

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 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

Vehicle Registration Number	SLQ3820Z
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INSURED/POLICYHOLDER

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

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ioniq
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 Registration Date	-
Chassis no	KMHC851CVHU044525
Effective Date/Time of Ownership	-

INSURANCE COMPANY

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

DRIVER

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	3
Driving License Validity	Valid
Driving experience	29 YEARS AND 9 MONTHS
Gender	Male
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?	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	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	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	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
Was there any video captured by Car Camera?	No

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)	-

Describe Circumstances of the Accident

REFER TO POLICE REPORT.

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

SKETCH PLAN

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6. 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.
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.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan



REFER TO POLICE REPORT





































































Hi, I am so sorry, I hit
your car... Please call me
Or drop me a text. 9898 1788





**SINGAPORE
POLICE FORCE**



F/20241118/7108

1 of 2

POLICE REPORT (NP299)

Report No. F/20241118/7108

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 Report No.	Station Diary No.
Name Of Informant Alex Koh	Address 132 LORONG AH SOO #06-412 SINGAPORE 530132	
ID Type / ID No.	Contact No.	
NRIC NO / S1701343B	Home/Office:	Mobile: 96621134
Nationality SINGAPORE CITIZEN	Email Address alexkohbp@yahoo.com	
Occupation Other social service professionals	Sex Male	Age 59
Institution/School Name	Date of Birth 15/03/1965	Race Chinese
	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



**SINGAPORE
POLICE FORCE**



F/20241118/7108

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20241118/7108

Subjects Involved			
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
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.
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