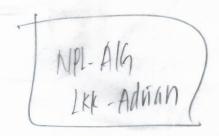
Lunip Sum / LBJ: (%

SS1Y219E000B / SME MOTOR PTE LTD ENTRY DATE & TIME: 14/09/2021 17:48 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (14/09/2021 17:48 (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 reports of this report will be to see the most available were application by interested and the second state of the second state of
- 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

14/09/2021 17:48 (SGT) 14/09/2021 10:20 (SGT) 151 Serangoon North Ave 2, Singapore OPEN CARPARK Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SI N6579S

INSURED/POLICYHOLDER

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

No WOO RONG SHENG BRONSON S8945660F bronsonwoo@gmail.com (Phone) +65-81891211 +65-81891211

VEHICLE PARTICULARS

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?

Private use

No - Claiming third party

Toyota

Harrier

Vehicle Category

Private car Auto 2000

Transmission CC

Manufacturer

INSURANCE COMPANY

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

NTUC Income Insurance Co-operative Ltd Comprehensive No 5120834241

DRIVER

Name of Driver NRIC No

WOO RONG SHENG BRONSON S8945660F



Date Of Birth 23/12/1989 Indoor Occupation Date Of Driving Pass 30/04/2009 12 YEARS AND 5 MONTHS Driving experience Gender Male (Phone) +65-81891211 Mobile Number Alt. Phone Number +65-81891211 Email Address bronsonwoo@gmail.com Address BLK 222A SUMANG LANE #05-217 Address complement 821222 Postcode 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

GENERAL INFORMATION OF THE ACCIDENT

Insurance Company of Other Vehicle Owned by Driver

Type of Accident Collision - Head to Rear 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 vehicle 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 LIN CHIN HUNG Gender Female

PASSENGER 2

Name ISTIKOMAH Gender Female

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

(Phone) +65-65470000

(Fax) +65-65474900

10 Ubi Avenue 3 Singapore 408865

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20210914/7024.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKJ7731U Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Private car Vehicle Category Name of Driver Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident **VEHICLE B**

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

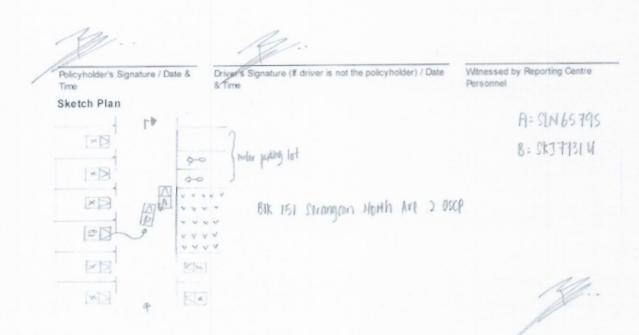
- 1. Please report correctly the details of the accident to speed up the claims process
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy fiability on the part of the insurance
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- 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)

l 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' 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.



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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





20210914/7024

1 of 4

Report No. T/20210914/7024

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

A A A	
REPORT OF A TRAFFIC ACCIDE	: IN I

Date/Time Report Made: 14/09/2021 16:05			Vide Report No.:	Station Diary No.:
Informant'	s Particul	ars	Late Space Little British	
Name of In		, BRONSON	Address: 222A SUMANG LANE #05-21	7 SINGAPORE 821222
ID Type / ID No.: NRIC NO / S8945660F			Contact No.: Home/Office:	Mobile: 81891211
Nationality SINGAPOI		N	Email: BRONSONWOO@GMAIL.CO	DM
Sex: Age: Date of Birth: Male 31 23/12/1989			Type of Informant: Vehicle Owner	
Race: Chinese			Language: English	Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 3	Date of Expiry:

	NI Indiana	Drink	Date/Time of	Type of Location
Type of Accident:	Non-Injury Hit and Run	Drive: No	Accident: 14/09/2021 10:20	Car Park
Location:				
SERANGOO	N NORTH AVENUE 2			
		Road Surface:	F	Road Speed Limit:
Weather: Clear Traffic Flow:		The second secon		Road Speed Limit:

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKJ7731U	Car	MERCEDES BENZ	C180	Silver		0
SLN6579S	Car	TOYOTA	HARRIER PREMIUM 2.0 CVT			2

Details of Vo	ehicle Insurance					
	THE RESIDENCE OF THE PARTY OF T	Insurance No	Effective	Expiry Date		
Vehicle No.	Insurance Company	modranos				





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Report No. T/20210914/7024

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

CONTINUATION OF REPORT

	ehicle Insurance	Insurance No	Effective	Expiry Date
Vehicle No.	Insurance Company	Ilisurance No		
SLN6579S	NTUC Income Insurance Co-Operative Limited	5120834241	28/01/2021	27/01/2022

	n Involved					
Any Pedestrian In			Use of Pe	destrian	Cross	ing: NA
No. of Pedestrian	s Injured: NIL		Use of Fe	destriari	01000	mg. rw.
Vehicle Owner		22222	N.	ID No.		S8945660F
Name	WOO RONGSHENG	S, BRONSO	IN .			
Related Vehicle	SLN6579S (Car)			Contac	ct No.	81891211
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: 3 Date of Expiry: NIL
Dete	NIL Date		Date	NIL		
Date Dave grap	ted Medical Leave	NIL	Degree of	f	NIL	
	leu Medicai Leave	1412	203.200	127202		
Passenger	LOTIKOMALI		and the particular	ID No.		NIL
Name	ISTIKOMAH			ID NO.		
Related Vehicle	SLN6579S (Car)			Contact No.		NIL
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: ,3 Date of Expiry: NIL
Dete	NIL		Date	NIL		
Date	ted Medical Leave	NIL	Degree o	of	NIL	
	teu Medicai Leave					
Passenger Name	LIN CHIN HUNG			ID No		S9376622I
Related Vehicle	SLN6579S (Car)			Contact No.		91099189
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: 3 Date of Expiry: NIL
Dete	NIL		Date		NIL	
Date	ted Medical Leave	NIL	Degree of	of	NIL	





3 of 4

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20210914/7024

CONTINUATION OF REPORT

Brief Details.

My vehicle (SLN6579S) was parked stationary at blk 151 Serangoon North Ave 2 OSCP while waiting for the empty parking lot.

My wife (Ms Lin Chin Hung) and maid (Ms Istikomah) were inside the car and I went to buy the meal as my wife has the driving license to drive the vehicle.

While waiting for an empty parking lot, suddenly my wife heard a bang and felt an impact, veh "b" (SKJ7731U) exited from his/her parking lot and collided onto the rear LH portion of my vehicle and caused damage.

Vehicle "b" did not stop and drove away to leave the scene before my wife could stop him/her and my wife only managed to take a photo of his number plate.





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Report No. T/20210914/7024

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

CONTINUATION OF REPORT

<u>Sketch Plan</u> 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: 14/09/2021 16:05
Officer In Charge Of Case: TP / TPIB / KASMAWATI BTE SAMIAN Contact No.: 65476368	Classification Of Case: