SC1N2358000H / City Auto Pte Ltd ENTRY DATE & TIME: 08/05/2023 17:46 (SGT) SUBMITTED BY: Jason Quak

VERSION: 1 (08/05/2023 17:46 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>
 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.

- 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 Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

08/05/2023 17:46 (SGT) Both Policyholder and Actual Driver 15/01/2023 08:05 (SGT) Singapore OWEN ROAD - PEK KJO MARKET & FOOD CENTRE Singapore

DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SLB2044H		
INSURED/POLICYHOLDER			
Is company?	No		
Name Of Registered Owner	TAN SUAN JIT		
NRIC No	\$11002121		
Email Address	khim_stay@yahoo.com.sg		
Mobile Phone No	(Phone) +65-91051147		
Alternative Phone No	<u>-</u>		
VEHICLE PARTICULARS			
Manufacturer	Mazda		
Model	3		
Variant	-		
Exact purpose for which vehicle was being used at time of			
accident	-		
Are you claiming under your own insurance policy for repair to	No. Chimina third party		
your vehicle?	No - Claiming third party Private hire		
Transmission			
CC	Auto		
	1600		
INSURANCE COMPANY			
Name of Insurance Company	Income Insurance Limited		
Policy Number / Cover Note Number	5121095355-01		

TAN SUAN JIT

S1100212I

24/01/1955

Outdoor

DRIVER

NRIC No

Name of Driver

Date Of Birth

Occupation

Date Of Driving Pass 27/09/1976 Driving experience 46 YEARS AND 4 MONTHS Gender Male Mobile Number (Phone) +65-91051147 Alt, Phone Number Email Address khim_stay@yahoo.com.sg Address APT BLK 685 RACE COURSE ROAD #02-334 Address complement Postcode 210685 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 Hit and run / Vandalism / Damaged whilst parked Type of Accident Weather Conditions Clear Road Surface Drγ OTHER INFORMATION Was any foreign vehicle involved in the accident? Nο Number of vehicles involved in the accident 2 Was anybody injured in the Accident? 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? Police Station Name Rochor Neighbourhood Police Centre Police Station Phone No. (Phone) +65-18002949999 Alt. Police Station Phone No. (Fax) +65-63918583 Police Station Address 11 Kampong Kapor Road Singapore 208678 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT, REF NO: T/20230115/2018 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number			 SNG1181B
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 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.
- Information provided must be as truthful and accurate as possible. Any volume representation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy hability 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 Renords 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 lodgment of this report to the insurers, you nereby consent to the archiving of this report at the ceptre and to copies of
 the report being made available aforesoid.
- 8. Consent under the Personal Data Protection Act (PDPA)

f 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 insureris) who have insured vehicle(s) involved in this accident (all insureris) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers lawyers/low firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of r
 - crocessing, 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 deeping with my instructions or responding to any enquiries by me;
 - (iv) administering my colons (including the molting of correspondence, statements, invoices, repects or notices to my, which could involve disclosure of certain personal data about no 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, handing 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, uso, 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 und/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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing freud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

CITY AUTO PTE LTD

Blk 8 Sin Mrc.; Road #01-58/60/62 Sin Mrcg. and Est Singapore 5755-13 Tel: 6453 1235 Fax: 6453 7944 (Cleims Section)

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Policyholder's Signature
Date & Time:

Driver's Signature (if driver is not the policyholder) Date & Time: SKETCH PLAN

•		
	Owin Pek K Twool	Rual To Murlat K Centre
DITADIT	TA TA	
	•	B) SLB 2044 H B) SNG 1181B
DESCRIBE CIRCUMSTANCES OF		
Refer to atal	Poku Ppit: T2	U23015 2018
	/- 3h	
		•
DECLARATION /We declare the foregoing particular		CITY AUTO PTE LTD BIL 8 Gin Mir.; Road #01-58/69/62 Sin Ming Ind Est Singapore 575643 Tel: 6453 1235 Fax; 8453 7944 (Claims Section)
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the polityholder) Date & Time:	Reporting Centre Personne's Signature Name: NRIC/FIN No.:



Report No. T/20230115/2018

Police Station Of Origin:

Rochor N.P.C

11 Kampong Kapor Road SINGAPORE

208578

Tel No: 1800-2949999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: Vide Report No.: Station Diary No.: 15/01/2023 09:12 29

15/01/2023 09:12	·	29			
Informant's Particulars					
Name of Informant: TAN SUAN JIT	* Address: ; 685 RACE COURSE RC	AD #02-334 SINGAPORE 210685			
(D Type / ID No.: NRIC NO / \$1100212I	Contact No.: Home/Office:	Mobile: 91051147			
Nationality: SINGAPORE CITIZEN	Email:	Email:			
Sex: Age: : Date of Bird Male 67 24/01/1955					
Race: Chinese	Language:	Institution / School Name:			
Occupation: GRAB DRIVER	Driving Licence informati Class: 28.2A,2,3	on: Date of Expiry:			

Jype of	Mon-Injury	Drink	Date/Time of	Type of Eccation
Accident.	Hi! and Run	Drive:	Accidant - 15/01/2023.08:05	· ····································
Location.				
OWEN ROAL				
Weather:		Road Surface:		Road Speed Limit:
Clear		Dry		
Traffic Flow:		Traffic Control:		Traffic Volume: No Traffic
Hant Flow.		ļ		INO FIGURE

Details of V	ehicle Involved	F1	rin pareligiõ	19.76.69.75.27		
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLB2044H	Car			S	Slightly	0
} 	<u> </u>	:	i	C)amaced	<u> </u>
SNG1181B	Car					0
: 				:		

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NL	Use of Pedestrian Crossing: NA



7/2020115/2018

Police Station Of Origin: Rochor N.P.C 11 Kampong Keper Road SINGAPORE 208678

Report No. 7/20230115/2015

Tel No: 1800-2949999

CONTINUATION OF REPORT

Name	TAN SUAN JIT	, ID No.	S1100212!
Related Vehicle	SL52044H (Car)	Centact No.	91051147
	NL		Class: 28,2A,2,3 Date of Exciry: NIL
Date Treatment		Date Discharge NIL	
vo. of Days grant	ed Medical Leave NIL	Degree of Injury NIL	

Brief Details.

On 15/1/2023 at about 0755hrs. I parked my car, bearing plate number SLB2044H, at a parallel parking lot along Owen Road outside Pek Kio Market & Food Centre. I then went to to buy some food.

I came back to my car at about 0830hrs. When I was about to drive off, an Indian man stopped me and said that a car had his the front of my car while reversing at about 0805hrs. The car is a black Porsche bearing plate number SNG1181B. Another Chinese man, who introduced himself to me as Chew (contact no.: 91793497) also said the same thing. I made a check on my car and discovered some damages to the front of my car. The plate number was dented and there were scratches and dents on the front bumper.

I then went to Rochor NPC to lodge a police report.

That is all,





Police Station Of Origin: Rocher N.P.C 11 Kampong Kaper Road SINGAPORE 208678

Report No. TrZ0Z30115/2018

Tel No: 1800-2949999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 89474885 stating the report number as reference.

Signature of Officer Recording The Report: A / SGT 3 NUR MAISYIRAH BINTE KASIM	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 15/01/2023 09:12
Officer In Charge Of Case: TP / HRT / SR STAFF SGT RASHIDAH BINTE AZMAN Contact No.: 65476902	Classification Of Case:
Metre	