SK0R24BN0002 / KOMOCO MOTORS PTE LTD ENTRY DATE & TIME: 23/11/2024 13:28 (SGT) SUBMITTED BY: ROBYN CHIN ZHI SHEN VERSION: 1 (23/11/2024 13:28 (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 First Submission 23/11/2024 13:28 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 18/11/2024 15:30 (SGT) Exact Location of Accident Singapore Additional Location Information BLK 130/132 CAR PARK @ LOR AH SOO Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Hyundai

Vehicle Registration Number SLQ3820Z

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner ALEX KOH BOON PHENG NRIC No SXXXX343B Fmail Address alexkohbp@yahoo.com Mobile Phone No (Phone) +65-96621134 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Variant **HYUNDAI IONIQ** 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 1600 Vehicle Fuel First Regisration Date Chassis no KMHC851CVHU044525

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number A300633021AH1

DRIVER

Effective Date/Time of Ownership

Name of Driver ALEX KOH BOON PHENG NRIC No SXXXX343B Date Of Birth 15/03/1965 Occupation Indoor Driving Pass Date 03/02/1995 Driving License Pass Class Driving License Validity Valid Driving experience 29 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-96621134 Alt. Phone Number Email Address alexkohbp@yahoo.com Address APT BLK 132 LORONG AH SOO Address complement Postcode 530132 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? 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 Collided into Parked Vehicle Weather Conditions Raining 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? Nο 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? Police Station Name Ang Mo Kio Division Headquarters Police Station Phone No (Phone) +65-18002180000 Alt. Police Station Phone No (Fax) +65-64814246 Police Station Address 51 Ang Mo Kio Avenue 9 Singapore 569784 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT ATTACHMENT(S) Are accident photos available for attachment? Yes

No

Was there any video captured by Car Camera?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBK1525P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	YAP KWANG LIANG ALVIN
Contact Number	(Phone) +65-98981788
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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eclaration	
We declare the foregoing particula	rs are true in every respect.
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Jan San San San San San San San San San S	
	Driver's Signature (If driver is not the policyholder) / Date Witnessed by Reporting Centre

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
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- The issue and acceptance 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 Police for investigation.
- 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.
- 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' law yers/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' law yers/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 law yers/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

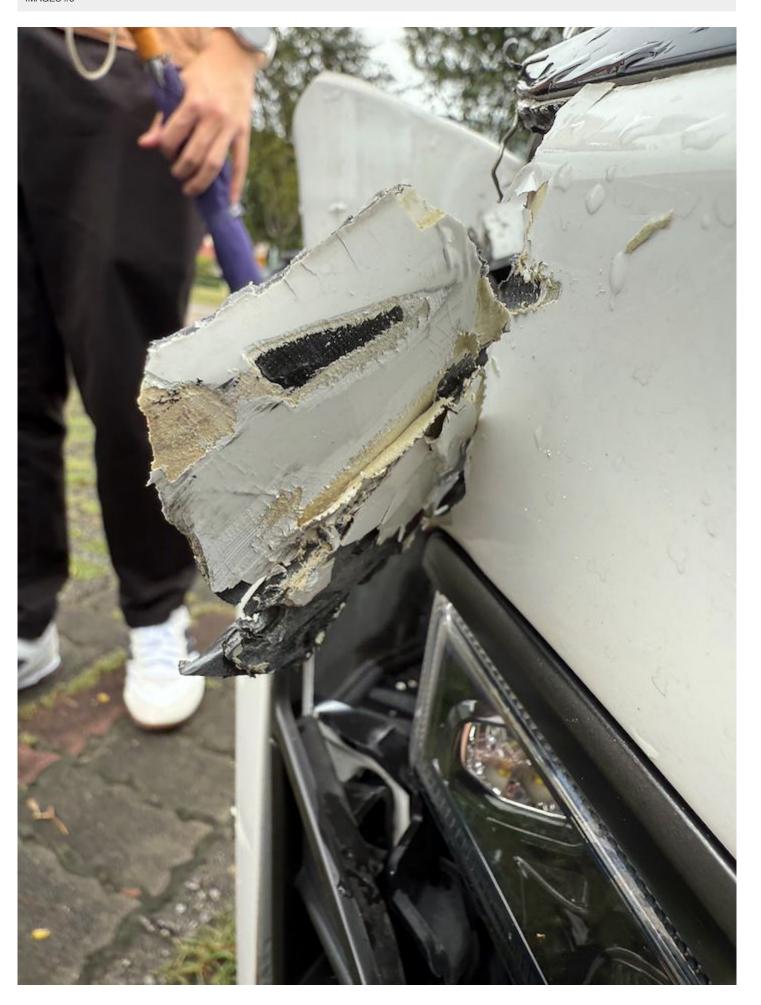
Witnessed by Reporting Centre Personnel

Sketch Plan

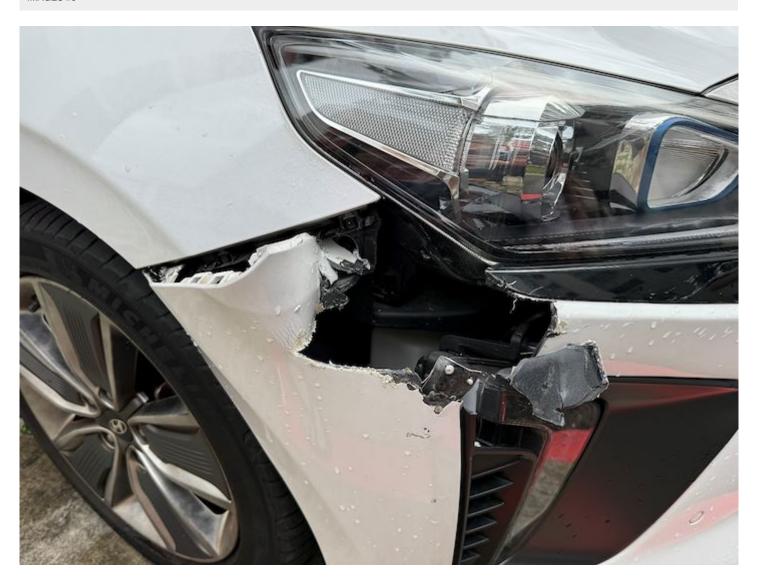
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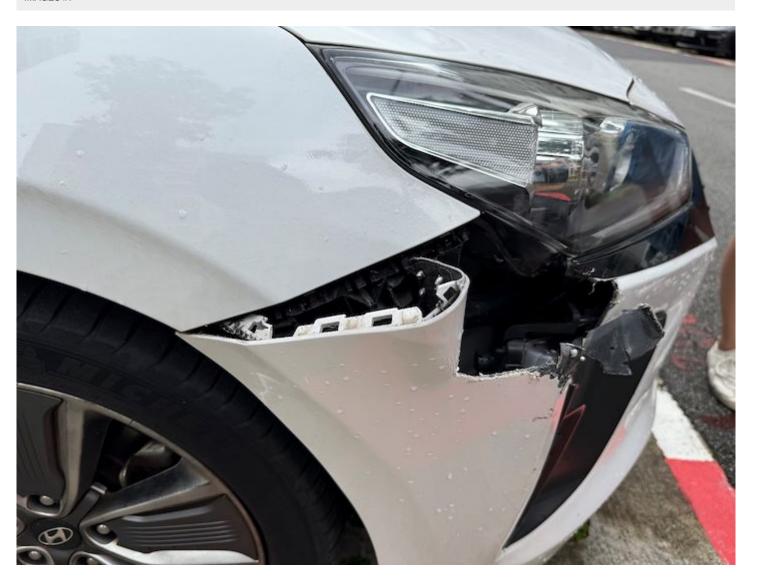
















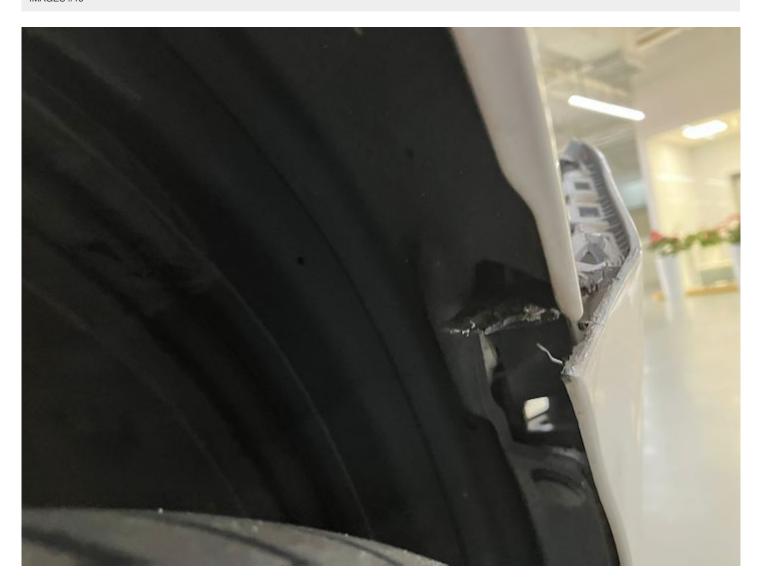


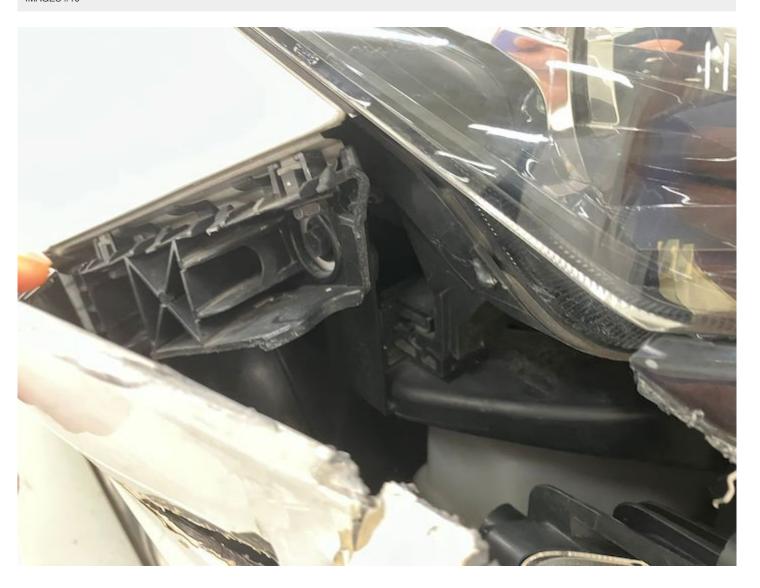
















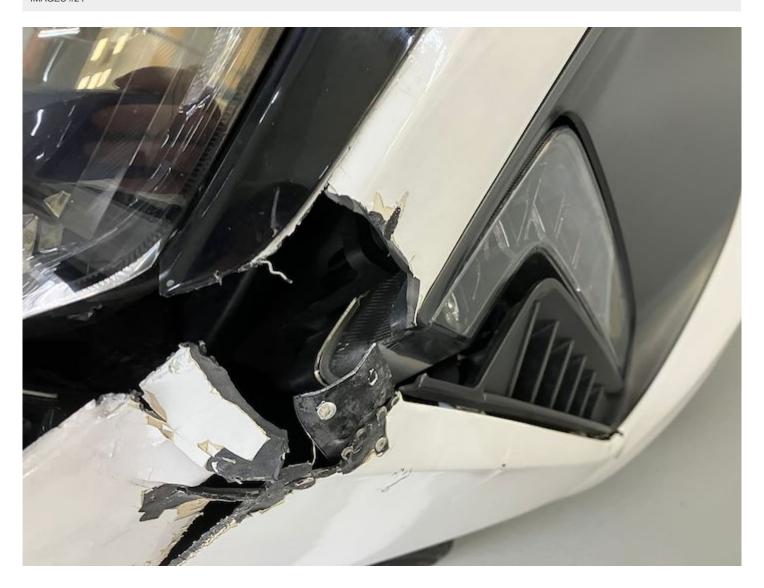


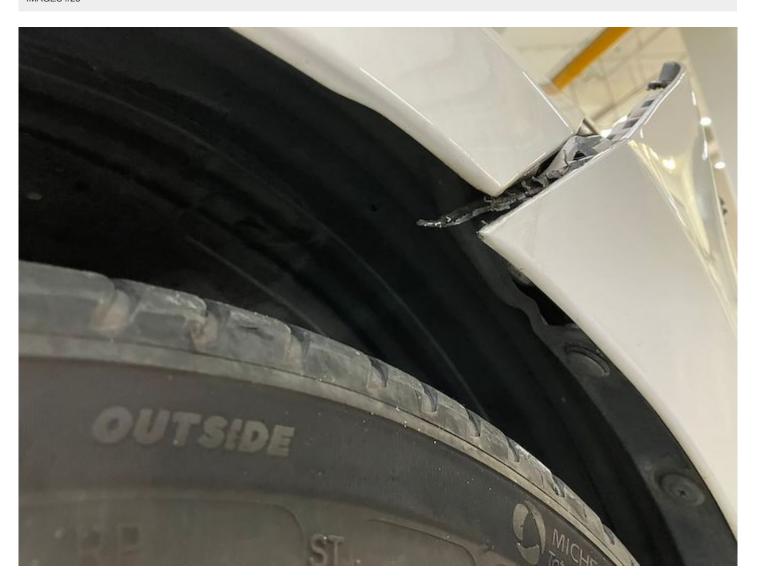




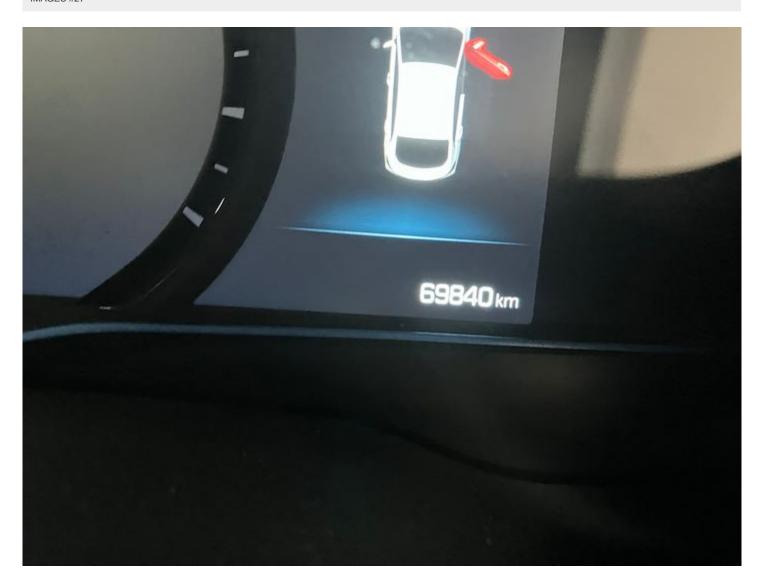


























Your Co	am so sorry, 1 History, Please Call me	
Or alvop w	e a text. 9898 1788	
No.		
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1 of 2

Report No. F/20241118/7108

POLICE REPORT (NP299)

Police Station Of Origin Ang Mo Kio Division HQ 51 Ang Mo Kio Avenue 9 SINGAPORE 569784 Tel No:1800-2180000

Date/Time Report Made 18/11/2024 19:01	Vide Re	port No.		Station Diary No
Name Of Informant Alex Koh		Address 132 LORONG AH SOO #06-412 SINGAPORE 530132		
ID Type / ID No. NRIC NO / S1701343B	Contact No. Home/Office: Mobile: 96621134			
Nationality SINGAPORE CITIZEN	Email Address alexkohbp@yahoo.com			
Occupation Other social service professionals	Sex Male	Age 59	Date of Birth 15/03/1965	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 18/11/2024 00:00 - 18/11/2024 15:30	Location Of Incident 132, LORONG AH SOO, Singapore 530132 carpark lot			

Brief details:

At 3.30PM 18Nov24, I discovered that my car was badly damaged on the front right bumper. This happened at the carpark lot between Blk 130 and 132. My car was parked at lot 206 on the night before at around 12am. At that time, the surrounding carpark lots were filled (including lot 205, on the right side of my lot). The incident likely occurred between 12am, 18Nov24 till the time of discovery at 3.30pm, 18Nov24. At the time of discovery, it was noted that cars SLH5272P and taxi SH7382J were parked opposite my car. They had dashcams.

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: 18/11/2024 19:01
Officer In-Charge Of Case:	Classification Of Case:
Contact No.:	
This report is lodged at Paya Lebar NPP	





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20241118/7108

Subjects Involved	d and the state of		
Victim			
Person Name	Alex Koh		
ID Type	NRIC NO	ID No	S1701343B
Sex	Male	Age	59
Nationality	SINGAPORE CITIZEN	Race	Chinese
Language	English	Occupation	Other social service professionals
Address	132 LORONG AH SOO #06- 412 SINGAPORE 530132	Mobile No	96621134
Email Address	alexkohbp@yahoo.com	Is Informant A Victim?	Yes
Person Name	Alex Koh (Informant)		

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:
18/11/2024 19:01

Classification Of Case:

Contact No.:

This report is lodged at Paya Lebar NPP