SN09224J0003 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 19/04/2022 09:36 (SGT) SUBMITTED BY: Renee VERSION: 1 (19/04/2022 09:36 (SGT))

SINGAPORE ACCIDENT STATEMENT

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 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.

- 4. The issue and acceptance of this is form by instrained 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 19/04/2022 09:36 (SGT) Date of Accident 14/04/2022 16:15 (SGT) Exact Location of Accident Singapore Additional Location Information MANDAI HILL CAMP Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

1591

Vehicle Registration Number SMR7055Y

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner YOONG YOON CHERN NRIC No. SXXXX380F Email Address vtan74@yahoo.com.sg Mobile Phone No (Phone) +65-91139918 Alternative Phone No +65-91139918

VEHICLE PARTICULARS

Manufacturer Hyundai Model Avante 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 Sompo Insurance Singapore Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number D22MTPV01000673 Cover Note Number

DRIVER

CC

Name of Driver TAN GEOK KUAN (CHEN YUJUAN) NRIC No. SXXXX042H

Date Of Birth 05/10/1974 Occupation Indoor Date Of Driving Pass 25/11/1997 Driving experience 24 YEARS AND 5 MONTHS Gender Female Mobile Number (Phone) +65-97519515 Alt. Phone Number Email Address vtan74@yahoo.com.sg Address **BLK 59 TELOK BLANGAH HEIGHTS** Address complement #11-19 Postcode 100059 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Spouse 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 Side Swipe 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? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name YOONG YOON CHERN Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Telok Blangah Neighbourhood Police Post Police Station Phone No (Phone) +65-18002729999 Alt. Police Station Phone No (Fax) +65-63776526 Police Station Address Blk 51 Telok Blangah Drive #01-116/ 118 Singapore 100051 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE POLICE REPORT: T/20220415/2030 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1**

SLG4140Z

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model	-
Vehicle Variant	_
Vehicle Colour	_
Vehicle Category	Private 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.
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- 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.
- 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' 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.

Policyhelder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A= SMR 7055Y B= SLG 4140Z

Mandai Hill Camp

_	Pls	refer	10	the	police	report:	T/20220415/2030). —	
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Driver's Signature (If driver is not the policyholder) / Date & Time

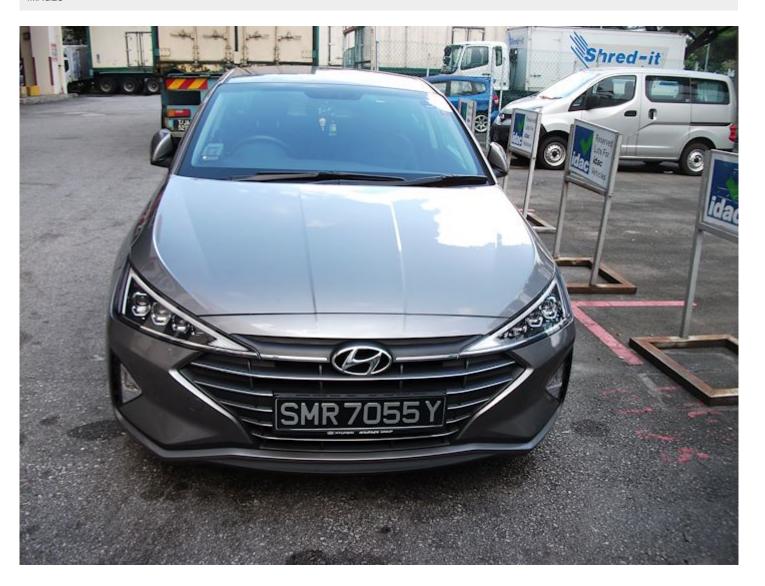
Accident report SN09224J0003

Policyholder's Signature / Date & Time

We declare the foregoing particulars are true in every respect.

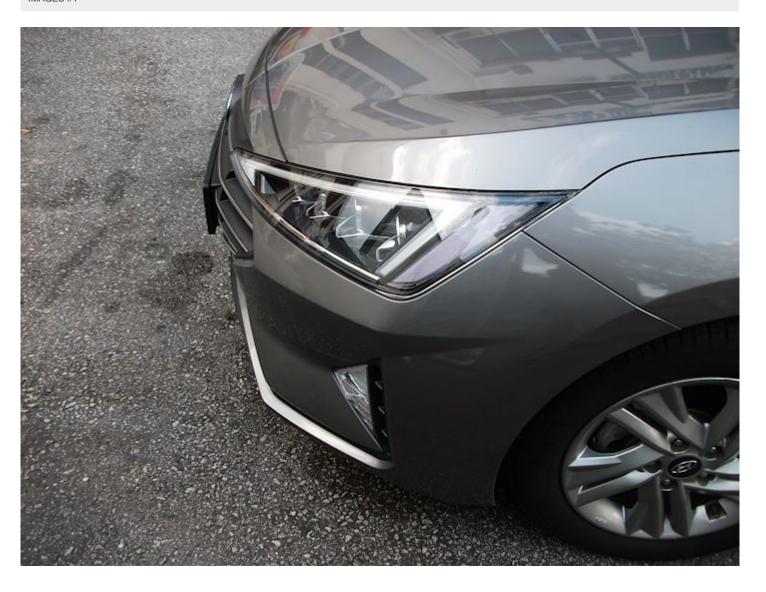
Witnessed by Reporting Centre

Personnel

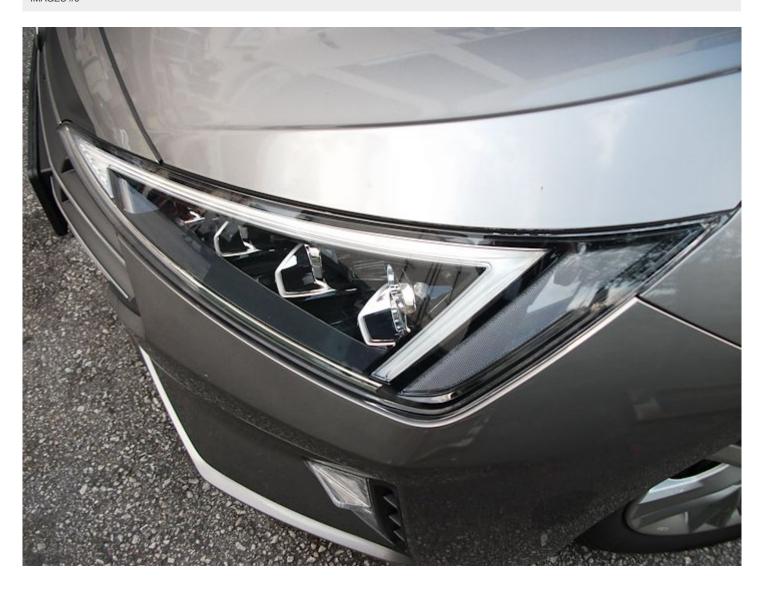


















Report No. T/20220415/2030

Police Station Of Origin: Telok Blangah NPP 51 Telok Blangah Drive #01-116 SINGAPORE 100055 Tel No: 1800-2729999

REPORT OF A TRAFFIC ACCIDENT

Date/Tim 15/04/202	e Report M 22 13:05	Made:	Vide Report No.:	Station Diary No.		
Informan	t's Partic	ulars	te and the second			
1000	Informant: OK KUAN		Address: APT BLK 59 TELOK BLANGAH HEIGHTS #11-19 SINGAPORE 100059			
ID Type / NRIC NO	ID No.: / S74330	42H	Contact No.: Home/Office:	Mobile: 97519515		
Nationality: SINGAPORE CITIZEN			Email:			
Sex: Female	Age: 47	Date of Birth: 05/10/1974	Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name:		
Occupation IT ADMIN			Driving Licence Information: Class: 3 Date of Expiry:			

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 14/04/2022 16:15	Type of Location Car Park	
Location: MANDAI RO Weather: Clear	AD	Road Surface; Dry		Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume:	
	ion:			Anyone conveyed by	

Details of Vehicle Involved								
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger		
SLG4140Z	Car	1-0-00-0				0		
SMR7055Y	Car				Slightly	0		

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



T/20220415/2030

Police Station Of Origin: Telok Blangah NPP 51 Telok Blangah Drive #01-116 SINGAPORE 100055 Tel No: 1800-2729999

2 of 3 Report No. T/20220415/2030

CONTINUATION OF REPORT

Driver	AND ASSESSMENT OF THE PARTY OF	LITE THE REAL PROPERTY.		ALC: NO	EU/L	observation and it	
Name	TAN GEOK KUAN		ID No		S7433042H		
Related Vehicle	SMR7055Y (Car)		Contact No. 975		97519515		
Hospital/Clinic	NIL			Class o Driving Licence Expiry I		Class: 3 Date of Expiry: NIL	
Date Treatment	NIL				NIL		
No. of Days gran	Degree of		NIL				

Brief Details

On 14/04/2022 at around 1615hrs, I was inside my vehicle SMR7055Y parked in the parking lot outside Mandai Hill Camp. There was then one car SLG4140Z, a white Toyota Prius which reversed and hit the front left bumper of my car. I then sounded my horn to alert the other driver in the other car. However the car just drove off from the location.

I came out of my car and checked on my vehicle. There were scratches and peeled off paint on the front left bumper of my car. I wish to state that I am not injured. I have an in-vehicle camera that recorded this incident. There were no other witnesses at the incident location.





3 of 3 Report No. T/20220415/2030

Police Station Of Origin: Telok Blangah NPP 51 Telok Blangah Drive #01-116 SINGAPORE 100055 Tel No: 1800-2729999

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: D / STAFF SGT MUHAMMAD DANIAL BIN JAFFAR	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 15/04/2022 13:05
Officer In Charge Of Case: TP / HRT / Other SUFIYAN BIN KHAIRI Contact No.: 65476390	Classification Of Case:
ND469	