SM1322BM000D / MOVA AUTOMOTIVE PTE LTD [159722] ENTRY DATE & TIME: 22/11/2022 16:11 (SGT) SUBMITTED BY: KEE SIOK KANG VERSION: 1 (22/11/2022 16:11 (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 22/11/2022 16:11 (SGT) Reported by Date of Accident 09/07/2022 13:30 (SGT) Exact Location of Accident Singapore Additional Location Information WESTERHOUT ROAD Country/State of Loss Singapore **DETAILS OF OWN VEHICLE** Vehicle Registration Number SJV3417C INSURED/POLICYHOLDER Is company? No Name Of Registered Owner TAN KIAN LEE NRIC No SXXXX349I Email Address Vion-tan@hotmail.com Mobile Phone No (Phone) +65-96624406 Alternative Phone No VEHICLE PARTICULARS Manufacturer Nissan Model Sylphy 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? No - Claiming third party Vehicle Category Private car Transmission Auto CC 1498 **INSURANCE COMPANY**

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5098519302-04

DRIVER

Name of Driver TAN KIAN LEE NRIC No SXXXX349I Date Of Birth 25/12/1946 Occupation Indoor

Date Of Driving Pass 23/06/1965 Driving experience 57 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-96624406 Alt. Phone Number Email Address Vion-tan@hotmail.com Address BK 78 INDUS ROAD #07-489 Address complement Postcode 161078 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? No 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 Hit and run / Vandalism / Damaged whilst parked Weather Conditions Clear 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 PLS REFER TO SKETCH PLAN 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 QX3417C Vehicle Manufacturer

Vehicle Model
Vehicle Variant

Vehicle Colour	-
Vehicle Category	Government
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)	0

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 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 GfA 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 aforesald.

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

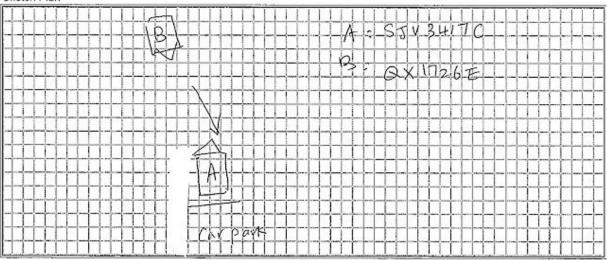
Driver's Signature (if driver is not the policyholder) / Date & Time

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

MOV

SW

Sketch Plan



1

EHICLE NO: 5 T V 3 4 1 7 C	ACCIDENT DATE & TIME: 9/7/2022 [330
ONTACT NUMBER: 96624406	E-MAIL: Viontan
ocation: Westerhout Rd	
Reper to police neport	
202 - 20 - 200 20 - 20 - 20 - 20 - 20 -	
NOTE: PLEASE NOTE THAT YOUR INSURER	MAY HAVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN
	LICY, PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.
	THIRD PARTY () CLAIM OD/TP AT OTHER WORKSHOP () REPORTING ONLY

Declaration

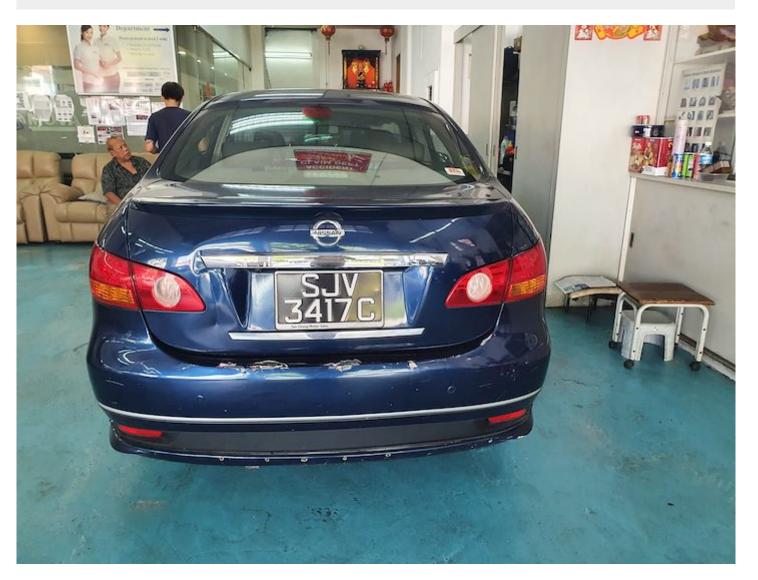
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

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









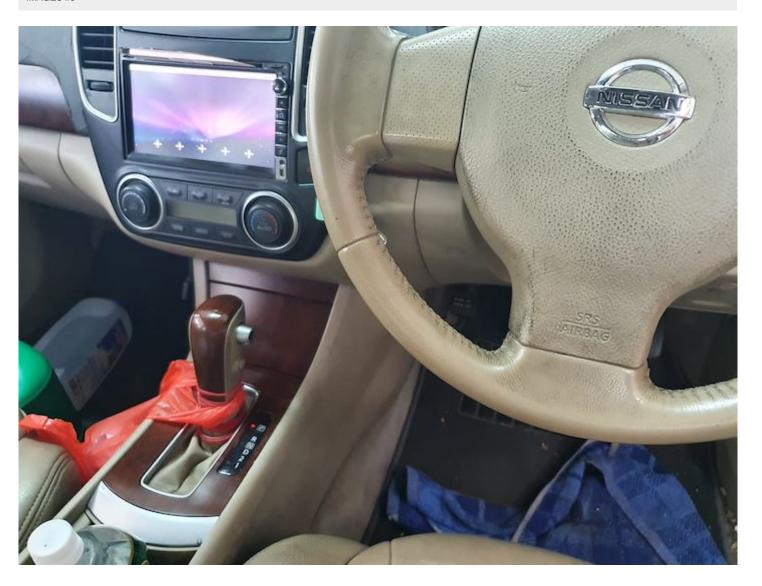


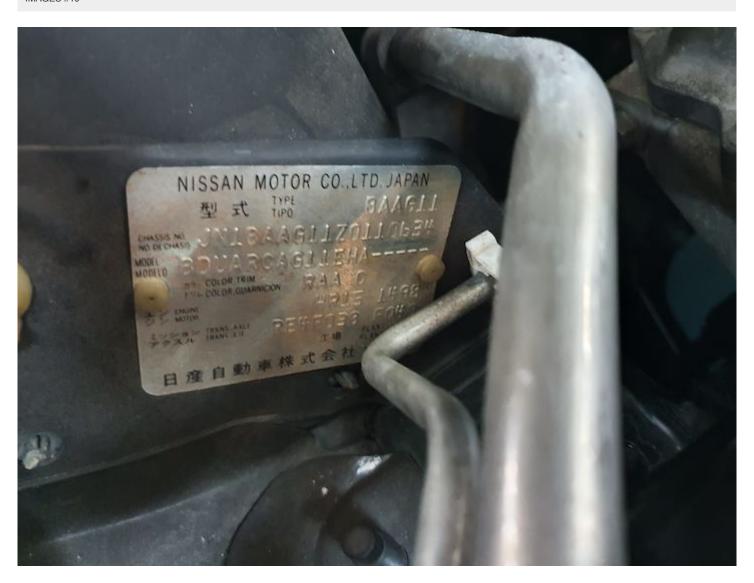
















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408889 Tel No: 65470000 1 of 3 Report No. Trzozzoz 10/7024

REPORT OF A TRAFFIC ACCIDENT

Date/Tim 10/07/20	e Report N 22 16:24	Aado:	Vide Report No.: G/20220709/0144	Station Diary No.:				
Informat	nt's Partic	ulars						
Name of TAN KIA	Informant: N LEE		Address: 78 INDUS ROAD #07-4	189 SINGAPORE 161078				
ID Type /	ID No.: 07 S09853	491	Contact No.: Home/Office: Mobile: 96624406					
National: SINGAP	ly: ORE CITIZ	EN	Email: vion-tan@hotmail.com					
Sex: Male	Ago: 75	Date of Birth: 25/12/1946	Type of Informant: Driver					
Race: Chinese		Language: English	Institution / School Name:					
Occupation: Odd job		Driving Licence Information: Class: Date of Expiry:						

General Inton	mation of the Acciden	it	 	
Type of Accident:	pe of Non-Injury Drink Date/Time of Police Vehicle Drive: Accident:		Type of Location: Bend	
Location: WESTERHO	UT ROAD	***************************************		
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
C10777774 (C1777777		Traffic Control: Not Controlled	 Traffic Volume: Moderate	
Type of Collis Moving Vehic	ion; de Aguinst • Parked Vel	Anyone conveyed by ambulance: No		

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJV3417C	Car	NISSAN	SYLPHY 1.5L 4AT ABS D/AB 2WD 4DR	Eluo		0

Details of Ve	hicle insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





Police Station Of Origin: Traffic Police

Report No. T/20220710/7024

2013

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJV3417C	NTUC Income Insurance Co-Operative Limited	5098519302-04	22/01/2022	21/01/2023

Details of Perso	n Involved						
Any Pedestrian I	nvolved: No		0.00 - 1 0.00 to - 7 d				
No. of Pedestrians Injured: NIL Use of F			Use of Po	Pedestrian Crossing, NA			
Driver							
Name	TAN KIAN LEE		ID No.		S0985349I		
Related Vehicle	SJV3417C (Car)			Contact	Contact No. 96624406		
Hospital/Clinic	NIL			Class of Driving Licence Expiry		Class: NIL Date of Expiry: NIL	
Date	NIL Date				VIL.		
No. of Days granted Medical Leave		NIL	Degree of NIL				

Boef Details

I was parking along Westerhout Road when police car, vehicle number: QX1726E hit the front right of my vehicle.





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

3 of 3 Report No. T/20220710/7024

CONTINUATION OF REPORT

Sk	-	 -		-	
	20		~ 1	\boldsymbol{a}	п

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.

Date/Time:
10/07/2022 16:24

Officer in Charge Of Case:

Classification Of Case:

NP168

TP / TPIB /

Contact No.: 65476209

SYED MUHAMMAD BIN SYED FARID ALBAR



Traffic Police 10 Ubi Avenue 3 Singapore 408865 Tel +65 6547 0000 Fax +65 6547 4883 www.police.gov.sg

Report No

: TP/IP/17930/2022

Date

: 25 October 2022

Tan Kian Lee Blk 78 Indus Road #07-489 Singapore 161078

Dear Sir,

TRAFFIC ACCIDENT INVOLVING SJV 3417 C AND QX 1726 E (POLICE VEHICLE) ALONG LORONG 20 GEYLANG BY WESTERHOUT ROAD ON 09 JULY 2021 AT ABOUT 1.30 P.M.

I refer to the above accident.

- We have completed our investigation into the case and our investigations revealed that the offence of Leaving Vehicle Not Rendered Immovable On A Public Road under Rule 21 of the Road Traffic Rules, have been disclosed against the driver of QX 1726 E.
- Action has been initiated against the driver for the said offences.
- If you have any clarification, you may contact the Investigation Officer, Firdaus Suleiman at office number: 6547 6228.

Yours faithfully,

SIO FIRDAUS SULEIMAN for HEAD INVESTIGATION TRAFFIC POLICE SINGAPORE POLICE FORCE

This is a computer-generated letter. No signature is required.

A FORCE FOR THE NATION