SN0922AQ0003 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 26/10/2022 10:02 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (26/10/2022 10:02 (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 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.

- 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 26/10/2022 10:02 (SGT) Reported by Date of Accident 22/10/2022 17:00 (SGT) Exact Location of Accident Depot Rd, Singapore Additional Location Information **CARPARK BMDRM2** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

No - Reporting only

Vehicle Registration Number SLB1916Z

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **GOH ANN TAT** NRIC No SXXXX435I Email Address anntat@gmail.com Mobile Phone No (Phone) +65-96948748 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Honda Model Vezel 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? Vehicle Category

Private car Transmission Auto CC 1496

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number D22MTPV01004380

DRIVER

Name of Driver **GOH ANN TAT** NRIC No SXXXX435I Date Of Birth 11/09/1971 Occupation Indoor

Date Of Driving Pass 24/03/1998 Driving experience 24 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-96948748 Alt. Phone Number Email Address anntat@gmail.com Address BLK 111B DEPOT ROAD #22-107 Address complement Postcode 102111 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Nο 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 Collided into Parked Vehicle Weather Conditions Raining 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 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? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20221022/7047 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 SKT4155A

Mercedes

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

- 1. 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 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 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 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 ledgement 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 (all insurers) 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;
- (#) 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.

Er 26/10/2022

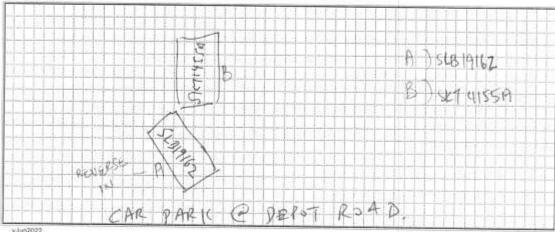
Policyholder's Signature / Date & Time

Actual Driver's Signeture (if driver is not the policyholder) Date & Time

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

10/202)

Sketch Plan



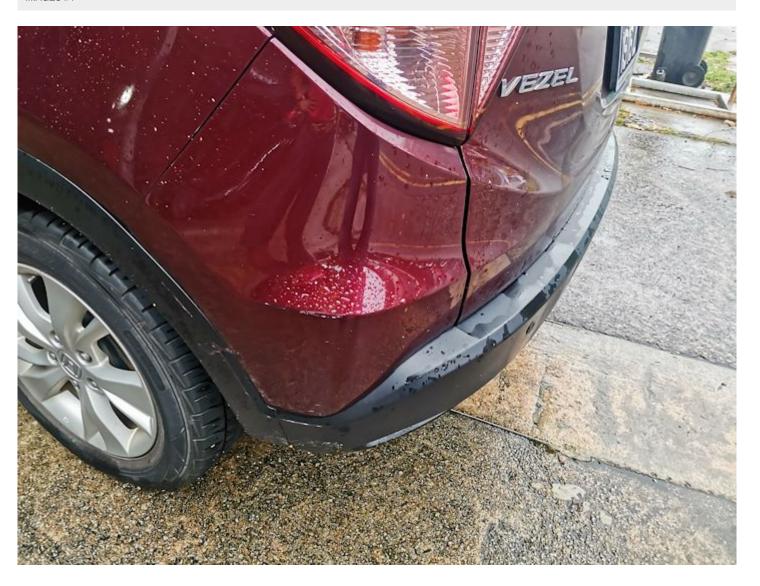
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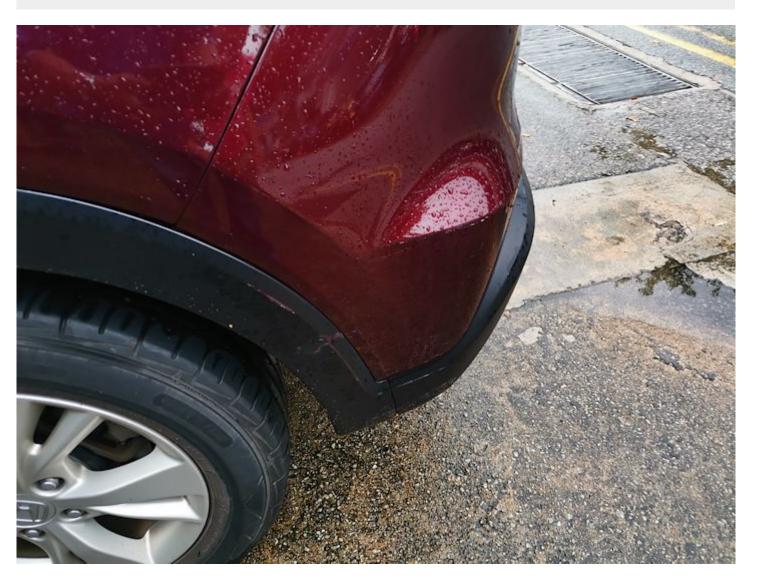
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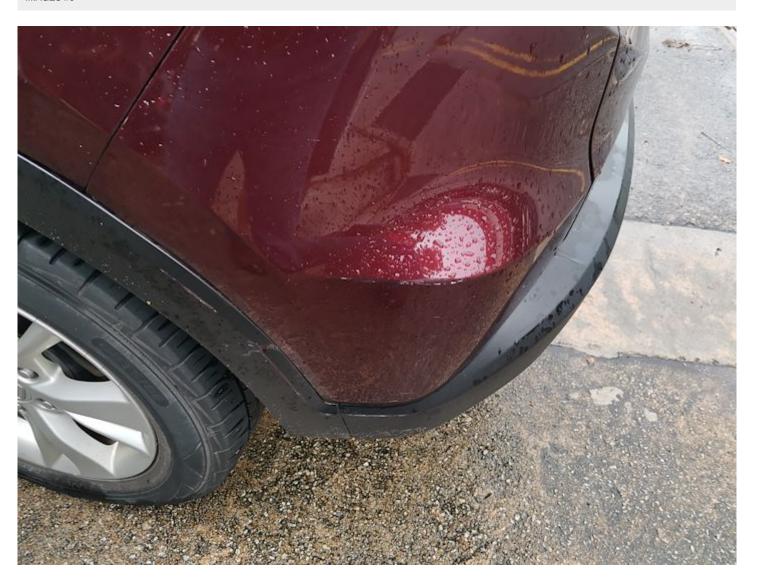








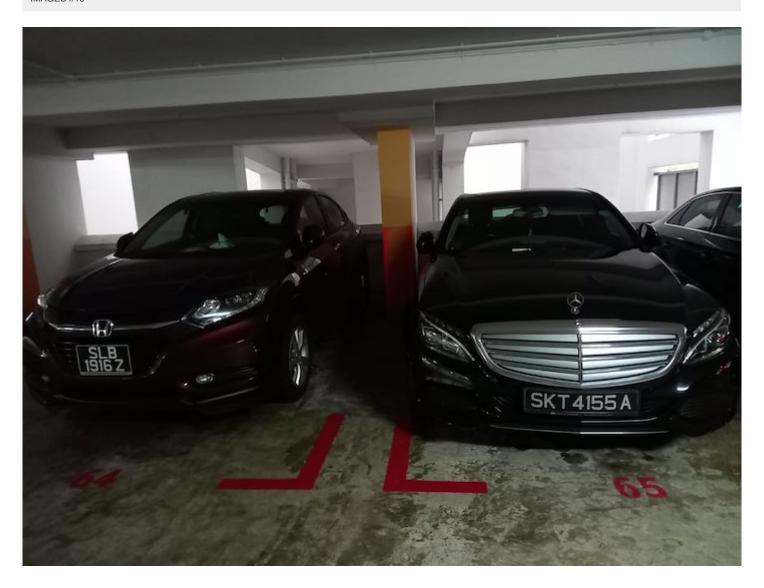


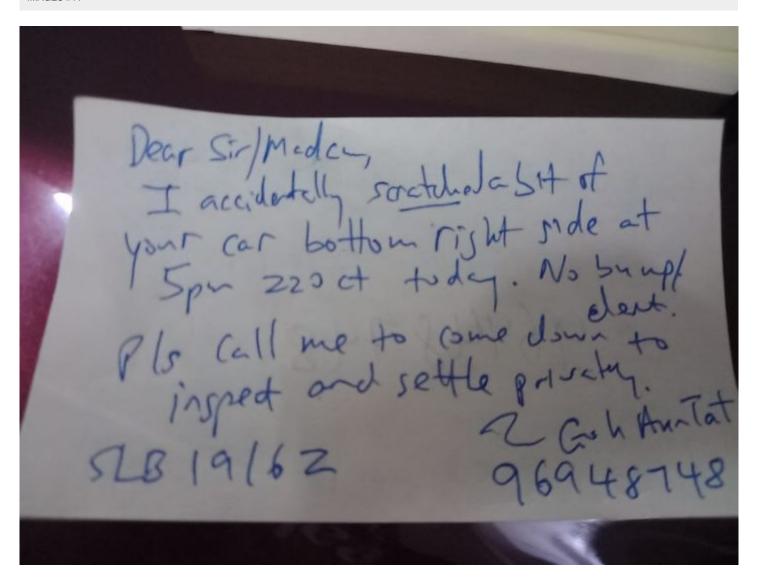




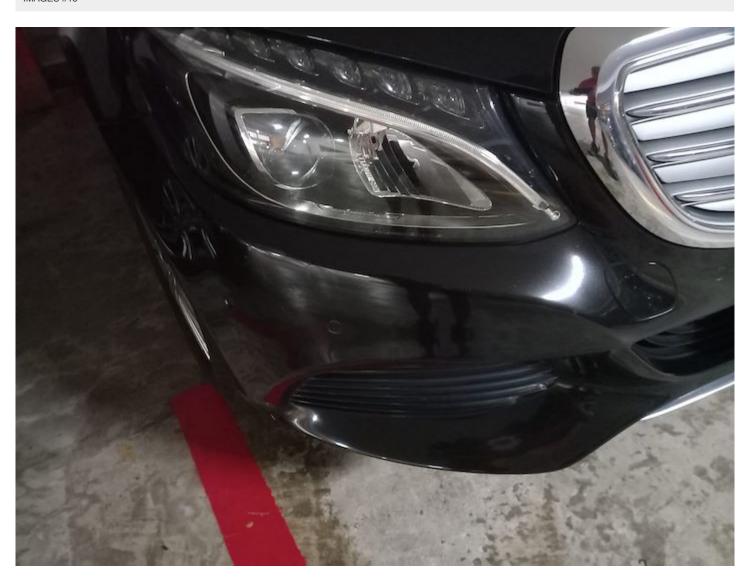




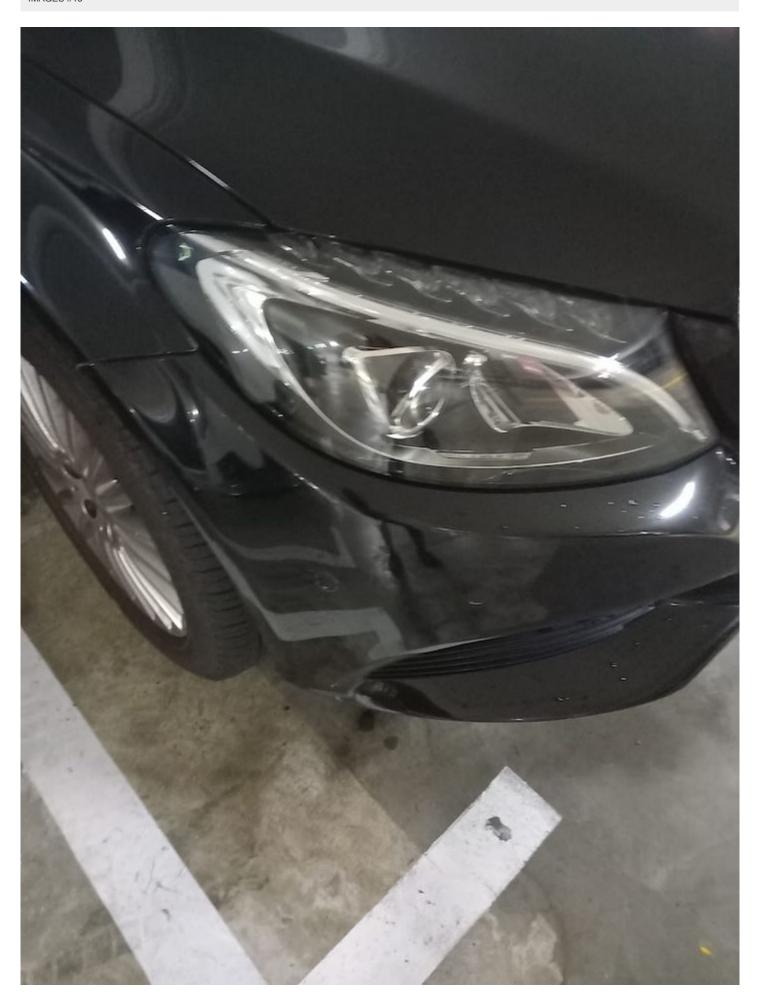


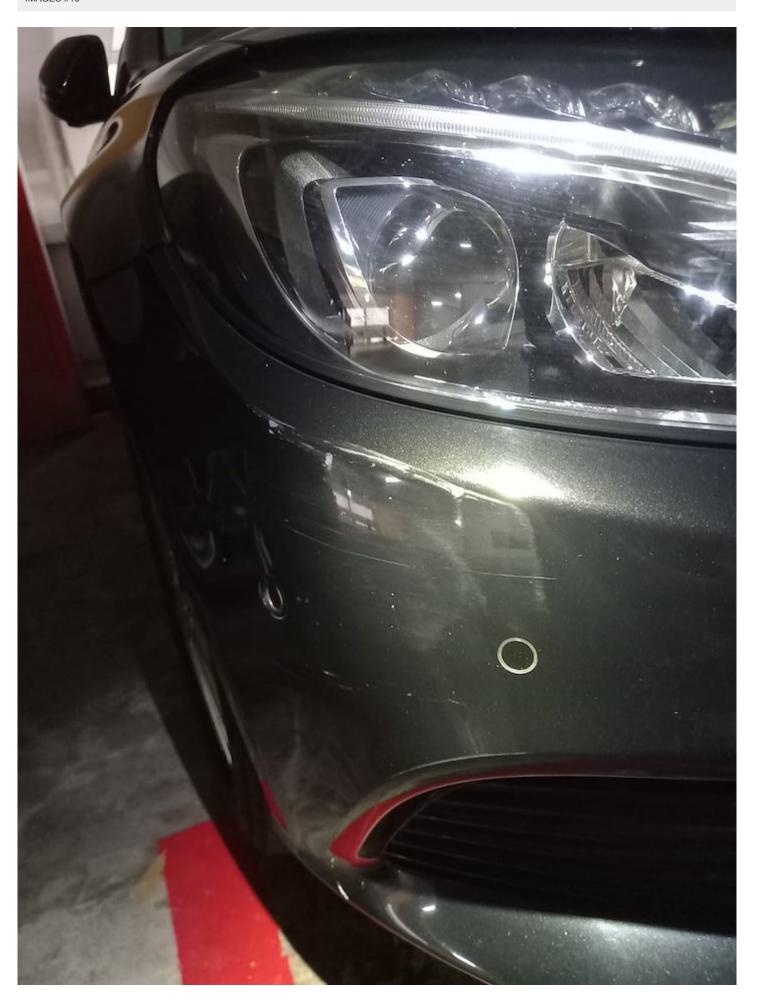






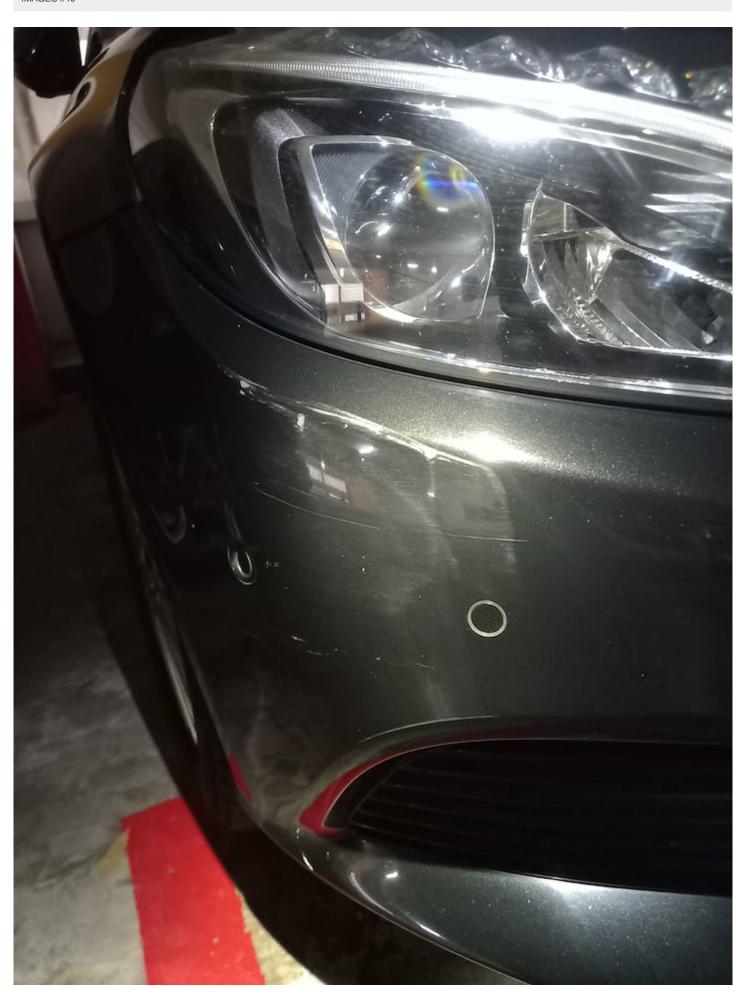


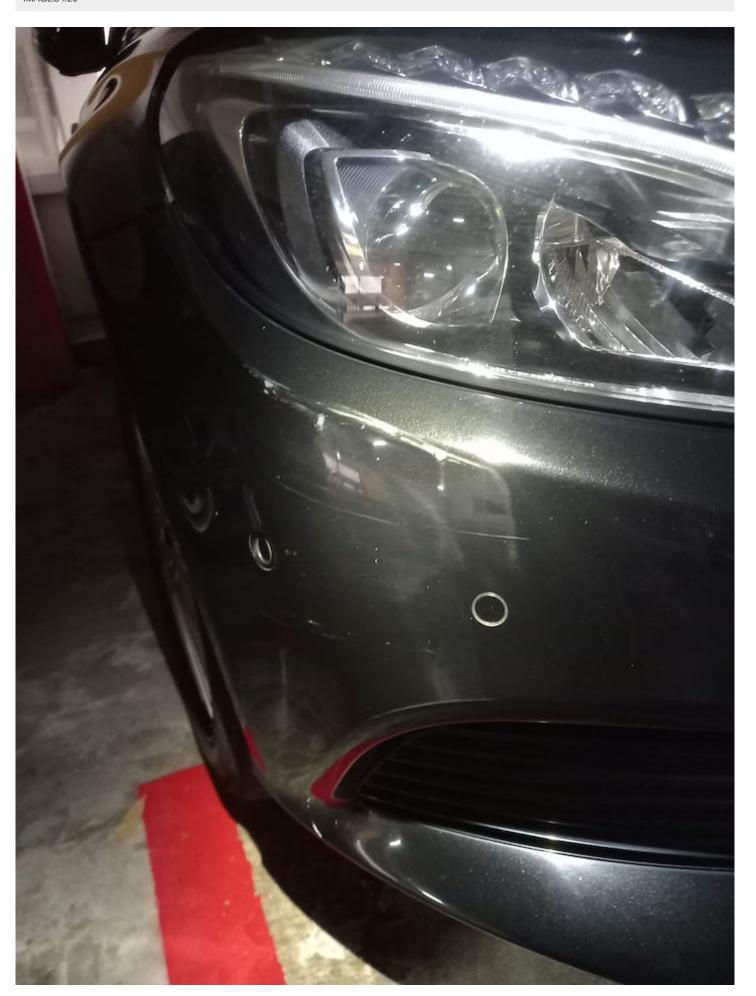
















T/20221022/7047

Date of Expiry:

Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20221022/7047

REPORT OF A TRAFFIC ACCIDENT Date/Time Report Made: Vide Report No.: Station Diary No.: 22/10/2022 17:56 Informant's Particulars Name of Informant: Address: GOH ANN TAT 111B DEPOT ROAD #22-107 SINGAPORE 102111 ID Type / ID No.: Contact No.: NRIC NO / S7131435I Home/Office: Mobile: 96948748 Nationality: Email: SINGAPORE CITIZEN anntat@gmail.com Age: 51 Sex Date of Birth: Type of Informant: Male 11/09/1971 Driver Race: Language: Institution / School Name: Chinese English Occupation: Driving Licence Information:

Class:

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 22/10/2022 17:00	Type of Location Car Park
Location: DEPOT ROAI Weather:	o	Road Surface:		ad Speed Limit:
Cloudy		Dry		
		Traffic Control:	Tre	
Traffic Flow: One Way		Not Controlled	Lig	affic Volume; ht

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKT4155A	Car	MERCEDES BENZ	Dun Know	Black	Slightly Damaged	0
SLB1916Z	Car	HONDA	VEZEL 1.5X CVT ABS D/AIRBAG 2WD	Red		0



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



2 of 3 Report No. T/20221022/7047

CONTINUATION OF REPORT

The state of the s	phicle Insurance		Michelle II	
Vehicle No. SLB1916Z	Insurance Company	Insurance No	Effective	Expiry Date
02010102	TENET SOMPO INSURANCE PTE. LTD.	D22MTPV0100438	30/03/2022	29/03/2023

Any Pedestrian I	nvolved: No				
No. of Pedestrial Driver	ns Injured: NIL		Use of Pe	edestrian Cr	rossing: NA
Name	GOH ANN TAT			ID No.	S7131435I
Related Vehicle	SLB1916Z (Car)			Contact N	lo. 96948748
Hospital/Clinic	NIL			Class of Driving Licence &	Class: NIL Date of Expiry: NII
Date	NIL		Date	Expiry	Self-
No. of Days granted Medical Leave NIL			Degree of	NII	

Brief Details.

I was trying to park at around 5pm into car parking lot 64 of Car Park BMDRM2 (Depot Road) when in reversing my car into the Car Park lot, my left back of the car brushed against the front right side bummer of the other parked car (SKT4155A) at parking lot 65. There was no one in the parked car (SKT4155A). I immediately came down and examine the both cars and also use my microfibre cloth and wetwipe to clean and examine the scratches. There are some scratches but no cent observed.

As there was no one around and I have no pen/paper, I went home immediately to take paper/pen and wrote down my name, carplate and contact number and placed a note on the windscreen of the car so that the owner can contact me to discuss the matter.

I am submitting this so that it is not a "hit and run" scenerio just in case the person did not contact me or the paper that I placed on the windscreen disappeared (other people take or the wind blow etc)

The above is written to the best of my knowledge



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

Informant is not able to provide sketch

Sketch Plan



3 of 3 Report No. T/20221022/7047

CONTINUATION OF REPORT

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 22/10/2022 17:56
Officer In Charge Of Case;	Classification Of Case:
TAY CHUN KEEN Contact No.: 65476436	
NP168	-