ON THAT WHEN I LEFT MY CAR AT THE PARKING LOT OF EAST POINT MALL, THERE WAS ONLY 1 VEHICLE PARKED BESIDE ME AND IT IS THE MENTIONED VEHICLE (B). WHEN I GOT BACK TO MY CAR, VEHICLE (B) WAS NO LONGER THERE AND I NOTICED THE DAMAGED PORTION. AS SUCH I SEEK HELP FROM MY FRIEND AND HE HELPED ME GOT IN TOUCH WITH THE MANAGEMENT AT EASTPOINT MALL WHICH THEY KINDLY ALLOWED HIM TO VIEW THE FOOTAGE TO GET VEHICLE (B)'S VEHICLE NUMBER FOR INSURANCE CLAIM PURPOSE. THE MANAGEMENT ALSO MENTIONED THAT THEY'LL RELEASE THE CLIP TO THE AUTHORITY.

Declaration

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

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
		07/04/2021

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6


BUY / SELL / SCRAP CAR 8766 7991
#02-03 A/B
Supreme
ENTRANCE
SLIDE
CLA 180
SLR1608D

IMAGES #7

IMAGES #8

SINGAPORE POLICE FORCE

T/20210406/2106

Report No. T/20210406/2106

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
06/04/2021 16:41		36

Informant's Particulars

Name of Informant: TAN AI MUAY			Address: APT BLK 146 RIVERVALE DRIVE #17-501 SINGAPORE 540146	
ID Type / ID No.: NRIC NO / S1820733H			Contact No.: Home/Office: Mobile: 98288778	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 54	Date of Birth: 26/03/1967	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Admin clerk			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 06/04/2021 15:55	Type of Location: Car Park
Location: SIMEI STREET 6				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLR1608D	Car	MERCEDES BENZ	CLA180 COUPE URBAN (R18 LED)	Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLR1608D	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001266 52000	10/10/2020	09/10/2021

SINGAPORE POLICE FORCE

T/20210406/2106

Report No. T/20210406/2106

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN AI MUAY	ID No.	S1820733H
Related Vehicle	SLR1608D (Car)	Contact No.	98288778
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 06/04/2021 at about 1230hrs, I parked my car at the B2, basement carpark, lot number 6 of East Point Mall. Everything was intact.

Later at about 1550hrs, I returned to my car and discovered that there was scratch marks on my left front bumper along the curvature transcending into left side of the car below the headlight area. The scratch is about 30cm long. I have no suspect in mind. There is CCTV at the basement carpark and I am lodging this report so that the Police can look into the case of hit and run. There was no witness that came forward. My car has in-built recording but it does not record once the engine is switched off.

SINGAPORE POLICE FORCE

T/20210406/2106

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20210406/2106

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / Staff Sgt SIVA BALAN S/O CHINNAPAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 06/04/2021 16:41
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt IRMAN BIN MOHAMAD SAID Contact No.: 65476145	Classification Of Case:

Authentication Stamp
NP168

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0821470005 Vehicle Registration No: SLR1608D

Name (as shown in NRIC): TAN AH MUI NRIC/FIN/Passport No: SXXXX734H

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: _____ Singapore ( )

Contact (Tel): _____ Mobile No.: 98288278

Email Address: _____

Date of Accident: 06/04/2021 Time of Accident: 15:00

Place of Accident: EAST POINT MALL B2 CARPARK

Insurance Company: Others Tenpin

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

DATE OF ACCIDENT TO 06/04/2021

Policyholder / Driver's Signature
Date:

06/04/2021
Reporting Centre Personnel's Signature
Name: Kasdi Wahab