SA1F21A60002 / ALPINE MOTORS PTE LTD ENTRY DATE & TIME: 06/10/2021 15:52 (SGT) SUBMITTED BY: Mohammad Suhaimi Bin Mohd Suadi Ong VERSION: 1 (06/10/2021 15:52 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.

5. Information provided mast be as truthor and accurate as possible. Any whormal episode in the 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 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

06/10/2021 15:52 (SGT) Date of Submission 04/10/2021 12:05 (SGT) Date of Accident Exact Location of Accident Singapore Blk 3 Defu lane 10 Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLP8158A

INSURED/POLICYHOLDER

No Is company? Ong Hwee Yan Name Of Registered Owner SXXXX417D NRIC No jennisong82@gmail.com **Email Address** (Phone) +65-90900845 Mobile Phone No (Home) +65-90900845 Alternative Phone No

VEHICLE PARTICULARS

Lexus Manufacturer UX250H Model UX250H Variant Exact purpose for which vehicle was being used at time of Private use

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category Transmission CC

No - Claiming third party

Private car Auto 2000

INSURANCE COMPANY

AXA Insurance Pte Ltd Name of Insurance Company Comprehensive Type of Coverage No Fleet Policy GA572264/1 Policy Number Cover Note Number

DRIVER

Ong Hwee Yan Name of Driver SXXXX417D NRIC No

Date Of Birth 15/01/1982 Occupation Indoor Date Of Driving Pass 01/02/2001 20 YEARS AND 8 MONTHS Driving experience Gender Female Mobile Number (Phone) +65-90900845 Alt, Phone Number (Home) +65-90900845 Email Address jennisong82@gmail.com Address Blk 112 Punggol Walk Twin waterfalls #02-27 Address complement Postcode 828766 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 Hit and run / Vandalism / Damaged whilst parked Weather Conditions Clear Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 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) 0 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Paya Lebar Neighbourhood Police Post Police Station Address Blk 114 Hougang Avenue 1 #01-1270 Singapore 530114 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT Report please refer to Police report ATTACHMENT(S) Are accident photos available for attachment? Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident Video With Owner Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** GBH6326E Vehicle Registration Number Vehicle Manufacturer

Commercial vehicle

Vehicle Model Vehicle Variant Vehicle Colour

Vehicle Category 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

- 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 Ferm 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 afores aid.
- 8. Consent under the Personal Data Protection Act (PDPA)

(understand, acknowledge, agree and consent that :

- (a) My insurer , my w orkshop 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan

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declare the foregoing particu	lars are true in every respect		
N. 1	N. 1		,
101	(D)		1





Date of Expiry:

Police Station Of Origin: Paya Lebar NPP 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 Tel No: 1800-2899999

Occupation:

Administration manager

Report No. 1/20211005/2073

REPORT OF A TRAFFIC ACCIDENT Date/Time Report Made: Vide Report No.: Station Diary No.: 05/10/2021 17:22 Informant's Particulars Name of Informant: Address ONG HWEE YAN 112 PUNGGOL WALK #02-27 SINGAPORE 828766 ID Type / ID No.: NRIC NO / \$8202417D Contact No. Home/Office: Mobile: 90900845 Nationality: Email: SINGAPORE CITIZEN Age: Sex. Date of Birth. Type of Informant: Female 15/01/1982 Driver Race: Language: Institution / School Name: Chinese

Driving Licence Information:

Class:

General Information of the Accident Non-Injury Type of Drink Date/Time of Type of Location: Hit and Run Drive: Accident: Accident: No 04/10/2021 12:05 Location: DEFU LANE 10 Weather: Road Surface: Road Speed Limit: Traffic Flow: Traffic Control: Traffic Volume: Type of Collision: Anyone conveyed by Moving Vehicle Against - Parked Vehicle ambulance: No

Vehicle No.	Type	Make	Model	Color	0 - 100	Ive de la company
GBH6326E	Lorry		THOUGH	Cului	Condition	No of Passenger
						0
SLP8158A	Car	TOYOTA	LEXUS UX250H 5DR SUV (AT) (2WD) LUXURY	Black	Slightly Damaged	0

Details of V	ehicle insurance	The state of the state of	SUPPLIES OF SUPPLIES	
Vehicle No.	Insurance Company	Insurance No	Effective	Explry Date



Police Station Of Origin: Paya Lebar NPP 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 Tel No: 1800-2899999



2 or

Report No. T/20211005/2073

CONTINUATION OF REPORT

Details of V	ehicle insurance	NED STATE OF THE STATE OF		
Vehicle No.	Insurance Company	Insurance No	Effective	Every Data
SLP8158A AXA INSUR	AXA INSURANCE SINGAPORE PTE	PTE GA571144	"HOURA	Expiry Date
	LTD LTD		26/04/2021	25/04/2022

	nvolved: No					SALVOID TO SALVOID SAL
No. of Pedestria	ns Injured: NIL		Use of Pedestrian Crossing: NA			
Driver				o de o ti i d	11 01033	sing, IVA
Name	ONG HWEE YAN		ID No).	S8202417D	
Related Vehicle	SLP8158A (Car)			Conta	act No.	90900845
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No. of Days granted Medical Leave NIL			Degree o		NIL	

Brief Details.

On 04/10/2021 at around 1115hrs, I parked my vehicle in a designated lot and when to work.

On the same day at around 1500hrs, I was going back to retrieve my car when I saw my right front bumper was scratch and dented. I then went back to my office to view the CCTV as my CCTV was facing directly at my car which I found out that earlier at around 1205hrs, one white lorry bearing (GBH6326E) was reversing into a lot beside my vehicle. While the lorry was reversing, the lorry did hit onto the front right bumper of my vehicle. The driver did not leave any particulars behind. I suspect that the driver is one of our contractor. I then called up the company boss and he insisted that his driver did not hit onto your vehicle and as such I am lodging this report for Police Assistance.

I have in-car camera installed however the video will only record when the engine is on.



Police Station Of Origin: Paya Lebar NPP 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 Tel No: 1800-2899999



3 of 3 Report No. T/20211005/2073

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	Signature Of Informant
Sgt 1 Tan Jun Hao Derek	L. W.
Signature Of Interpreter: Not applicable	Date/Time; 05/10/2021 17:22
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt NEO ZHI YUAN Contact No : 65476079	Classification Of Case:
Authentication Stamp	Significant Control
Singap	AAG SAND AND