

SA1R24720002-01 / Autolution Industrial Pte Ltd[408623]
ENTRY DATE & TIME: 02/07/2024 16:29 (SGT)
SUBMITTED BY: Elmer M Alfonso
VERSION: 2 (04/07/2024 13:44 (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 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	02/07/2024 16:29 (SGT)
Reported by	Owner
Date of Accident	01/07/2024 11:37 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JALAN TARI ZAPIN
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF732R
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	J & KOH AIR-CONDITIONING SERVICES
Company Reg No	BXXXXX368M
Email Address	jimmykoh365@hotmail.com
Mobile Phone No	(Phone) +65-83395828
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2500

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D24MTPCVE001470

DRIVER

Name of Driver	KOH TING SAN
NRIC No	SXXXX781E
Date Of Birth	12/05/1970
Occupation	Outdoor

Driving Pass Date	27/01/1994
Driving experience	30 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83395828
Alt. Phone Number	-
Email Address	jimmykoh365@hotmail.com
Address	APT BLK 365 CORPORATION DRIVE #03-407
Address complement	-
Postcode	610365
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	DIRECT OF THE COMPANY
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	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	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

SEE ATTACHED SKETCH PLAN, POLICE REPORT, DAMAGE PHOTO AND VIDEO FOOTAGE

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF8640B
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

SKETCH PLAN

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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 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.

J & KOH AIR-CONDITIONING SERVICES

Company Reg. No: 53337368M

J & KOH AIR-CONDITIONING SERVICES

KOH TING SAN

Policyholder's Signature / Date & Time

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

ELMER ALFONSO

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card) GXXXX824L

02.07.2024 16.05
Sketch Plan

A:GBF732R	LOCATION: JALAN TARI ZAPIN
B:SLF8640B	

SKETCH PLAN #2

Describe Circumstance of the Accident

I PARKED MY VEHICLE "A" INFRONT OF NO. 9 JALAN TARI ZAPIN AND I GO INSIDE THE HOUSE TO SERVICE THE AIRCON SYSTEM. THEN WHEN I CAME OUT I SAW THERE IS A SCRATCHES ON THE RIGHT PORTION OF MY VEHICLE "A". WE DID MANAGED TO REVIEW THE VIDEO FOOTAGE UNDER IN CAR CAMERA WHICH THE VEHICLE "B" HIT MY VEHICLE "A".

Declaration

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

J & KOH AIR-CONDITIONING SERVICES

Company Reg. No: 53337368M

J & KOH AIR-CONDITIONING SERVICES

H/P: 8339 5828

Policyholder's Signature / Date & Time

02 07 2024 16:05

KOH TING SAN

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

& Time 02 07 2024 16:05

ELMER ALFONSO

Witnessed by Reporting Centre Personnel
(Name as in NR(C)/I card)

GXXXX824L

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