ASS, P.E.C. BY:	Z CALLA STATE
<u> ASS</u>	IGNMENT
From: Date:	Veh No: SLM 634SE. Yr Regn: 2017, April
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
DD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Honda Shitle c.c 1496
at Workshop m/s	Colour A/C: Insured / Std / NI / NA
of	Sp.Reading 4(5)4. T/Radio: Insured / Std / NI / NA
nsured:	Eng/No:
Policy No.	C/No: 6 K81102211 *
Claims No.	Gen. Cond. Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: (norder / 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: 185/60R15
(Policy Condition)	R: 185/60R15
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or Daventi
Bal. or Market Value:	<u>Front</u> <u>Rear</u>
DAC Accident Rport: Consistent? : Yes or No	R/Bal. 06 mm R/Bal. 06 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 06 mm L/Bal. 06 mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 03 11 11
Lum Sum: % 3 Val.: Yes or No	'Survey held at Kcuy
CA / REV / REP. / 24 HRS	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT	
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision
Date / Time Action / Instruction	
TP ALG.	
m∨ :	
PV:	
Nett:	•
	•
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
- 1 1015 100 00 0	Resurvey No. of Trip: Survey Fee:
) : Final Report Date/Time, File Return to?	Transportation:
Add Ea	
) \-\circ \text{4.62}	: Interview (\$) Photos
Report Formet:	: Tech, Invs (3) Others
The state of the s	Transfer of the Control of the Contr

SN0721AT000R / NTUC Income Insurance Co-operative Ltd ENTRY DATE & TIME: 29/10/2021 18:01 (SGT) SUBMITTED BY: Mohammad Ikhsan Bin Abdul Aziz VERSION: 1 (29/10/2021 18:29 (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.

 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.
- The issue and acceptance of this Form by insurance companies is not all admission of policy liability of the part of the insurance companies.
 Any false reporting may be referred to the Police for investigation.
 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.
 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

29/10/2021 18:01 (SGT) 11/09/2021 21:00 (SGT) 111 McNair Rd, Singapore OPEN SPACE CARPARK. Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLM6345E

INSURED/POLICYHOLDER

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

TAN JEE KHUNG S1327393F EDDIEJKTAN@HOTMAIL.COM (Phone) +65-98283922 +65-98283922

VEHICLE PARTICULARS

Manufacturer Model Variant

Honda Shuttle 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

Cover Note Number

Name of Insurance Company Type of Coverage Fleet Policy Policy Number

NTUC Income Insurance Co-operative Ltd Comprehensive No 5121591763

DRIVER

Name of Driver NRIC No

TAN JEE KHUNG S1327393F



Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

06/08/1958 Indoor 26/09/1984 37 YEARS Male

(Phone) +65-98283922 +65-98283922

EDDIEJKTAN@HOTMAIL.COM

BLK 111 #04-233 MCNAIR RD 320111 Yes

No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

Hit and run / Vandalism / Damaged whilst parked

Dry

No

No

Yes

0

No

OTHER INFORMATION

Was any foreign vehicle involved in the accident? 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?

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 Rochor Neighbourhood Police Centre

(Phone) +65-18002949999 (Fax) +65-63918583

11 Kampong Kapor Road Singapore 208678

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN.

ATTACHMENT(S)

Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No No Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SFG1730L Vehicle Registration Number 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	-
No. Of Passenger (Including Driver)	-

WITNESS DETAILS

WITNESS 1

Name Phone Email KEVIN CHAN (Phone) +65-97937995

ETCH PLAN		
	HIT & RUN	
SCRIBE CIRCUMSTANCES O	OF THE ACCIDENT	
Refer to Po	olice Report T/20210912/20	060 ,
ECLARATION We desirate the foregoing purvious	ulars are true in every respect.	1
olicyholder's Signature ate & Time: 29102021 & 1900	Driver's Signature Hrs (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: Md Ikhsan NRIC/FIN No.: S098395

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly 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 <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>.
- 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.
- 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.
- By the lodgment 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' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: 29/10/2021 & 1900hrs (If driver is not the policyholder)

Driver's Signature

Date & Time:

Reporting Centre Personnel's Signature Name: Md Ikhsan

NRIC/FIN No.: S098395

GIARNIC SketchPlanForm_V3



SINGAPORE POLICE FORCE

Y22210012/2060

1 of 3 Report No. T/20210912/2060

Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678 Tel No: 1800-2949999

REPORT OF A TRAFFIC ACCIDENT Station Diary No.: Vide Report No.: Date/Time Report Made: 61 12/09/2021 15:56 APT BLK 111 MCNAIR ROAD #04-233 SINGAPORE 320111 Name of Informant TAN JEE KHUNG Contact No.: Home/Office: ID Type / ID No.: NRIC NO / \$1327393F Mobile: 98283922 Nationality: SINGAPORE CITIZEN Type of Informant Date of Birth: Age: 63 Sex 06/08/1958 Driver Institution / School Name: Male Language: Race: English Chinese Driving Licence Information: Occupation: Date of Expiry: Class: TEHCNICIAN

Type of	Non-Injury Hit and Run	Drink Drive:	Date/Time of Accident:	Type of Location: Car Park
Accident	nit and Ruis	No	11/09/2021 21:00	
Location:	SECRETAL PROPERTY.			
MCNAIR ROA	aD.			
MCMAINTO				
Monther		Road Surface:	PART HORSE SERVICE	Road Speed Limit:
Weather:				
			NAME OF TAXABLE PARTY OF TAXABLE PARTY.	mm
Traffic Flow:		Traffic Control:		Traffic Volume:

Details of V		Make	Model	Color	Condition	No of Passenger
Vehicle No SFG1730L	The state of the s	NISSAN	Pulsar	Silver		0
SLM6345E	STREET, STREET,	HONDA	SHUTTLE	Silver	Slightly	0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLM6345E	NTUC Income Insurance Co-Operative Limited	5121591763	04/04/2021	03/04/2022



Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678 Tel No: 1800-2949999



2053 Report No. T/20210912/2060

CONTINUATION OF REPORT

Details of Perso				Section 1	AND REPORT OF THE PERSON NAMED IN
Any Pedestrian I No. of Pedestrian		Use of Pec	destrian	Cross	ing: NA
Driver			IDM		S1327393F
Name	TAN JEE KHUNG		ID No.	Man I	513213931
Related Vehicle	NIL		Conta	ct No.	98283922
Hospital/Clinic	NIL		Class	of	Class: NIL
nospital/Caric			Driving Licent Expiry	e &	Date of Expiry: NIL
Date Treatment	NIL	Date Disc	THE REAL PROPERTY.	NIL	
	ted Medical Leave NIL	Degree of	Injury	NIL	

Brief Details.

On 12/09/2021 at about 1030hrs, I went to my vehicle (SLM 6345E) that was parked at lot number 115 of an open space carpark located in front of Blk 111 McNair Road. I then saw a yellow color note written, "I saw who knocked your car. Please call me at 97937995 if you need a witness" which was placed at the windshield of my vehicle.

- I then made a check on my vehicle and made the following discovery:
- 1) front vehicle plate number dislodged
- 2) scratches on the front and left side of my vehicle
- 3) front left bonnet slightly dislodged

As such, I contacted the witness who claimed to be Kevin Chan and he informed that he had parked his vehicle directly opposite my vehicle at about 2100hrs on 11/09/2021. He had switched off his engine while waiting for his family members to board as such his in-car camera was not recording at that point of time. Thereafter one vehicle - SFG 1730L, a silver Nissan Pulsar driven by a female driver had wanting to reverse into a lot, had then hit onto my vehicle. The said female driver immediately drove off.

Kevin Chan subsequently switched on his engine and tried to locate the vehicle again and found the vehicle to be at the back of Blk 111 McNair Road, near Towner Ville.



SINGAPORE POLICE FORCE

Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678 Tel No: 1800-2949999



Report No. T/20210912/2060

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

Sr Staff Sgt NURUL ASHIQIN BINTI MOHD SHUKOR

Signature Of Interprete Not applicable

Officer In Charge Of Case:

TP/HRT/ Sr Staff Sgt NEO ZHI YUAN Contact No.: 65476079

Authentication Stamp

Signature Of Informant

Date/Time: 12/09/2021 15:56

Classification Of Case:

IMPORTANT NOTE:	Please submit the completed Addendum in whom you submitted the Original Report	form to the <u>same</u> Accident Reporting Centre with
	ADDENDU	
- APTICUI ARS (OF PERSON MAKING THE AMENDMENTS	· scm6345E
(A) PARTICULARS	NO: SMOTZIATOOOR	Vehicle Registration No: SCMG345E NRIC/FIN/Passport No: S1327 343F
	INN SEE WINDS	
		Singapore C
Address: BIK	III MCNARRO 404-	Mobile No.: 98283922
- craft		- Ploone
Email Address:	EDDIE SKTAN @ HUTMALL COM	2100/15
Date of Acciden	to OPEN SPACE CARPARY	Time of Accident
Place of Accide	nt: OPEN SPACE CARPARY	DIK III
Tecurance Com	pany: INLUME	