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 Actual 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

- 9. Information provided mast by as distinct and second as positive 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 insurance Association of Singapore (GIA) for archiving the research of 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.

ACCIDEN	T STATEMENT
Date of Submission Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	28/07/2022 09:16 (SGT) Both 25/07/2022 22:15 (SGT) Singapore BLK 63 NEW UPP CHANGI RD CARPARK Singapore
DETAILS OF	F OWN VEHICLE
Vehicle Registration Number	SMM8024G
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No TAN YONG SUAN(CHEN YONGQUAN) SXXXX478D ktmotorwerk@hotmail.com (Phone) +65-94249989
VEHICLE PARTICULARS	
Manufacturer 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	Kia Stonic - Private use No - Claiming third party Private car Auto 998
INSURANCE COMPANY	
Name of Insurance Company Policy Number / Cover Note Number	

TAN YONG SUAN(CHEN YONGQUAN)

SXXXX478D

01/04/1986

Indoor

Accident report SN09227S0001

DRIVER

NRIC No

Name of Driver

Date Of Birth

Occupation

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	24/11/2006 15 YEARS AND 8 MONTHS Male (Phone) +65-94249989 - ktmotorwerk@hotmail.com BLK 63 NEW UPP CHANGI RD #13-1168 461063 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface OTHER INFORMATION	Hit and run / Vandalism / Damaged whilst parked Raining Wet
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	- -
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? CIRCUMSTANCES OF ACCIDENT	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No
PLS REFER TO THE POLICE REPORT:T/20220726/7061	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident	Yes Yes WITH WORKSHOP
DETAILS OF OTHER	VEHICLE PROPERTY 1

PC9286C

Vehicle Model

Vehicle Registration Number
Vehicle Manufacturer

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

- 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 Actual Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to regulate 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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to 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)

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:
- (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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

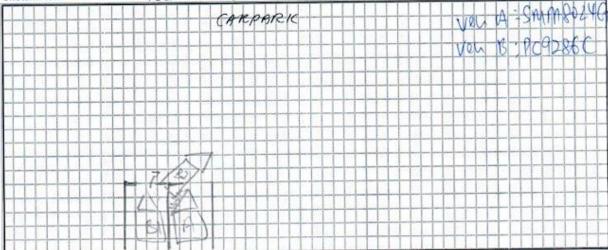
Driver's Signature (if driver is not the policyholder) / Date

Wither seed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

BLK 63 NEW UPP CHANGI RD

CARPARIC



0088 W	ofer to	Volice	report	attacked . TI	2022 0726 / 7061.	
Post V		1-1-0	1.0			
						_
						-
						_
claration						
e declare the	foregoing particu	lars are true in	every respect.			
					^	
1.	1/-				Alyn 08/07	/,,
he m					Witnessed by Reporting Centre Personne	
licyholder's Sign	ature / Date & Time	Driver's S & Time	ignature (if driver is	not the policyholder) / Date	(Name as in NRIC/ID card)	
						2





Report No. T/20220726/7061

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

CONTINUATION OF REPORT

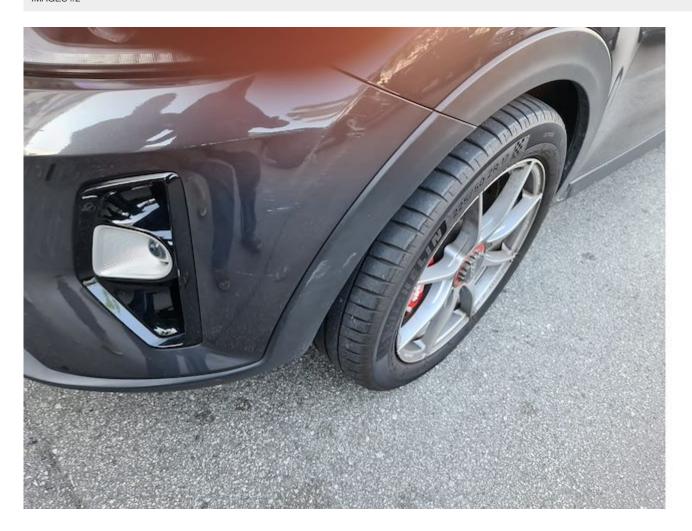
Details of Ve	ehicle Insurance		THE REAL PROPERTY.	
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMM8024G	AIG ASIA PACIFIC INSURANCE PTE.	1900118423-02	15/07/2022	14/07/2023

Details of Perso		The second second			
Any Pedestrian II	nvolved: No				
No. of Pedestrian	s Injured: NIL		Use of Ped	lestrian Cro	ssing: NA
Vehicle Owner	President of the second				
Name	TAN YONG SUAN			ID No.	S8610478D
Related Vehicle	NIL			Contact No	94249989
Hospital/Clinic	NIL	NIL			Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	NIL	

Brief Details.

On the 26 July at around 7pm, I went to my vehicle and saw damage on my front right vehicle. I proceed to go back home to check the video camera and found out vehicle (Pc 9286C) trying to exit the carpark and hit onto my vehicle (SMM8024G) on 25 July around 10.15pm. The accident took place at the carpark between block 63 and 62.



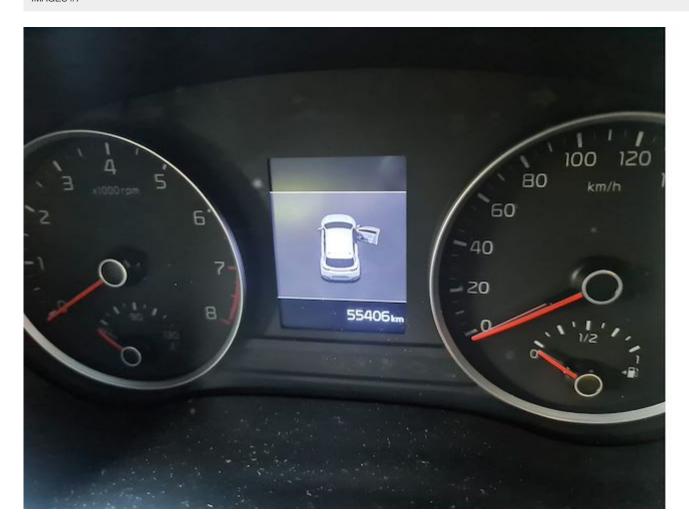
















T/20220726/7061

1 of 3 Report No. T/20220726/7061

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

	F A TRAFFIC		Vide Report No.:	Station Diary No.:		
Date/Time Report Made: 26/07/2022 22:47			Vide Report No.:	100000000000000000000000000000000000000		
Informa	nt's Particu	lars		THE RESIDENCE OF THE PARTY OF T		
Name of	Informant: NG SUAN		Address: 63 NEW UPPER CHANGI RO 461063	AD #13-1168 SINGAPORE		
ID Type / ID No.: NRIC NO / S8610478D		78D	Contact No.: Home/Office: Mobile: 94249989			
National	ationality: INGAPORE CITIZEN		Email: erictys86@gmail.com			
Sex: Male	Age: 36	Date of Birth: 01/04/1986	Type of Informant: Vehicle Owner			
Race:		1	Language: Institution / School N			
Occupation:			Driving Licence Information: Class:	Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 25/07/2022 22:15	Type of Location Car Park
Location: NEW UPPER	CHANGI ROAD			
ACCOUNT OF THE PARTY OF THE PAR		Road Surface: Wet		Road Speed Limit: 15 Km/h
Weather: Raining Traffic Flow: Two Way		Control of the Contro		

-	ehicle Involved	Make	Model	Color	Conditio	No of
ehicle No.		- Electrical Control				0
C9286C	Bus/Coach/Mi					
	nibus	CITCHE .			CUability	5
MM8024G		KIA	Stonic	Grey	Slightly Damaged	1337

Detelle of W	ehicle Insurance		DUPLE BELLEVILLE	SALES PROPERTY.
Details of V	Insurance Company	Insurance No	Effective	Expiry Date
Vehicle No.	Insurance Continuely	NAME OF TAXABLE PARTY.	MANAGES SEE	





T/20220726/7061

Report No. T/20220726/7061

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

CONTINUATION OF REPORT

Details of Ve	ehicle Insurance			I
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMM8024G	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1900118423-02	15/07/2022	14/07/2023

Details of Perso		The second second			
Any Pedestrian II	nvolved: No				
No. of Pedestrian	s Injured: NIL		Use of Ped	lestrian Cro	ssing: NA
Vehicle Owner	President of the second				
Name	TAN YONG SUAN			ID No.	S8610478D
Related Vehicle	NIL			Contact No	94249989
Hospital/Clinic	NIL	NIL			Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	NIL	

Brief Details.

On the 26 July at around 7pm, I went to my vehicle and saw damage on my front right vehicle. I proceed to go back home to check the video camera and found out vehicle (Pc 9286C) trying to exit the carpark and hit onto my vehicle (SMM8024G) on 25 July around 10.15pm. The accident took place at the carpark between block 63 and 62.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20220726/7061

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 26/07/2022 22:47
Classification Of Case: