CS/CTI21010740/Aty3 ASS, REC. BY: ASSIGNMENT SMES833A Yr Regn: 2018 10ct. Veh No: Date: From: Type, M.Car | M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Estimated Cost: Truck / Trailer or OD / TP / WS / TP RES / OD RES / EVA / INV / MV Hordy Freed To Inspect Vehicle No: A/C: Insured / Std / NI / NA Colour at Workshop m/s T/Radio: Insured / Std / NI / NA Sp.Reading of Eng/No: Insured: GB71073721 C/No: Policy No. Gen. Cond Good Fair / Poor / Burnt Claims No. Steering: Inorder / Jammed / Leaked / Burnt or Excess: Sum Insured: Brake: Inorder / Jammed / Leaked / Burnt or (Client's Record) Modi: Nil (S/Rim / STD A/Rim or Make of Veh: Tyre Size: (Policy Condition) BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / N/S 0/S Remark: The veh had commenced its repair at the time of inspection. TOYO / YOKO or Rear Front Bal, or Market Value: R/Bal. mm Consistent?: Yes or No IDAC Accident Rport: L/Bal. Consistent?: Yes or No L/Bal. mm GIA / PR Seen: D.O.I. D.O.A. Res.: Yes or No days Est. Repairs: Twin lev 3 Val.: Yes or No Survey held at Lum Sum: Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or CA / REV / REP. / 24 HRS Front ols. Vehicle: IN / OUT The U/C / Chassis frame / Body Structure affected due to collision. Person Contacted: Date: Action / Instruction Date / Time Pohire. MV: LUMP SUM \$4500, 3DAYS RED: 6886.12;60% Nett: Days Of Repair: Date/Time, File Pass to? : Preli. Report Survey Fee: Resurvey No. of Trip: : Final Report Transportation: Date/Time, File Return to? Add Fee: Site Insp (\$ _8 + RS,__SI

Interview (\$

Tech, Invs (3)

Westend (\$

Report Format:

Lump Sum / L.B.J.: (\$

Photos

Others

SN0921AI000E / National Assessment Centre Services [408933] ENTRY DATE & TIME: 18/10/2021 18:41 (SGT) SUBMITTED BY: Roslinda Binte A. Wahab VERSION: 1 (18/10/2021 18:41 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.
 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 18/10/2021 18:41 (SGT) Date of Accident 17/10/2021 10:06 (SGT) **Exact Location of Accident** Singapore Additional Location Information YISHUN RING RD BESIDE BLK 407 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **SME5833A**

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner XIAO PENG NRIC No S8755625E **Email Address** xipo.xp@gmail.com (Phone) +65-92978923 Mobile Phone No Alternative Phone No +65-92978923

VEHICLE PARTICULARS

Manufacturer Honda Freed 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

Private use

1500

No - Claiming third party Private car Auto

INSURANCE COMPANY

China Taiping Insurance (Singapore) Pte. Ltd. Name of Insurance Company Type of Coverage Comprehensive Fleet Policy No DMPCSNA00187642102 Policy Number Cover Note Number

DRIVER

XIAO PENG Name of Driver NRIC No S8755625E



Date Of Birth 01/01/1987 Occupation Outdoor Date Of Driving Pass 03/01/2015 6 YEARS AND 9 MONTHS Driving experience Gender Mobile Number (Phone) +65-92978923 Alt. Phone Number +65-92978923 **Email Address** xipo.xp@gmail.com Address BLK 776 YISHUN AVE 2 Address complement #10-1595 760776 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 Collided into Parked Vehicle Type of Accident Weather Conditions Clear Road Surface Dry 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) soliciting/offering accident claims assistance? No **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Traffic Police Police Station Name (Phone) +65-65470000 Police Station Phone No (Fax) +65-65474900 Alt. Police Station Phone No. 10 Ubi Avenue 3 Singapore 408865 Police Station Address Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE POLICE REPORT:T/20211018/7003 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes THE VIDEO CAPTURED FROM OTHER VEH THAT PARKED Reasons for not uploading a video of the accident **OPPOSITE** Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1 GBF5827T** Vehicle Registration Number

Vehicle Manufacturer Vehicle Model Vehicle Variant

Vehicle Colour	-
Vehicle Category	Commercial vehicle
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
- This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful</u> and accurate as <u>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 (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' lawyers/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 of & Time	river is not the policyholder) / Date	With Seed by Reporting Centre Personnel
Sketch Plan BLK 407		(B) GBF 5833 A
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Describe Circumstances of	f the Accident	904m 311.604	156
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	As refer to Police	Report	10000000
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Declaration			
We declare the foregoing particul	ars are true in every respect.		
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Kian Pung folioyholder's Signature / Date &	Xian Prom		18/10/21
olicyholder's Signature / Date &	Driver's Signature (If driver is not the policyholi & Time	der) / Date Witness of by Res Personnel	porting Centre





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

Report No. T/20211018/7003

CONTINUATION OF REPORT

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SME5833A	CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.	DMPCSNA0018764 2102	05/10/2021	04/10/2022

Details of Perso	n Involved				
Any Pedestrian I	nvolved: No				
No. of Pedestrians Injured: NIL Use of I		Use of Per	Pedestrian Crossing: NA		
Vehicle Owner					
Name	XIAO PENG		ID No.	S8755625E	
Related Vehicle	NIL		Contact N	lo. 92978923	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NI	L
No. of Days gran	ted Medical Leave	NIL	Degree of	NI	L

Brief Details

Date 17/10/2021.

My car SME5833A was properly parked at parking lot 439 at Y49 (Surface Car Park) - Blk 401/414 Yishun Ring Road/avenue 6.

I went to the playground nearby with my family.

When I came back to the car at 10:18am, only to see my car badly damaged on the front.

A witness told me that about 15min ago, there was a big black color van hit my car and drove away without stopping.

I checked my car, there was no notes or anything left on my car.

I called 999 and Traffic Police Officer came for investigation.

I managed to get a video footage from a car which was parked opposite at the time. The video footage clearly showed what happened.

The video footage time stamped at 10:06am, which is tally with what the witness told us. The car plate of the black van is GBF5827T.

According to the video footage:

10:06:29am: My car's front bumper was in good shape and condition before the black van reversed into the parking lot beside me.

10:06:44am: The black van hit my bumper from the side when he was turning out of the parking lot. 10:06:45am: My bumper was ripped off and deformed badly when the van left from the camera view, and you can see some parts on my car dangling from 10:06:45 - 10:06:50am.