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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

 2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

 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
- 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 27/09/2021 16:00 (SGT) Date of Accident 25/09/2021 12:10 (SGT) Exact Location of Accident Singapore Additional Location Information BLK 224 ANG MO KIO AVE 1 OPEN SPACE CARPARK LOT 279 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

1395

Vehicle Registration Number SMM515J

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner JEREEN NEO WEI FANG NRIC No SXXXX902F Email Address JONATHANGOH07@GMAIL.COM Mobile Phone No (Phone) +65-82015031 Alternative Phone No (Office) +65-82015031

VEHICLE PARTICULARS

Manufacturer Volkswagen Model Golf 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

INSURANCE COMPANY

Name of Insurance Company Great American Insurance Company Type of Coverage Comprehensive Fleet Policy Policy Number MOMVP000004294-00-000 Cover Note Number

DRIVER

Name of Driver GOH CHIN POH JONATHAN NRIC No SXXXX914H

Date Of Birth 05/10/1990 Occupation Outdoor Date Of Driving Pass 29/04/2013 Driving experience 8 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-97710371 Alt. Phone Number Email Address JONATHANGOH07@GMAIL.COM Address BLK 683A WOODLANDS DR 62 Address complement #14-107 Postcode 731683 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Friend 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 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 DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO CIRCUMSTANCES OF ACCIDENT POLICE REPORT NO: T/20210927/7010 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 WITH DRIVER Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SDQ3232R Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Vehicle Category	Private car
Name of Driver	-
Contact Number	_
Address	
Address complement	
Postcode	-
Industriana Comment News	-
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.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 (CIA) for prohibition and the template of this property (III) for prohibition and the template of the property (III) for prohibition and the template of the property (III) for prohibition and the template of the property (III) for prohibition and the template of the property (III) for prohibition and the template of the property (III) for prohibition and the template of the property (III) for prohibition and the template of the property (III) for prohibition and the template of the property (III) for prohibition and the template of the property (IIII) for prohibition and the template of the property (III) for prohibition and the template of the property (III) for prohibition and the prohibi
- 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' 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Blk 224 Ang Mokio Avenuel Open Space Carpark Lot 279 vehicle A: SMM515] vehicles: SDQ3232]

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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





1 of 3

Report No. T/20210927/7010

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

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/09/2021 12:33			Vide Report No.:	Station Diary	/ No.:	
Informant	's Particu	ilars				
Name of Ir GOH CHIN		ONATHAN	Address: 683A WOODLANDS DRIVE 6	2 #14-107 SINGAPORE 7	31683	
ID Type / I NRIC NO		14H	Contact No.: Home/Office: Mobile: 97710371			
Nationality: SINGAPORE CITIZEN			Email: JONATHANGOH1005@HOTMAIL.COM			
Sex: Male	Age: 30	Date of Birth: 05/10/1990	Type of Informant: Driver			
Race: Chinese	į.		Language: English	Institution / School Nam	e:	
Occupation Senior Acc			Driving Licence Information: Class:	Date of Expiry:	3	

General Inform	mation of the Accider	nt de la company		
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 25/09/2021 12:10	Type of Location: Car Park
Location:				
ANG MO KIO	AVENUE 1		*	
Weather:		Road Surface:		Road Speed Limit:
Clear		Dry		Road Speed Lillit.
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collis Moving Vehic	sion: cle Against - Parked Ve	ehicle		Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SDQ3232R	Car					0
SMM515J	Car					0

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA			





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

2 of 3 Report No. T/20210927/7010

CONTINUATION OF REPORT

Driver Name	GOH CHIN POH, JO	MATHAN		ID No.		S9036914H			
Name	GON CHIN FOR, IX	JINATHAN		ID NO.		390309141			
Related Vehicle	SMM515J (Car)			SMM515J (Car)			Conta	ct No.	97710371
Hospital/Clinic	NIL			Class Driving Licence Expiry	g e &	Class: NIL Date of Expiry: NIL			
Date	NIL Date				NIL				
No. of Days gran	NIL	Degree o	f	NIL					

Brief Details.

ON 25/9/2021 AROUND 1140HRS, I PARKED MY VEHICLE BEARING NUMBER PLATE (SMM515J) AT BLK 224 ANG MO KIO AVENUE 1 OPEN SPACE CARPARK LOT 279. ON 25/9/2021 AROUND 1210HRS I WENT BACK MY VEHICLE AND DROVE IT AWAY. ON 25/9/2021 AROUND 2340HRS I THEN REALISED THAT MY VEHICLE FRONT LEFT PORTION HAVE SOME DAMAGES SO I WENT TO RETRIVE MY IN CAR CAMERA AND FOUND OUT THAT VEHICLE BEARING NUMBER PLATE (SDQ3232J) COLLIDED ONTO THE FRONT LEFT PORTION OF MY VEHICLE ON 25/9/2021 AROUND 1205HRS WHILE HE WAS MOVING OUT FROM THE PARKING LOT BESIDE MY LOT TO ADJUST AND PARKED INTO THE LOT, VEHICLE BEARING NUMBER PLATE (SDQ3232J) DRIVER WAS ON THE SCENE WHEN I WENT BACK TO MY VEHICLE BUT THE DRIVER DIDN'T APPROACHED ME OR LEFT ANY NOTES AND LEFT THE SCENE.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20210927/7010

CONTINUATION OF REPORT

Sketch Plan

NP168

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: 27/09/2021 12:33
Officer In Charge Of Case: TP / TPIB / IRMAN BIN MOHAMAD SAID Contact No.: 65476145	Classification Of Case:

	Date of Accident	: 05 09 2031 Accident Time: 12 10 101 (74-HR-FORMAT)
V	Accident Place	: Blk 204 Ang mo kio Avenue J. Open Space Carpark Lot 27
	Vehicle Reg. No (Car plate 146.)	: Chiefe Make/Model: Volkswagen Goolf
	Instrance Company	Great American Policy No MOM VPODOO 4294-00-000
	Name of Registered Owner	: Company / Individual Jereen Neo Wei Fang
	ID of Registered Owner	: Co Reg No: - Owner's NRIC No: S940890>F
The service of the se	and the second s	: Co Contact No: Owner's Contact No: 800 503
	DRIVER'S Name	Goh Chin Poh, Jonathan DRIVER'S NRIG No: 590369141
	DRIVER'S Date of Birth	05 Oct 1990 DRIVER'S License Pass Date 39 Apr 2013
al garanti	Relationship bet. Owner & Driver	Spotse Parents Children Sibling Employee Cthers: Girlfriend
	DRIVER'S Address	APT BIK 683A Woodlands Drive 62 #14-107 S (731683)
	DRIVER'S Contact No./ Alt No.	11) 9771 0371 27
	DELIVER'S Occupation	: INDOOR IQUITEGOR (eg. working inside or outside of an ofc)
	Email Address	jonathangoh 07@gmail.com
	Weather & Road Surface	CLEAR & DRY \ RAINING & WET VAFTER RAIN & WET
	Reparting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
d g		Driver)! O Passenger Name: Gender: M/F
	was the accident reported to the m	Passenger Name; Gender: M/F Passenger Name: Gender: M/F Passenger Name: Gender: M/F Passenger Name: Gender: M/F Passenger Name: Gender: M/F
		Injured Name: Vas being used at the time of accident: Private use \ Work purpose
	- was the factors of the Asia	Other Party Driver's Particulars (if any)
	Wehicle Reg No: SDQ 3 33	DR Vehicle Reg No:
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		ther Party Driver's Particulars (if any)
	Vehicle Reg No	
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GREAT AMERICAN INSURANCE COMPANY

GST REG. NO.: M90370081T UEN: T15FC0029B 3 TEMASEK AVENUE, #16-01 CENTENNIAL TOWER SINGAPORE 039190

TEL: +65 6804 6000 FAX: +65 6235 2616

CERTIFICATE OF INSURANCE

- Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) - Motor Vehicles (Third-Party Risks and Compensation)Rules, 1960 - Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia) Road Transport (Amendment) Act, 2019 (Malaysia)

Policy Details

Certificate Number Policyholder Name MOMVP000004294-00-000

Jereen Neo Wei Fang

Cover: Private Car (Comprehensive) Chassis Number

: WVWZZZAUZDW102492

NCD Entitlement

20% No Claim Discount

Engine Number

: CHP112371

Hire Purchase

Registration Number

: SMM515J

Period of Insurance

From 21/05/2021 (00:00) To 20/05/2022 (23:59) (Both Dates Inclusive)

Persons or Classes of Persons entitled to Drive

- The Policyholder a)
- Any person who is driving on the Policyholder's order or with their permission b)

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor or so has been Vehicle permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle

Limitations as to Use

Use only for social, domestic and pleasure purposes and for Policyholder's business This Policy does not cover:

- Use for Hire and Reward a)
- Use for racing, pace making, reliability trial or speed testing b)
- Use for carriage of goods (other than samples) in connection with any trade of business c)
- Use for any purpose in connection with Motor Trade d)
- * Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987(Malaysia), are not to be included under these headings

Excess (Section 1)

SGD 700.00

Workshop

Authorised Workshop

Excess (Section 2)

N/A

Off Peak Car

No

Windscreen Excess

SGD 100.00

NCD Protection

No

Additional Excess

Please refer overleaf

Driver Details

Main Driver

Jereen Neo Wei Fang

Named Driver 1

Jonathan Goh Chin Doh

Named Driver 2

Named Driver 3

N/A

Name of Intermediary

Neo Chiang Yee Eric

Date of Issue

28/04/2021

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Signed for and on behalf of

Great American Insurance Company

Authorised Signatory

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