SS2Y227I000C-01 / Strides Automotive Services Pte Ltd ENTRY DATE & TIME: 18/07/2022 16:46 (SGT) SUBMITTED BY: GRACE NG SIU CHING (SMRT19) VERSION: 2 (20/07/2022 14:04 (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 18/07/2022 16:46 (SGT) Reported by Date of Accident 12/07/2022 16:30 (SGT) Exact Location of Accident Singapore Additional Location Information 10 ADMIRALTY ST #03-06 NORTHLINK BUILDING Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

Vehicle Registration Number SJL1858D

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner RENTY PTE LTD Company Reg No 202008200H Email Address KIM@FRESHCARS.SG Mobile Phone No (Phone) +65-96495761 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model **FIT 1.3G A** Variant Exact purpose for which vehicle was being used at time of accident Private hire Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle?

Vehicle Category Private hire Transmission Auto CC 1600

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Policy Number / Cover Note Number 5124246863

DRIVER

Name of Driver **WONG JIAN PIN** NRIC No S9872699C Date Of Birth 11/06/1998 Occupation Outdoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address 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	23/05/2019 3 YEARS AND 2 MONTHS Male (Phone) +65-99465761 - KIM@FRESHCARS.SG BLK 501A WELLINGTON CIRCLE #08-34 - S751501 No Hirer No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Side Swipe Clear Dry
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? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement	No 2 No - Yes 1 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Woodlands Division Headquarters (Phone) +65-18004660000 1 Woodlands St 12 Singapore 738622 No
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER POLICE REPORT : L/20220715/7052	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes Yes
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant	YN7274K - -

Vehicle Colour

Vehicle Category	Commercial vehicle
Name of Driver	AH TEC
Contact Number	(Phone) +65-87407118
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.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any will misrepresentation or withholding of material facts may allow insurance companies to regulate policy liability.
- 4. The issue and acceptance of this Formby insurance companies is not an admission of policy liability on the part of the insurance
- 5. Any false reporting may be referred to the Police for investigation
- 8. 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)

funderstand, 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 haurer (collectively the "Paraonal Information") and disclose and transfer such Personal Information to all insurer(a) 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 haurers' law yers Asw 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
- (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 cluims (including the maling of correspondence, statements, invoices, reports or notices to ma, 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
- (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 (zms, may/are permitted to collect, use, disclose and/or process my Perzonal 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.

RENTY PTE LTD UEN: 202008200H

Policyholder's Signature / Date &

Driver's Signature (8 driver is not the policyholder) / Date

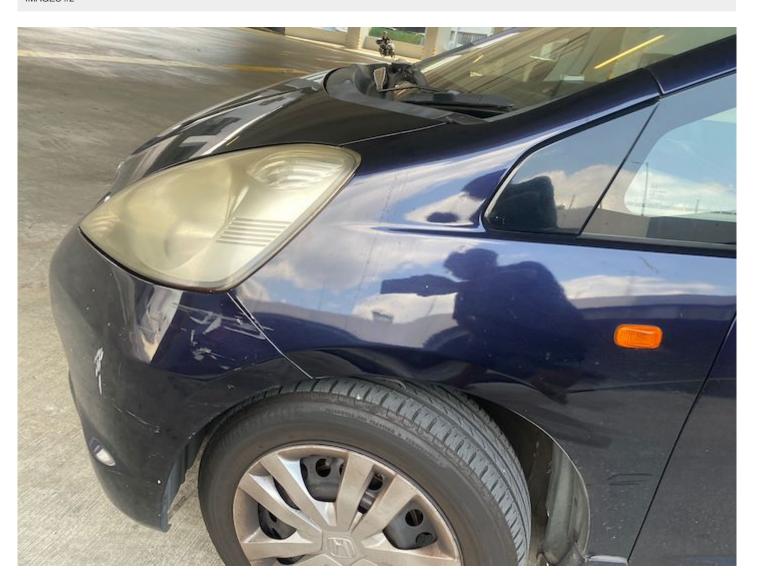
Grace Ng

Witnessed by Reporting Centre

Sketch Plan

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declare the foregoing par	ticulars are	true in every	respect.	
RENTY PTE LTD		2	2 1/.	
UEN: 202008200H		f)	ALC.	
			/	Grace Ng
holder's Signature / Date			re (If driver is not the policyholder) / Date	Witnessed by Reporting Centre



















1 of 2

Report No. L/20220715/7052

POLICE REPORT (NP299)

Police Station Of Origin Woodlands Division HQ 1 Woodlands Street 12 SINGAPORE 738622 Tel No:1800-4660000

Date/Time Report Made 15/07/2022 16:00	Vide Re	port No.		Station Diary No.
Name Of Informant WONG JIAN PIN	Address 501A WELLINGTON CIRCLE #08-34 SINGAPORE 751501			
ID Type / ID No. NRIC NO / S9872699C	Contact No. Home/Office: Mobile: 96495761			
Nationality SINGAPORE CITIZEN	Email Address WONGJIANPIN.98@GMAIL.COM			
Occupation	Sex	Age	Date of Birth	Race
Student Institution/School Name	Male 24 11/06/1998 Chinese Language Enclish			
Date/Time Of Incident 12/07/2022 16:20 - 12/07/2022 16:30	Location Of Incident 10 ADMIRALTY STREET #03-06 NORTH LINK BUILDING SINGAPORE 757695			

Brief details.

Lorry driver brushed against my rental car scratching bumper and broke side mirror.

We exchanged contacts and he said to contact him. After my rental company liased with him he refused to pay for the accident. Told to make a police report.

87407118 Ah Tec from Hilltechs Packaging Industry Pte Ltd

Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.		
Signature Of Interpreter: Not applicable	Date/Time: 15/07/2022 16:00		
Officer In-Charge Of Case:	Classification Of Case:		





2 of 2

POLICE REPORT (NP299)

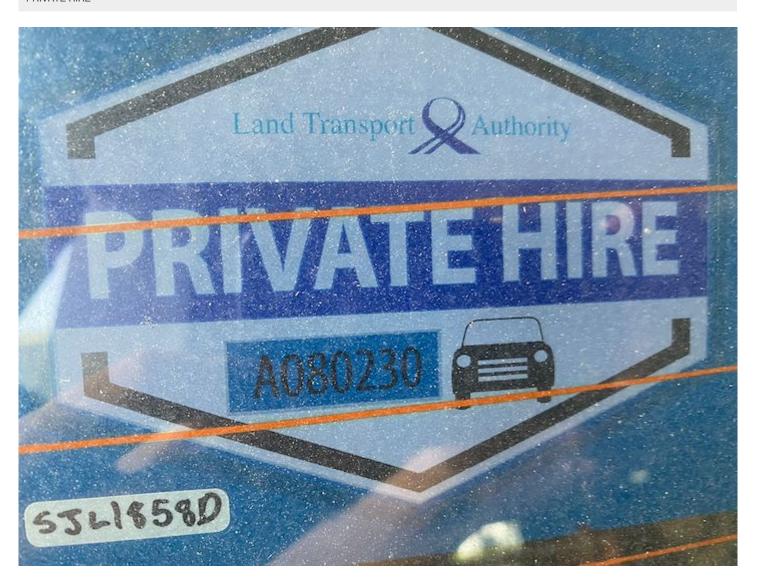
CONTINUATION OF REPORT

Report No. L/20220715/7052

If clearer video is needed I am able to provide, do contact me.

Victim			
Person Name	WONG JIAN PIN		
ID Type	NRIC NO	ID No	S9872699C
Gender	Male	Age	24
Race	Chinese	Language	English
Occupation	Student	Address	501A WELLINGTON CIRCLE #08-34 SINGAPORE 751501
Mobile No	96495761	Is Informant A Victim?	Yes

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.		
Signature Of Interpreter: Not applicable	Date/Time: 15/07/2022 16:00		
Officer In-Charge Of Case:	Classification Of Case:		





IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: SS2Y227I000C ___ Vehicle Registration No: ____ SJL1858D Original Report No: ___ WONG JIAN PIN NRIC/FIN/Passport No: SXXXX699C Name (as shown in NRIC): (*Vehicle Driver/Policyholder) (*) Please delete as appropriate BLK 501A WELLINGTON CIRCLE #08-34 _____ Singapore (751501) Mobile No.: 99465761 Contact (Tel): Email Address: KIM@FRESHCARS.SG Date of Accident: _____12/07/2022 16:30 ____ Time of Accident: ___ Place of Accident: _____10 ADMIRALTY ST #03-06 NORTHLINK BUILDING Insurance Company: _____NTUC Income Insurance Co-operative Ltd (B) ADDITIONAL INFORMATION / AMENDMENTS: I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments: Amend third party vehicle no: YN7274K Grace Ng Reporting Centre Personnel's Signature Policyholder / Actual Driver's Signature Date: Name (as in NRIC/ID card):

Date:

vJun2022