ASS, PEC, BV; REF:	
	ASSIGNMENT
	22/195 Jally Mary
From: Date:	
Estimated Cost:	Type M.Cary 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: Subaru Forestes c.c 1998
at Workshop m/s	Colour Silver A/C: Insured / Std / NI / NA
of	Sp.Reading 84684, T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: JF18JGK85GG067865
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
	Tyre Size: F: 225/55R18
(Policy Condition)	R: 225/55R18.
Remark: The veh had commenced its	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. Ob mm R/Bal. Ob mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 06 mm L/Bal. 06 mm
Day Von or No.	D.O.A. D.O.I. 06/10/21.
2 Val. Van er No.	'Survey held at Success United.
Lum Sum: % 3 Vall.: Yes of No	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS Vehicle: IN	Trust of
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
TP A16.	
DE PERSONAL PRINCIPAL DE MAIS PRÉSIDENTE	
mv :	
PV ;	4
Nett:	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
: Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) Ad	d Fee: Site Insp (\$)_s+Rs_si
ph/25cm/47km	: Interview (\$) Photos
Report Format :	: Tech. Invs (3) Others
Lumin Sum / LBJ: (%	: Westend (\$

SJ0B219S0003 / Jin Auto Services Pte Ltd ENTRY DATE & TIME: 28/09/2021 15:23 (SGT) SUBMITTED BY: Lim Hong Guo VERSION: 1 (28/09/2021 15:23 (SGT))



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 policy liability.

Policy Inability.
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

28/09/2021 15:23 (SGT) 27/09/2021 13:57 (SGT) 651A Jln Tenaga, Singapore 411651 MULTI STOREY CARPARK Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLB2669E

INSURED/POLICYHOLDER

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

PEH CHEE BENG (BAI ZHIMING) S7817207Z kenpeh19@yahoo.com.sg (Phone) +65-98539546 (Home) +65-98539546

VEHICLE PARTICULARS

Manufacturer Model Variant Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission

Subaru Forester 2.0XT CVT AWD SR

Private use

No - Claiming third party Private car Auto 1998

INSURANCE COMPANY

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

China Taiping Insurance (Singapore) Pte. Ltd. Comprehensive No DMPCSNW00056972100

DRIVER

CC

Name of Driver NRIC No

PEH CHEE BENG (BAI ZHIMING) S7817207Z



19/06/1978 Date Of Birth Outdoor Occupation 25/09/1999 Date Of Driving Pass 22 YEARS Driving experience Gender Male (Phone) +65-98539546 Mobile Number (Home) +65-98539546 Alt. Phone Number kenpeh19@yahoo.com.sg Email Address BLK 130 BUKIT MERAH VIEW #04-338 Address Address complement 150130 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 Insurance Company of Other Vehicle Owned by Driver

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Collided into Parked Vehicle
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?

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?

No

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name

Police Station Phone No

Alt. Police Station Phone No

(Fax) +65-63773923

Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

Yes

Bukit Merah West Neighbourhood Police Centre

(Phone) +65-18003779999

(Fax) +65-63773923

500 Bukit Merah View #01-01 Singapore 159682

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Yes
Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration NumberSNB5043SVehicle ManufacturerKiaVehicle Model-Vehicle Variant-Vehicle Colour-Vehicle CategoryPrivate 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

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

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' 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 &

28/00/2021

Driver's Signature (If driver is not the policyholder) / Date 8 Time

Witnessed by Reporting Centre Personnel

Sketch Plan



DOA: 27/09/2021 SLB 2669E

SNB 20435

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cyholder's Signature / Date & Driver's Signature (if driver is not the policyholder) / Date Witnessed by Reporting Centre	cyholder's Signature / Date &	Driver's Signature (if d	river is not the policyholder) / Date	Witnessed by Reporting Centre
Personnel	-/			Personnel



SINGAPORE POLICE FORCE

Report No. T/20210928/2021

Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682

Tel No: 1800-3779999

REPORT OF A TRAFFIC ACCIDENT Station Diary No. Vide Report No. Date/Time Report Made: 28/09/2021 11:36

Informant's Partici APT BLK 130 BUKIT MERAH VIEW #04-338 SINGAPORE Name of Informant PEH CHEE BENG 150130 Contact No.: ID Type / ID No.: NRIC NO / S7817207Z Mobile: 98539546 Home/Office Email: Nationality: SINGAPORE CITIZEN Type of Informant: Date of Birth: Age: Sex 19/06/1978 Driver Institution / School Name: 43 Male Language: Race: English Driving Licence Information: Class: 2B,2A,3 Chinese Occupation: Date of Expiry: Product Manager

General Infor	Non-Injury	Dillin	Date/Time of	Type of Location: Car Park	
Type of Hit and Run		Drive:	Accident: 27/09/2021 13:55		
Location: JALAN TENA	AGA				
		Road Surface:		Road Speed Limit:	
Weather: Dry Clear Traffic Flow: Not		Traffic Control:		Traffic Volume: No Traffic	
Traffic Flow.		Not Controlled		Anyone conveyed by	

Dotails of V	ehicle Invol	lved	N SAN SAN SAN SAN SAN SAN SAN SAN SAN SA		Condition	No of Passenge
Vehicle No.	Type	Make	FORESTER		Slightly	0
SLB2669E		SUBARU	2.0XT CVT	Siredi	Damaged	
			AWD SR			0
NB5043S	Car	KIA				

		-
TATABIAIA INSUITANCE	Effective Expiry D	ate
Vehicle No. Insurance Company Insurance No.		
Vehicle No. I Insurance Company		



Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE Tel No: 1800-3779999

Report No. T/20210928/2021

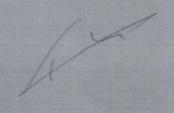
CONTINUATION OF REPORT

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No		
SLB2669E	CHINA TAIPING INSURANCE	DMPCSNW000569	16/03/2021	30/03/2022
	(SINGAPORE) PTE. LTD.	72100		

Name PEH CHEE BENG ID No. S7817207Z Related Vehicle SLB2669E (Car) Contact No. 98539546	Any Pedestrian Involved: No No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			ng: NA
Hospital/Clinic NIL Class of Driving Licence & Class: 2B,2A,3 Date of Expiry: NIL	Driver Name	PEH CHEE BENG			ID No.		S7817207Z
Hospital/Clinic NIL Driving Licence & Date of Expiry: NIL	Related Vehicle	SLB2669E (Car)			Contac	t No.	98539546
	Hospital/Clinic	NIL			Driving	e &	Date of Expiry: NIL
Date Treatment NIL Date Discharge NIL		ted Medical Leave	NIL	Degree of	Injury	NIL	

On 27/9/21 at 1330hrs, I parked my car at lot 122 of Blk 651A Jalan Tenaga MSCP. After securing my car I left my car and return to my car at about 1430hrs. After which I drove my car back to my residence at

While I was wiping my car, I noticed that there were scratches on my front right bumper. I then watched my in-car camera footages and discover that on 27/9/21 at about 1357hrs a SUV had reverse into the lot next to my car . The vehicle: SND5043S then hit my front right bumper and drove away. This is the first time that I had seen the vehicle and I am making this report for my insurance claim purposes.





Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682 Tel No: 1800-3779999 CONTINUATION OF REPORT

Report No. T/20210928/2021

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 D / Sr Staff Sgt HERMAN BIN OTHMAM	Signature Of Informant; Date/Time:
Signature Of Interpreter: / Not applicable	28/09/2021 11:36
Officer In Charge Of Case: TP / HRT / SSI KASMAWATI BTE SAMIAN	Classification Of Case:
Contact No.: 65476368 Authentication Stamp NP168	Tu SN 45
and and	ATHE