SC1G224T0004 / CHENG HOE MOTOR PTE LTD[768761] ENTRY DATE & TIME: 29/04/2022 17:05 (SGT) SUBMITTED BY: CHIONG BENG CHOON VERSION: 1 (29/04/2022 17:05 (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.

 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 29/04/2022 17:05 (SGT) Date of Accident 26/04/2022 17:10 (SGT) Exact Location of Accident Singapore Additional Location Information YISHUN AVE 3 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMP1402D

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner RAMAMIRTHAM SOORIYANARAYANA MOORTHY NRIC No. SXXXX093C Email Address rsakpteltd@gmail.com Mobile Phone No (Phone) +65-81662903 Alternative Phone No +65-81662903

VEHICLE PARTICULARS

Manufacturer Model VEZEL 1.5X CVT ABS D/AIRBAG 2WD 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 1496

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy Policy Number 5111879269-02 Cover Note Number 04/10/2021 - 03/10/2022

DRIVER

Name of Driver RAMAMIRTHAM SOORIYANARAYANA MOORTHY NRIC No. SXXXX093C



Date Of Birth 14/02/1975 Occupation Indoor Date Of Driving Pass 10/04/2019 Driving experience 3 YEARS Gender Male Mobile Number (Phone) +65-81662903 Alt. Phone Number +65-81662903 Email Address rsakpteltd@gmail.com Address BLK 771 YISHUN AVE 3 #06-245 Address complement Postcode 760771 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 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? No 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 DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Yishun North Neighbourhood Police Centre Police Station Phone No (Phone) +65-18008529999 Alt. Police Station Phone No (Fax) +65-68522299 Police Station Address 31 Yishun Central Singapore 768827 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER POLICE REPORT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SLV106X Vehicle Manufacturer Vehicle Model Vehicle Variant

Private car

Vehicle Colour
Vehicle Category

Name of Driver	MOHAMED ASHIQ S/O SHAIK BASHEER MOHAMED
NRIC No	SXXXX797H
Contact Number	(Phone) +65-90607345
Address	-
Address complement	-
Postcode	
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	

		AN

1.VEHICLE NO.: SMP 1402D 2.INSURER CO: MING

IMPORTANT NOTICE

3.ACCIDENT DATE & TIME: 26 | 4/22 17:10

- Please report <u>correctly</u> 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 and accurate as 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
- 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;
- (ii) 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.

Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date Witnessed by Reporting Centre Personnel

PLEASE
TURN
OVER

etch Plan		atria sa termina
	HD8	A: SMP1402D B: SLV106X Mohamed Ashiq Slo Shak Basheer Moh S9643797H Hp: 90607345
SCRIBE CIRCUMSTA	ANCES OF THE ACCIDENT	
		DOA: 26/4/22 17:10
under your ov	hat your insurer may have 14days Time Fram wn comprehensive policy. Please check with y	
	g particulars are true in every respect.	
Or Or ' licyholder's Signature te & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: () Claim Own Policy () Claim Third Party	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: () Reporting Only

I am Ashi	A CHARGE THE DRIVER OF MITSUBUSHI OUTLAND
SLY106X.	AT APPROXIMATELY 5.10pm 1UESDAY 26 APRIL 1
HAD REVE	ISED INTO YOUR CAR WHILE ATTEMPTING TO PARK
THE CAR H	17 IS A HONDA YEZEL SHEED SMP1402D.
AM LEAV	TING THIS NOTE IN HOPES THAT YOU COULD CONTACT
ME AS &	ON AS YOU SEE THIS NOTE, SORRY FOR
THE INCOM	NYENIBNŒ CÂUSED.
ASHIQ	
90607345	
DAMAGE LI	OCATON:
	EL FRONT LEFT SHEET BUMBER.





Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999

l of 3 Report No. T/20220427/2066

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/04/2022 16:13		Made:	Vide Report No.:	Station Diary No.: 97	
Informa	ant's Partic	ulars	10000000000000000000000000000000000000	TOTAL TENEDRAL SERVICE SERVICE	
RAMAN	of Informant: MIRTHAM YANARAYA	NA MOORTHY	Address: APT BLK 771 YISHUN AVE 760771	NUE 3 #06-245 SINGAPORE	
ID Type	/ ID No.: O / S75600		Contact No.: Home/Office: Mobile: 81662903		
National INDIAN	lity:		Email:		
Sex: Male	Age:	Date of Birth: 14/02/1975	Type of Informant: Driver		
Race: Indian		***	Language:	Institution / School Name:	
Occupation: Chef			Driving Licence Information: Class: 2B,3	Date of Expiry:	

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 26/04/2022 17:10	Type of Location: Car Park	
Location: YISHUN AVE Weather:	NUE 3	Road Surface:		Road Speed Limit:	
Clear		Dry		Traffic Volume:	
Traffic Flow: Two Way		Traffic Control: Not Controlled		No Traffic	
Two Way				Anyone conveyed by	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLV106X	Car	MITSUBISHI	OUTLANDE R 2.4 CVT 4WD SR	Grey	Seriously Damaged	0
SMP1402D	Car	HONDA	VEZEL 1.5X CVT ABS D/AIRBAG 2WD	Red	Seriously Damaged	0





Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999 Report No. T/20220427/2066

CONTINUATION OF REPORT

Details of V	ehicle Insurance		PAGE ASSESSMENT	1
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMP1402D	NTUC Income Insurance Co-Operative	5111879269-02	04/10/2021	03/10/2022

Brief Details.

On the above mentioned date and time, I came down to a note that wrote "I am Ashiq, The driver of Mitsubishi Outlander SLV106X. At approximately 5:10pm Tuesday 26 April I had reversed into your car while attempting to park. The car hit is a Honda Vezel SMP1402D." that was placed on my car windscreen, I also noticed that my car's front left bumper had some damages.

I then contacted the guy who left his contact details on the note. The guy told me that I can lodge a report for my own record purposes and for insurance claims.



Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999



3 of 3 Report No. T/20220427/2066

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: L / Other MUSHAHID BIN MOHAMED HASAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 27/04/2022 16:13
Officer In Charge Of Case: TP / GIA / Other MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219	Classification Of Case:
NP168	