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 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 16/03/2023 16:32 (SGT) Reported by Date of Accident 15/03/2023 15:30 (SGT) Exact Location of Accident Ubi Ave 4, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKJ5871L

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner **MV AUTO** Company Reg No 5XXXX451A Email Address reporting.gt@gmail.com Mobile Phone No (Phone) +65-82889668 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Audi Model A6 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

No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 1984

INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd Policy Number / Cover Note Number MM-ML000566-R02

DRIVER

Name of Driver TAN JUN JIE NRIC No SXXXX226F Date Of Birth 30/03/1997 Occupation Indoor

Date Of Driving Pass 14/01/2021 Driving experience 2 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-82889668 Alt. Phone Number Email Address tanjwxnjie@gmail.com Address BLK 147 RIVERVALE CRESCENT #02-28 Address complement Postcode 540147 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer 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 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 PLEASE REFER TO SKETCH AND POLICE REPORT T/20230316/7033 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1**

SLD6948M

Mitsubishi

Attrage

Vehicle Manufacturer Vehicle Model Vehicle Variant

Vehicle Registration Number

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)	-

WITNESS DETAILS

WITNESS 1

Name JOHNATHAN

Phone (Phone) +65-98551268

Email ______

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder endlor the Actual Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wiful misrepresentation or withholding of material facts may allow insurance companies to recudate policy liability.
- 4. The issue and ecceptance 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.
- This report will be forwarded by the insurers to the GrA Records Management Centre established by the General Insurance Association of Singapore (GIA) for architving 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.
- Consent under the Personal Data Protection Act (PDPA)

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 deta/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 shell be collectively referred to as the "insurers"), the traumers' lewyers/law firms, the Monetary Authority of Singapore and any relevant government agencyrauthodty (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

(ii) investigating the accident and/or my claims;

(ii) carrying out end/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

(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 farm, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

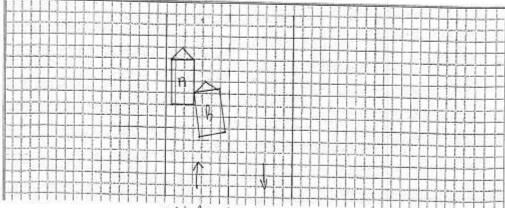
(e) my Personal Information may/can be disclosed by any office insurers anglor GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sted ourside or Spappe for one or more of the above Purposes.

MV AUTO

Policyholder's Signature / Date & Time

gename II driver is high the policyholder) / Date. Witnessed by Reporting Centre Personnel (Name as in NR:C/ID cord)

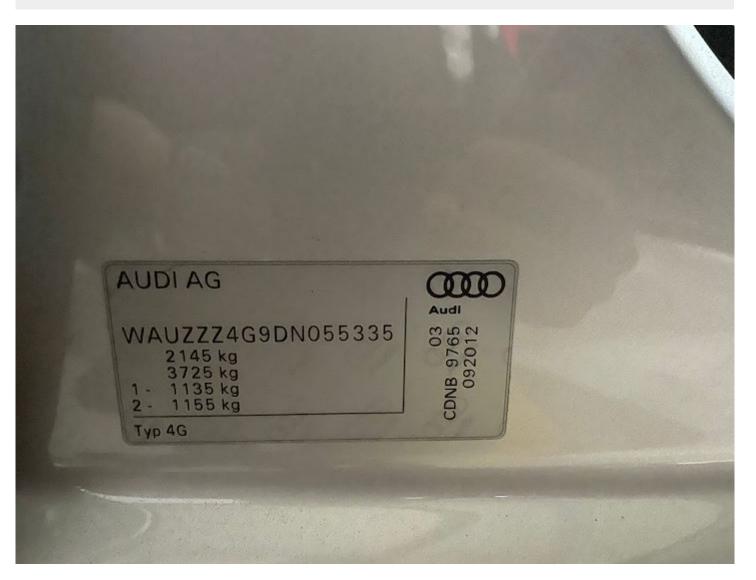
Sketch Plan



ubi Ave 4. A: SKJ 5871L

B: SLD6948m.

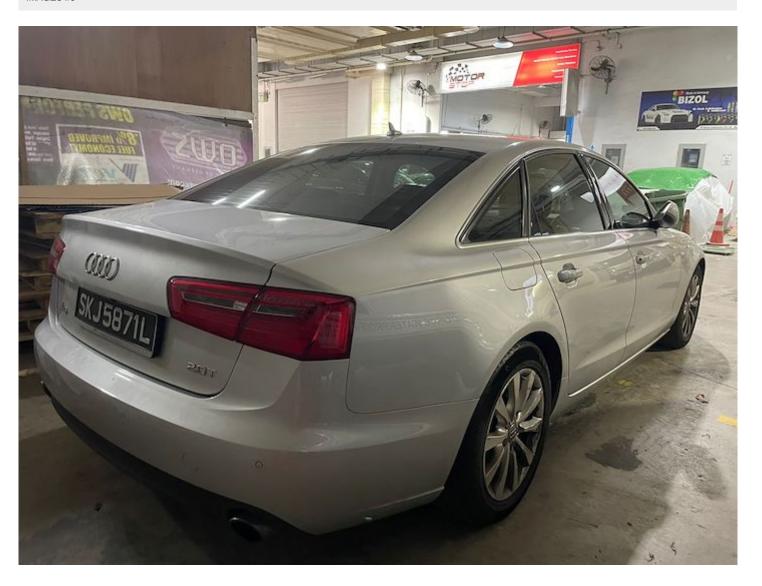
be Circumstance of the Accident	
On the Stated date and time, I parked in	y rehicle
along ubi Ave 4 and nent to the nearly	
to me the toilet. When I came back to	my vehicle
I realised that my car had damage on the	e right real
portion. A witness then stood forward to in	NY 170-12 PATE 1-15115
that relicle is (SLD 6948m) had hit onto	my vehicle
and van off.	1
POLICE RAPORT TIDOSSOSIOTOSS	
	/
/	
action lare the foregoing particulars are true in every rybop.	

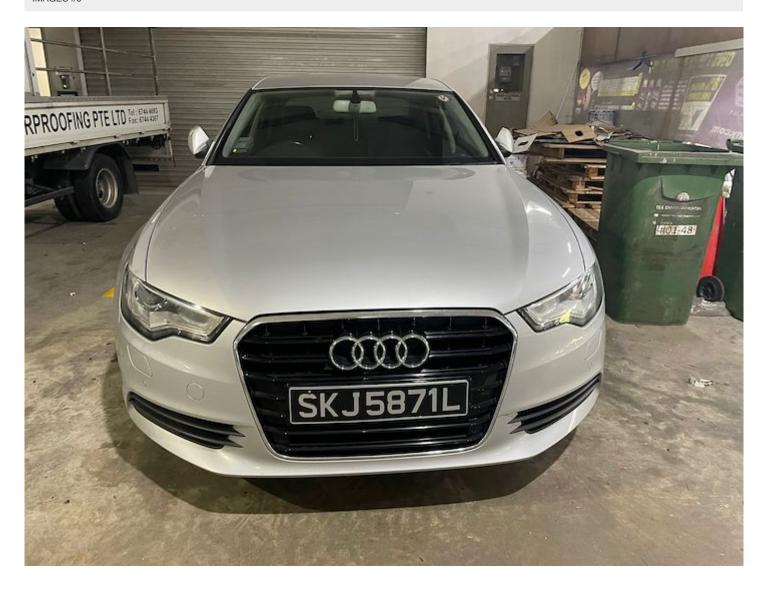


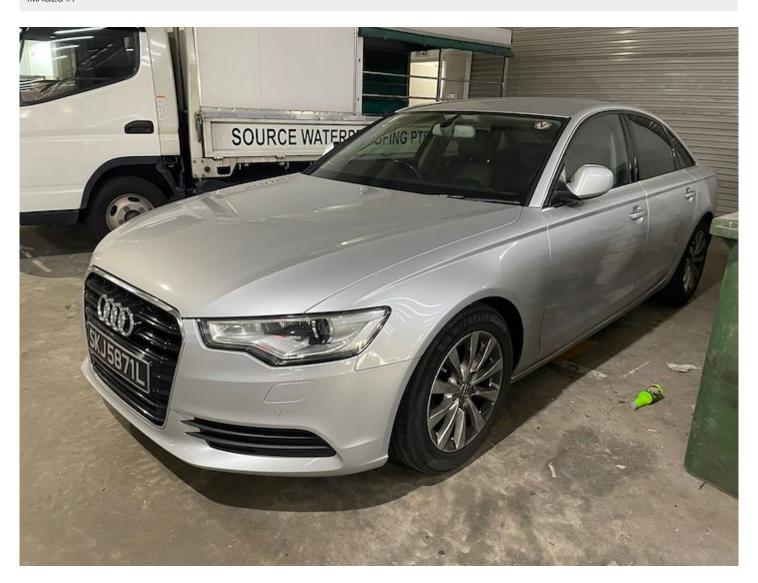




















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20230316/7033

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 6/03/2023 13:54		Vide Report No.:	Station Diary No.	
Informa	nt's Partic	ulars		PERMIT	
Name of Informant: TAN JUN JIE		Address: 147 RIVERVALE CRESCENT #02-28 SINGAPORE 540147			
	/ ID No.: D / S97112:	26F	Contact No.: Home/Office:	Mobile: 82889668	
National SINGAP	ity: ORE CITIZ	EN	Email: TANJWXNJIE@GMAIL	.COM	
Sex: Male			Type of Informant: Driver		
Race: Chinese		Language: English	Institution / School Name:		
Occupat	ion:		Driving Licence Informa Class:	ation: Date of Expiry:	

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 15/03/2023 15:3	Type of Location Straight Road
Location: UBI AVENUE	4			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Secretary Control of the Control of	Way	Road Surface: Dry Traffic Control: Not Controlled		Road Speed Limit: Traffic Volume: Moderate

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKJ5871L	Car					0
SLD6948M	Car	MITSUBISHI	attrage			0

Details of Person Involved	A STATE OF THE STA
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20230316/2023

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

2 of 3 Report No. T/20230316/7033

CONTINUATION OF REPORT

Driver	J. 1914 J. W. S. W	17.		Intil a v		Charles and the
Name	TAN JUN JIE		ID No.		S9711226F	
Related Vehicle	SKJ5871L (Car)		Conta	ct No.	82889668	
Hospital/Clinic	NIL			Class Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL
Date	NIL	CANADA C	Date		NIL	
No. of Days gran	ted Medical Leave NIL Degree			f	NIL	

Brief Details.

on the stated date and time, i parked my vehicle along ubi ave 4 and went to the nearby coffeeshop to use the toilet, when i came back to my vehicle i realise that my vehicle have damages to the right rear portion, a witness then stood forward to inform me that vehicle b (sld6948m) had hit onto my vehicle and ran off.

Witness: Johnathan 98551268



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 T/20230316/7033

3 of 3 Report No. T/20230316/7033

CONTINUATION OF REPORT

Sketch Plan

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; 16/03/2023 13:54
Officer In Charge Of Case: TP / TPIB / IRMAN BIN MOHAMAD SAID Contact No.: 65476145	Classification Of Case: