





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

#### INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	22-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 .....	Male
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? .....	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 .....	2
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) 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? .....	No
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

Vehicle Registration Number .....	SLD6948M
Vehicle Manufacturer .....	Mitsubishi
Vehicle Model .....	Attrage
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) .....	-

#### WITNESS DETAILS

##### WITNESS 1

Name .....	JOHNATHAN
Phone .....	(Phone) +65-98551268
Email .....	-



### SKETCH PLAN

#### IMPORTANT NOTICE

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5. **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") 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.

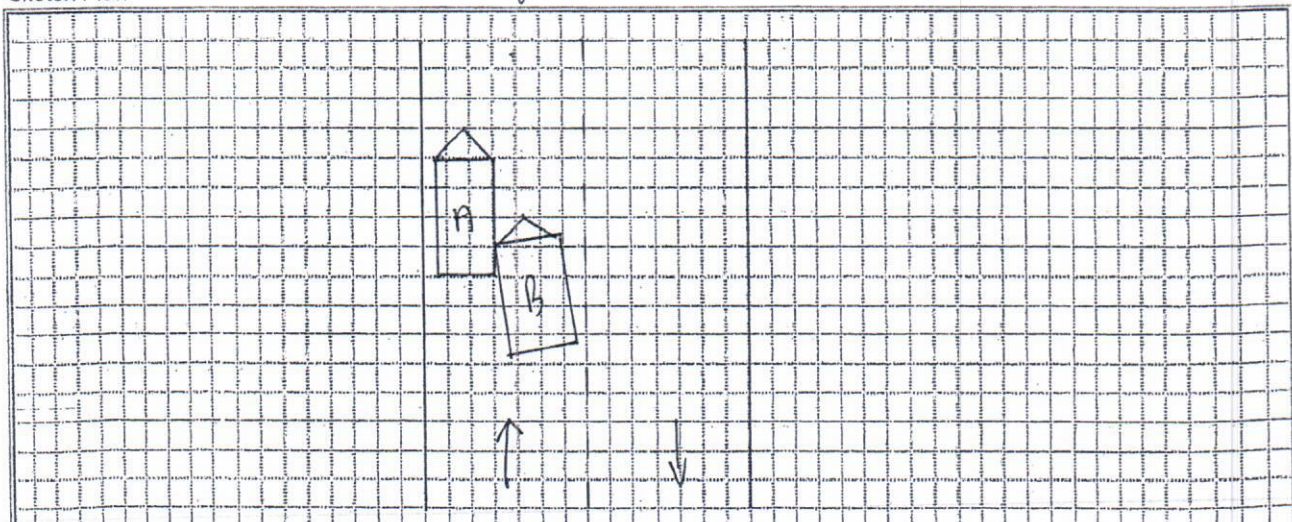
MV AUTO

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)

Sketch Plan



ubi Ave 4.  
A: SKJ5871L  
B: SCD6948M.

Describe Circumstance of the Accident

On the stated date and time, I parked my vehicle along Ubi Ave 4 and went to the nearby coffeshop to use the toilet. When I came back to my vehicle I realised that my car had damage on the right rear portion. A witness then stood forward to inform me that vehicle B (SCD6948m) had hit onto my vehicle and ran off.

POLICE REPORT T/20230316/7033

Declaration

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

MV AUTO

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

16/03/2023





**SINGAPORE  
POLICE FORCE**



T/20230316/7033

1 of 3

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

Report No. T/20230316/7033

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/03/2023 13:54		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: TAN JUN JIE			Address: 147 RIVERVALE CRESCENT #02-28 SINGAPORE 540147		
ID Type / ID No.: NRIC NO / S9711226F			Contact No.: Home/Office:		Mobile: 82889668
Nationality: SINGAPORE CITIZEN			Email: TANJWXNJIE@GMAIL.COM		
Sex: Male	Age: 25	Date of Birth: 30/03/1997	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			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: 15/03/2023 15:30	Type of Location: Straight Road
Location:  UBI AVENUE 4				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
SKJ5871L	Car					0
SLD6948M	Car	MITSUBISHI	atrage			0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20230316/7033

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**

<b>Driver</b>				
Name	TAN JUN JIE		ID No.	S9711226F
Related Vehicle	SKJ5871L (Car)		Contact No.	82889668
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.

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





**SINGAPORE  
POLICE FORCE**

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 Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
IRMAN BIN MOHAMAD SAID  
Contact No.: 65476145

NP168

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

Date/Time:  
16/03/2023 13:54

Classification Of Case:

5

Date of Accident : 15/03/2023 . Accident Time: 1530 . (24-HR-FORMAT)  
Accident Place : Ubi Ave 4 .  
Vehicle Reg. No (Car plate No.) : SKJ 5871 L CC : 2.0 Vehicle Make/Model: Audi A6 .  
Insurance Company : TMI Policy No. 22-MLO00566-202  
Name of Registered Owner : Company / Individual MY Auto  
ID of Registered Owner : Co Reg No: 53236451A Owner's NRIC No: \_\_\_\_\_  
OWNER EMAIL ADDRESS: reporting.gt@gmail.com : Co Contact No: \_\_\_\_\_ Owner's Contact No: \_\_\_\_\_  
DRIVER'S Name : Tan Jun Jie . DRIVER'S NRIC No: 59711226F .  
DRIVER'S Date of Birth : 30/03/1997 DRIVER'S License Pass Date 14/01/2021 .  
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Hired .  
DRIVER'S Address : 147, RIVERVALE CRESCENT, #02-28, S(546147) .  
DRIVER'S Contact No./ Alt No. : 1) 82889668 . 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)  
Email Address : tanjwxnjie@gmail.com .  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (including Driver): 0 . Name & Gender: \_\_\_\_\_  
Was the accident reported to the police? YES \ NO  
Was there any video Captured by car camera: YES \ NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
Any injuries, if yes (name of the injured person) \_\_\_\_\_

Other Party Driver's Particulars (if any)

Vehicle Reg No: SCD 6948 M .	Vehicle Reg No: _____
Vehicle Make/Model: Mitsubishi Attrage .	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

REPORT FORM EXPLAINED IN : ENGLISH / CHINESE / MALAY / TAMIL OTHERS: \_\_\_\_\_

WHO REPORTED THE ACCIDENT : OWNER / DRIVER / BOTH





**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

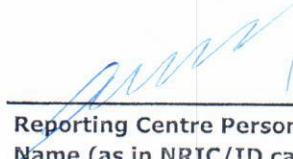
Original Report No: SH092336000A Vehicle Registration No: SKJ5871L  
Name (as shown in NRIC): Tan Jun Jie NRIC/FIN/Passport No: 8XXXX226F  
(\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate  
Address: \_\_\_\_\_ Singapore ( )  
Contact (Tel): \_\_\_\_\_ Mobile No.: 82889668  
Email Address: \_\_\_\_\_  
Date of Accident: 15/03/2023 Time of Accident: 15:30  
Place of Accident: UBI AVENUE Y  
Insurance Company: TAICHO INSURANCE

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

POLICY NUMBER 20 22-M1600566-R02  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Policyholder / Actual Driver's Signature  
Date:

 16/03/2023  
Reporting Centre Personnel's Signature  
Name (as in NRIC/ID card):  
Date: