ASS, REC. BY:	
	IGNMENT
From Date:	Veh No: SLXIIA, Yr Regn: 2015, Dec.
Estimated Cost:	Type M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Toyota Alphaid. c.c 2494
at Workshop m/s	Make: Toyota Alphard. c.c 2494 Colour Silves - A/C: Insured/Std/NI/NA
of	Sp.Reading /06927 . T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: JTNGF3DH S08003617
Claims No.	Gen. Cond. Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering:(Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim)/ STD A/Rim or
Many 51 1911	Tyre Size: F: 235/50R/8
(Policy Condition)	R: 235/50R/8
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or
Bal, or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 06 mm R/Bal. 06 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 06 mm L/Bal. 06 mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 13/40/21-
Lum Sum: % 3 Val.: Yes or No	'Survey held at
en i restatut anas ar ar ar ar andion	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS Vehicle: IN / OUT	Rees MS.
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
TP 1st Cap.	0.3002773
·	
M V :	UN UCHĄ.
PV:	
Nett:	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
- Final Parart	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
Add Fe	
2)	: Interview (\$) Photos

Tech, Invs (3

Westend (\$

Others

Report Format:

Lump 2mm / LBJ: Ca

SS1*P217N0009 / SME MOTOR PTE LTD ENTRY DATE & TIME: 23/07/2021 16:15 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (23/07/2021 16:15 (SGT))

G SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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 Hability.

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

23/07/2021 16:15 (SGT) 17/07/2021 14:55 (SGT) Bedok, Singapore BEDOK MARKET PLACE CARPARK BEDOK ROAD Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLX11A

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address**

Alternative Phone No

Mobile Phone No

Yes

RAMEN TRANSPORT

5XXXX576B

richardang1819@gmail.com (Phone) +65-82186605

+65-82186605

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Transmission CC

Toyota

Alphard

Private hire

No - Claiming third party

Private car

Auto

2500

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

NTUC Income Insurance Co-operative Ltd

Comprehensive

No

5109988593-02

DRIVER

Name of Driver

NRIC No

ANG HENG SOON SXXXX548I



Accident report SS1Y217N0009

Date Of Birth Occupation 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

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 vehicle or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

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?

Yes

Traffic Police

23/02/1947

30/09/1971

49 YEARS AND 10 MONTHS

richardang1819@gmail.com

BLK 251 TAMPINES ST 21 #08-454

Hit and run / Vandalism / Damaged whilst parked

(Phone) +65-82186605

Outdoor

Male

520251

OWNER

No

No

Clear

Dry

No

No

Yes

1

No

2

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

10 Ubi Avenue 3 Singapore 408865

No

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20210723/7020.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera? Was there any audio recorded?

Yes

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

YN7902G

Commercial vehicle

Accident report SS1Y217N0009

Page 2 of 16

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SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process
- 2 This Formmust be completed by the Policyholder and/or the Authorised Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful inscrepresentation 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,

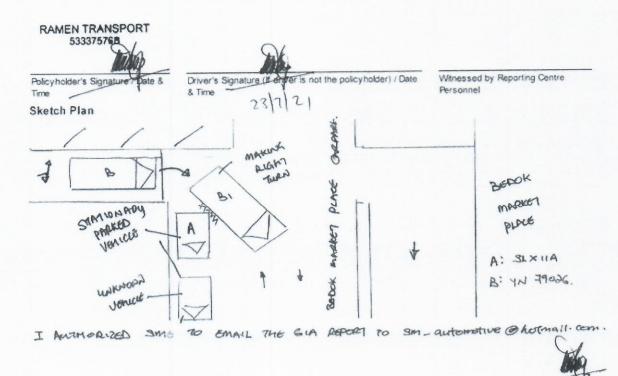
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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.



Describe Circumstances of the Accident

aration						
eclare the foregoi						
	zing particu	ulars are true	in every respec	t.		
53337576B		ulars are true	in every respec	t.		
nolder's Signature		ulars are true	in every respec	t.		







1 of 3

Report No. T/20210723/7020

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/07/2021 14:49		ade:	Vide Report No.:	Station Diary No.:		
Informant	's Particu	lars		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		
Name of Informant: Address: 251 TAMPINES STREET 21 #08-454 SINGAPO				#08-454 SINGAPORE 520251		
ID Type / I NRIC NO /		81	Contact No.: Home/Office:	Mobile: 91231001		
Nationality: SINGAPORE CITIZEN			Email: RICHARDANG1819@GMA	L.COM		
Sex: Male	Age: 74	Date of Birth: 23/02/1947	Type of Informant: Driver			
Race: Chinese			Language: Institution / School Name English			
Occupation GRAB DR			Driving Licence Information: Class: 3 Date of Expiry:			

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 17/07/2021 14:55	Type of Location: Car Park
Location:				
BEDOK ROA	D			
10/		Bood Surface:		Road Speed Limit:
Weather: Clear		Road Surface: Dry		50 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collis	sion: sle Against - Parked V	ehicle		Anyone conveyed by ambulance: No

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLX11A	Car	TOYOTA		White	Slightly Damaged	0
YN7902G	Lorry					0

Details of Vehicle Insurance			
Vehicle No. Insurance Company	Insurance No.	Effective	Expiry Date





2 of 3

Report No. T/20210723/7020

Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

CONTINUATION OF REPORT

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLX11A	NTUC Income Insurance Co-Operative	5109988593-02	18/06/2021	17/06/2022

Details of Perso	n involved					
Any Pedestrian II	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Ped	Pedestrian Crossing: NA		
Driver					2020	
Name	ANG HENG SOON			ID No		S0438548I
Related Vehicle	SLX11A (Car)			Conta	ct No.	91231001
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.

ON THE 17 JULY 2021 AT ABOUT 2PM, I HAD PARKED MY CAR SLX11A ALONG THE DRIVEWAY OF CARPARK OF BEDOK MARKET PLACE ALONG BEDOK ROAD, WHEN I WENT BACK TO MY VEHICLE AT ABOUT 10PM. I REALISED THAT THERE WAS SOME DAMAGE ON THE LEFT REAR PORTION OF MY VEHICLE. MY VEHICLE HAD BEEN HIT AND RUN WHEN MY VEHICLE WAS STATIONARY PRKED,. I THEN WHEN OVER TO TAMPINES NPC TO LODGE A REPORT T/20210717/2121. AFTER REPORTING, I WHEN BACK HOME AND CHECKED ON MY CAR CAMERA AND SAW FROM MY VIDEO THAT A LORRY FROM COLD STORAGE HAD COLLIDED ONTO THE REAR PORTION ON MY VEHICLE. AS THE SAID LORRY WAS DOING DELIVERY TO THE GIANT SUPERMARKET, I APPROACHED THE MANAGER OF GIANT TO LOCATE THE SAID LORRY ON 19 JULY 2021.

ON 22 JULY 2021 I THEN WENT TO TRAFFIC POLICE TO INFORM OF WHAT I HAD SEEN FROM MY CAMERA WHEN ANOTHER POLICE REPORT WAS LODGE T/20210722/2052. AT ABOUT 4.10PM, I RECEIVED A CALL FROM ONE MR KAI HP:83689239 INFORMED THAT HE WAS THE IN CHARGE OF COLD STORAGE AND HE PROVIDED ME WITH THE LORRY VEHICLE NO YN7902G.

I AM DOING THE REPORT AGAIN TO ADMEND ALL DETAIL: VIDE: T/20210717/2121 T/20210722/2052



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



3 of 3

Report No. T/20210723/7020

CONTINUATION OF REPORT

Sketch Plan					
Informant is	not	able	to	provide	sketch

Authentication Stamp

NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report I been authenticated by Singpass. No signature required.			
Signature Of Interpreter: Not applicable	Date/Time: 23/07/2021 14:49			
Officer In Charge Of Case: TP / TPIB / IRMAN BIN MOHAMAD SAID Contact No.: 65476145	Classification Of Case:			