ASS	IGNMENT
From: Date:	Veh No: SMESTIBL YREgn: 2018, Oct.
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
Fo Inspect Vehicle No:	Make: Harda Civic. c.c 1597
at Worlshop m/s	Colour Gray, A/C: Insured / Std / NI / NA
f	Sp.Reading /55/728 T/Radio: Insured / Std / NI / NA
nsured	Eng/No:
Policy No.	C/No: MRHFC5650J7001649
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
sum Insured; Excess:	Steering: norder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: (norder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil (S/Rim / STD A/Rim or
	Tyre Size: F: 2/5/50 R17
(Policy Condition)	R: 215/50R17.
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
al. or Market Value:	Front Rear
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
st. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 25/08/22
um Sum: % 3 Val.: Yes or No	Survey held at Kall Motor -
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 1 P MS16 (Pablic Liability	
1 01316 CHANG KIGOSTIT	4.)
mv:	
PV:	- Control of States of Control of States of St
Nett:	Control of Control (No. 1) (No. 1) (No. 1)
ate/Time, File Pass to? : Preli. Report	Days Of Repair:
: Final Report	Resurvey No. of Trip: Survey Fee:
ate/Time, File Return to?	Transportation:
Add Fee	
1	
	: Interview (\$) Photos

SN07228N000F / NTUC Income Insurance Co-operative Ltd ENTRY DATE & TIME: 23/08/2022 11:01 (SGT) SUBMITTED BY: Chen Jun Liang VERSION: 1 (23/08/2022 11:01 (SGT))



SINGAPORE ACCIDENT STATEMENT

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

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

Reported by

Date of Accident

Exact Location of Accident

Additional Location Information

Country/State of Loss

23/08/2022 11:01 (SGT)

22/08/2022 14:35 (SGT)

Singapore

BLK 3004 UBI ROAD 1 OSCP

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SME9713L

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No

VEHICLE PARTICULARS

No

CHOO CHENG FATT

S0067825B

CHOOCF55@GMAIL.COM

(Phone) +65-97972414

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

Honda

Civic

Private use

No - Claiming third party

Private hire

Auto

1600

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

NTUC Income Insurance Co-operative Ltd 5104993576-03

DRIVER

Name of Driver

NRIC No

Date Of Birth

Occupation

S1377454D 03/11/1959 Outdoor

TAN BENG HWA

Accident report SN07228N000F

13/03/1978 Date Of Driving Pass 44 YEARS AND 5 MONTHS Driving experience Gender (Phone) +65-97565621 Mobile Number Alt. Phone Number Email Address KAIMOTOR@GMAIL.COM Address 6 RIVERVALE LINK #07-08 Address complement Postcode 545042 Is the driver the policyholder? If No, Relationship of the Driver with the Insured WORKSHOP CLIENT Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Hit and run / Vandalism / Damaged whilst parked Type of Accident Weather Conditions 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) 0 Has the driver been approached by unknown person(s) No 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 Yes Was the accident reported to the police? Traffic Police Police Station Name (Phone) +65-65470000 Police Station Phone No. (Fax) +65-65474900 Alt. Police Station Phone No. 10 Ubi Avenue 3 Singapore 408865 Police Station Address Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No DETAILS OF OTHER VEHICLE PROPERTY 1 Vehicle Registration Number Vehicle Manufacturer

Vehicle Model
Vehicle Variant

Vehicle Colour 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)

NA / Unknown

(Phone) +65-62970322 C/O EUROPA INTERIORS (S) PTE LTD 3 UBI CRESCENT #03-01 YONG LEE BUILDING 408558 MSIG Insurance (Singapore) Pte. Ltd.

CURTAIN ROLL

NCOME	MOTOR	SERVICE	CENTRE

Report Date & Start Time

23/08/2022 / 10:50

D.O.A. 22/08/2022 Time: 14:35 hrs

Vehicle No. 5ME9713L

Reporting Type:

Report No. MT/

SKETCH PLAN IMPORTANT NOTICE

- 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 withholding 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.
- Any false reporting may be referred to the Traffic Police Department for investigation.
- 6. 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.
- 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)

I understand, acknowledge, agree and consent that

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") maylare 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

(a) 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.

23/08/22 / 10:50

Chen JunLiang

ature (If driver is not the policyho

Sketch Plan

Witnessed by Reporting Centre Peronnel (Name as in NRIC/ID card)

BLK 3004 UBI ROAD 1 OSCP

Vehicle A: SME9713L

B: CURTAIN ROLL



Describe Circumstances of the Accident	
REFER TO POLICE REPORT	
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	and a second
	and the same of th

Declaration

If We declare the foregoing particulars are true in every respect.

23 08 22 10:50
Driver's Signature (If driver is not the policyholder) / Date 8 Time

Chen Junf. iang
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)





1 of 3

Report No. T/20220822/7063

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/08/2022 20:23		lade:	Vide Report No.: G/20220822/0099	Station Diary No.:		
Informant	's Particu	ulars				
Name of Informant: TAN QIN KAI, INGNATIUS		IATIUS	Address: 6 RIVERVALE LINK #07-08 SINGAPORE 545042			
ID Type / I NRIC NO		16J	Contact No.: Home/Office:	Mobile: 91796033		
Nationality SINGAPO		EN	Email: INGNATIUSTAN@GMAIL.Co	OM		
Sex: Male	Age:	Date of Birth: 06/02/1990				
Race: Chinese			Language: English	Institution / School Name:		
Occupatio	n:		Driving Licence Information: Class:	Date of Expiry:		

		A STATE OF THE STA			
General Informati	ion of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/08/2022 14:35		Type of Location: Car Park
Location:					
UNNAMED ROA	D				
Weather:		Road Surface: Dry		Road	d Speed Limit:
Traffic Flow:		Traffic Control:		Traff	ic Volume:
Type of Collision:					one conveyed by ulance:

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SME9713L	Car	HONDA	Civic	Blue	Seriously Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	





2 of 3

Report No. T/20220822/7063

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

CONTINUATION OF REPORT

Owner of car as r	not in vehicle at ocurrence of acc	00,10	ID No.	S9004616J
Name TAN QIN KAI, INGNATIUS				
			Contact I	No. 91796033
Related Vehicle	NIL		Commercia	
			Class of	Class: NIL
Hospital/Clinic	NIL		Driving	Date of Expiry: NIL
			Licence	&
	1-4 1 11		Expiry	
		Date	N	IIL
Date	NIL nted Medical Leave NIL	Degree o	of N	IIL

Vehicle was parked in a parking lot. Foreign object identified as a roll of curtain cloth was dropped from the forth floor of the building adjacent to the parked vehicle, and landed on the roof of the vehicle. Vehicle roof was dented and windshields damaged. Workers from Europa Interiors (S) Pte Ltd then came down to the vehicle to claim responsibility for the accident of fallen object. SPF was called onto the scene for a formal reporting. Contact details of worker who claimed responsibility, Mr Lee 9457 5365.

Note: Vehicle was parked at the lot near to my father's car workshop for maintenance. Vehicle owner was not in the vicinity.

Contact details of my father: Tan Beng Hwa 9756 5621

IC: AIO HAMIZAN TEL: 62447200 Classification Sec 336b PC 1871.





3 of 3

Report No. T/20220822/7063

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

CONTINUATION OF REPORT

Sket	nh	on
SKEI	CII	all

Informant is not able to provide sketch

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: 22/08/2022 20:23
Officer In Charge Of Case: TP / TPIB / MUHAMMAD ISMAIL BIN AMZAH Contact No.: 65476185	Classification Of Case: