SS2120CT0009 / STA Inspection Pte Ltd[575627] ENTRY DATE & TIME: 29/12/2020 15:20 (SGT) SUBMITTED BY: Mohamad Farez Bin Jalil VERSION: 1 (29/12/2020 15:20 (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.

- 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 29/12/2020 15:20 (SGT) Date of Accident 22/12/2020 21:00 (SGT) Exact Location of Accident 57 Lengkok Bahru, Block 57, Singapore 151057 Additional Location Information **OPEN SPACE CAR PARK LOTS:44** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mercedes

Vehicle Registration Number SMN2626D

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner CHIN YOKE MOEY NRIC No. SXXXX383J Email Address CTONNY8133@GMAIL.COM Mobile Phone No (Phone) +65-87666833 Alternative Phone No (Office) +65-87666833

VEHICLE PARTICULARS

Manufacturer

Model C200 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 1991

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy Policy Number 5110735053-01 Cover Note Number

DRIVER

Name of Driver CHIN YOKE MOEY NRIC No. SXXXX383J

Date Of Birth 27/02/1977 Occupation Indoor Date Of Driving Pass 25/02/2016 Driving experience 4 YEARS AND 10 MONTHS Gender Female Mobile Number (Phone) +65-87666833 Alt. Phone Number (Office) +65-87666833 Email Address CTONNY8133@GMAIL.COM Address 12 RIVERVALE LINK #01-23 Address complement Postcode 545045 Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured 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 PASSENGER 1 Name **KAT** Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Rochor Neighbourhood Police Centre Police Station Phone No (Phone) +65-18002949999 Alt. Police Station Phone No (Fax) +65-63918583 Police Station Address 11 Kampong Kapor Road Singapore 208678 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO ATTACHED AND POLICE REPORT; REMARKS: TYPE OF ACCIDENT PLEASE REFER TO ATTACHED AND POLICE **REPORT** ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident VIDEO FOOTAGE WITH TRAFFIC POLICE

DETAILS OF OTHER VEHICLE PROPERTY 1

Was there any audio recorded?

Vehicle Registration Number SKV68J	
Vehicle Manufacturer	
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 REFER TO ATTACHED AND POLICE REF	ORT
Details of property damaged in accident REFER TO ATTACHED AND POLICE REF	ORT
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.
- 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.
- 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.
- 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.
- By the lodgment 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:
 - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

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EXIT	T.	A TO	4	TORCYCLE LOTS.	. 7	OPE	57 OK BAHRU N SPACE PARK
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LARATION					6		
e declare the forego	oing particula	rs are true in ev	ery respect.				
yholder's Silgnature & Time:		Driver's Sign (If driver is n Date & Time	ot the policyholder)	Reporting (Name: NRIC/FIN N	Centre Personnel	's Signature

GBARMC SketchPlanForm_V3









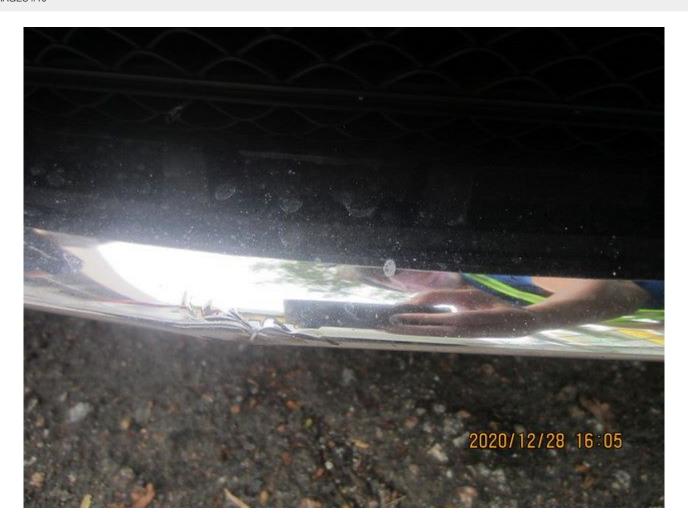
























Date of Expiry:

Police Station Of Origin:

Rochor N.P.C

11 Kampong Kapor Road SINGAPORE

208678

Chinese

Occupation:

SELF-EMPLOYED

Tel No: 1800-2949999

Date/Time Report Made:

Report No. T/20201222/2166

Station Diary No.:

REPORT OF A TRAFFIC ACCIDENT

22/12/2020 23:32		D/20201222/0126	128			
Informan	t's Partic	ulars				
Name of Informant: CHIN YOKE MOEY			Address: 12 RIVERVALE LINK #11-23 SINGAPORE 545045			
ID Type / ID No.: NRIC NO / S7789383J			Contact No.: Home/Office: Mobile: 87666833			
Nationality: MALAYSIAN		Email:	CONTRACTOR OF THE PARTY OF THE			
Sex: Female	Age: 43	Date of Birth: 27/02/1977	Type of Informant: Driver			
Race:		Language:	Institution / School Name:			

Driving Licence Information:

Vide Report No.:

Chinese

Class: 2B,3

General Infor	mation of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/12/2020 21:00	Type of Location: Car Park	
Location: LENGKOK Ba	AHRU	Road Surface:	F	Road Speed Limit:	
Clear		Dry		4 4.00.007.00-000-07-00.00-000-0	
Traffic Flow: Two Way		Traffic Control: Not Controlled	1.00	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Parked Vehicle			а	Anyone conveyed by imbulance; lo	

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SMN2626D	Car	MERCEDES BENZ	C200 AMG A	Black	Slightly Damaged	1

Details of Vo	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMN2626D	NTUC Income Insurance Co-Operative Limited	5110735053-01	04/07/2020	03/07/2021



Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678 Tel No: 1800-2949999

Report No. T/20201222/2166

CONTINUATION OF REPORT

Related Vehicle SMN2626D (Car) Conta Hospital/Clinic NIL Class Drivir Licen	Crossing: NA
Name CHIN YOKE MOEY Related Vehicle SMN2626D (Car) Hospital/Clinic NIL Class Drivir Licen	
Related Vehicle SMN2626D (Car) Conta Hospital/Clinic NIL Class Drivir Licen	S7789383J
Related Vehicle SMN2626D (Car) Hospital/Clinic NIL Class Drivir Licen	0,,000
Hospital/Clinic NIL Class Drivir Licen	ct No. 87666833
Hospital/Clinic NIL Drivir	21 20 2
	g Date of Expiry: NIL
Date Discharge	NIL.
Date Treatment NIL Date Discharge No. of Days granted Medical Leave NIL Degree of Injury	

On 22/12/2020, at about 2020 hrs, I was fetching my friend (Name: Kathleen) and was driving my vehicle, bearing plate number "SMN 2626 D". I then arrived at the Open-Spaced Carpark (OSCP) of Block 57 Lengkok Bahru. Thereafter, I then parked my vehicle at lot number 44. My friend and I then remained inside the vehicle and chatted with each other as it was too early for her to do her accounts for the coffeeshop. While we were chatting, I then saw one silver in colour vehicle with unknown plate number driving from my right hand side.

The said vehicle then collided onto the front of my vehicle which caused a shock to both my friend and me. I then sounded the horn towards the vehicle so that the said vehicle will stop. However, it did not. The said vehicle then continued moving forward to the carpark gantry and exited the carpark once the gantry was raised. Both my friend and I then got out of the vehicle to make a check. I then saw that the "Mercedes" logo had been dislodged and dropped on the floor. The are also scratches on my bumper and my number plate.

My friend then assisted me to check with the operator of the carpark gantry so that we can get further information of the said vehicle. We were then advised to call the Police for assistance and we did so.

Subsequently, Traffic Police Officers then came and rendered assistance. The Traffic Police Officers then conducted preliminary investigations and retrieved one 32GB memory card from me as my In-car camera was on recording mode at that point of time. The Traffic Police Officers then issued me an acknowledgement slip for the "32GB" memory card and advised me to lodge a Traffic Accident Report.

Hence, I then proceeded to the nearest Police Station to lodge a Traffic Accident Report for the abovementioned accident.



T/20201222/2166

Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 3 of 3 Report No. T/20201222/2166

208678 Tel No: 1800-2949999 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: A / Sgt 3 LOW JIN KUN	Signature of Informant.
Signature Of Interpreter: Not applicable	Date/Time: 22/12/2020 23:32
Officer In Charge Of Case: TP / GIT / Staff Sgt TAN JUN YAN Contact No.: 65476311	Classification Of Case:
Authentication Stamp NP168	