

VEHICLE NO: **SJB 3888G**MAKE & MODEL: **MERCEDES E200**☒ **AUTO** ☐ **MANUAL**

DATE OF ACCIDENT	09 11 2022	CC 1796
TIME OF ACCIDENT	1429	AM / PM
LOCATION OF ACCIDENT	16 TANNGRY LANG	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT <input checked="" type="checkbox"/> PRIVATE USE <input type="checkbox"/> PRIVATE HIRE	
NAME OF OWNER	TAN SOO KHOON	
EMAIL	CHIWOOI 1221 @GMAIL.COM	Office MOBILE 96391088
NRIC	S0157517A	
CLAIM TYPE	OD <input checked="" type="checkbox"/> THIRD PARTY <input type="checkbox"/> REPORTING ONLY	
LEFT POLICY	YES <input checked="" type="checkbox"/> NO ?	
INSURANCE CO	AXA	
TYPE OF COVERAGE	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party <input type="checkbox"/> Third Party Fire & Theft	
POLICY NO	GA 368189	
NAME OF DRIVER	AS ABOVE / IF NO. LEE YIM YOONH	
NRIC	S1213669B	
DATE OF BIRTH	02 12 1956	
ANY PASSENGER	YES <input checked="" type="checkbox"/> NO :	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / <input checked="" type="checkbox"/> Indoor	
DATE OF DRIVING PASS	09 01 1975	
GENDER	Male / <input checked="" type="checkbox"/> Female	
CONTACT NO	Mobile: 96381298 Office:	
EMAIL	CHIWOOI 1221 @GMAIL.COM	
ADDRESS	16 FIRST AVE S(268751)	
DOES DRIVER OWN OTHER VEHICLES?	<input checked="" type="checkbox"/> NO / If yes: Reg No. INSURER:	
RELATIONSHIP	Employee / If No. SPOUSE	
WEATHER CONDITION	<input checked="" type="checkbox"/> Clear / Raining / Other:	
ROAD SURFACE	<input checked="" type="checkbox"/> Dry / Wet / Other:	
ANY INJURIES	<input checked="" type="checkbox"/> NO If yes: Who?	
CONVEYED BY AMBULANCE	<input checked="" type="checkbox"/> NO If yes: Who?	
POLICE REPORT	No / If Yes: Where? T 20221110 17034	
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="checkbox"/> NO IF YES: WHO?	
VEHICLE B NO.	SME 4920M Any Passenger: unknown	
NAME		
CONTACT NO.		
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES <input checked="" type="checkbox"/> NO	
WAS THERE ANY AUDIO RECORDED?	YES <input checked="" type="checkbox"/> NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES <input checked="" type="checkbox"/> NO	
Person Reporting	<input checked="" type="checkbox"/> Driver / <input type="checkbox"/> Owner / <input type="checkbox"/> Both	
Original Language Used	<input checked="" type="checkbox"/> English / <input type="checkbox"/> Mandarin / <input type="checkbox"/> Others:	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES <input checked="" type="checkbox"/> NO	

CHIWOOI 1221 @GMAIL.COM

SKETCH PLAN

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 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 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.
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") 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

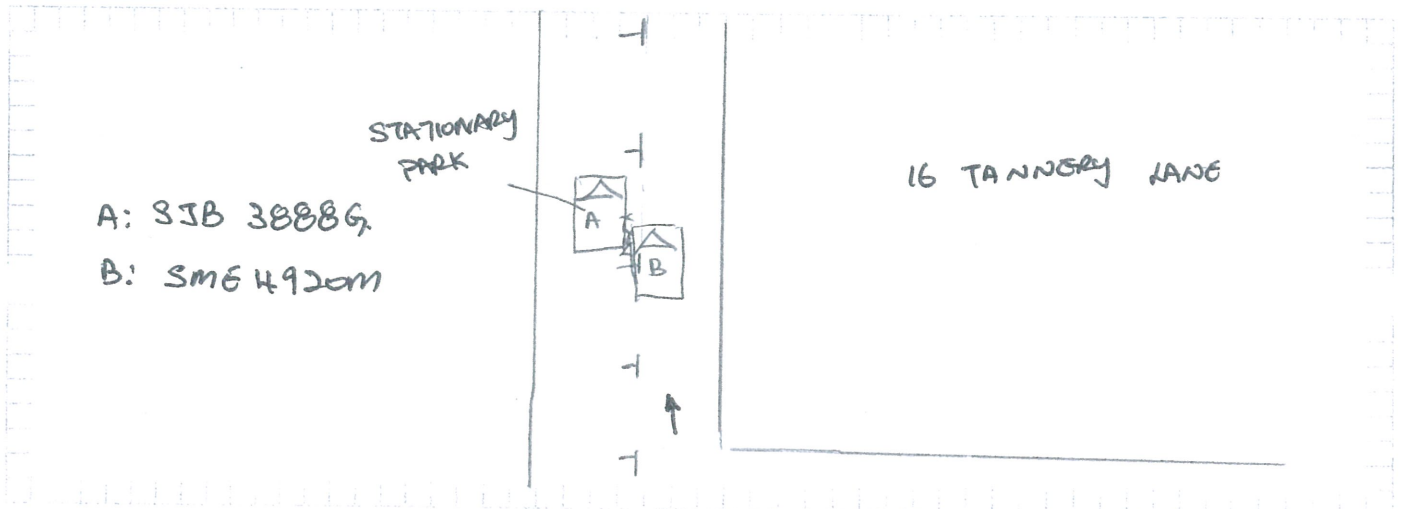
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



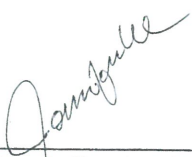
Describe Circumstances of the Accident

Refer Police Report: T/20221110/7034

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time



Driver's Signature (If driver is not the policyholder) / Date
& Time

Witnessed by Reporting Centre
Personnel



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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/11/2022 15:09	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: LEE YIM YOONG			Address: 16 FIRST AVENUE SINGAPORE 268751		
ID Type / ID No.: NRIC NO / S1213669B			Contact No.: Home/Office: Mobile: 96381298		
Nationality: SINGAPORE CITIZEN			Email: JENNIFERT@CRYSTALTIME.COM.SG		
Sex: Female	Age: 65	Date of Birth: 02/12/1956	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: DIRECTOR			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 09/11/2022 14:30	Type of Location: Car Park
Location: TANNERY LANE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJB3888G	Car					0
SME4920M	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20221110/7034

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

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Report No. T/20221110/7034

CONTINUATION OF REPORT

Driver			
Name	LEE YIM YOONG		ID No. S1213669B
Related Vehicle	SJB3888G (Car)		Contact No. 96381298
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

My vehicle (SJB3888G) was parked stationary at open space car park of 16 Tannery Lane.

My staff informed me there was damage on the left portion of my vehicle.

I manage get the video from the building cctv , from the video showed the vehicle B (SME4920M) collided on my vehicle and immediately leave the scene without left any message.



**SINGAPORE
POLICE FORCE**



T/20221110/7034

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

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Report No. T/20221110/7034

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
RASHIDAH BINTE AZMAN
Contact No.: 65476902

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
10/11/2022 15:09

Classification Of Case: