

## 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 Authorised 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 ability.
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 Report	03/02/2018 11:10
Date Of Accident	02/02/2018 13:30
Exact Location Of Accident	734 PASIR RIS STREET 72 WEST PLAZA (MSCP/LVL 3)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGG2789A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEO CHOA HOO
NRIC No	S7043587Z
Email Address	CHOAHOO70@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-93865075
Alternative Phone No	OFFICE-93865075

### Vehicle Particulars

Manufacturer	NISSAN
Model	SUNNY 1.6EXM
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AVIVA LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	10744311
Cover Note Number	

### Driver

Name of Driver	LEO CHOA HOO
NRIC No	S7043587Z
Date Of Birth	15/12/1970
Occupation	INDOOR
Date Of Driving Pass	01/04/1992
Driving Experience	25 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93865075
Fax Number	
Contact Number	OFFICE-93865075
EEmail Address	CHOAHOO70@YAHOO.COM.SG

Address	BLK 765 PASIR RIS STREET 71 #05-102 SINGAPORE 510765
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	FIRE, EXPLOSION OR LIGHTNING
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	PASIR RIS NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - G/20180202/2139. ON 02/02/2018 AT ABOUT 1225 HOURS, I ARRIVED AT THE WEST PLAZA MSCP AND PARKED MY VEHICLE AT THE DECK D LOT 43. I OFF THE ENGINE, AND LEFT MY VEHICLE THERE AND HEADED TO THE COFFEE SHOP TO HAVE MY MEAL. AT ABOUT 1330HOURS, I NOTICED THAT THERE WAS A LOT OF COMMOTION AT THE CAR PARK AND I COULD ALSO SEE SMOKE COMING OUT FROM THE MSCP. I THEN HEADED OVER THERE AND NOTICED THAT CAR WAS ON FIRE AND THAT SCDF AND THE POLICE WERE ALSO AT SCENE. WHEN I ARRIVED, THE FIRE HAD BEEN PUT OUT. WHILE DRIVING MY VEHICLE, THERE WERE NO FAULTS OR ANYTHING AMISS FROM THE VEHICLE. THE LAST TIME I MAINTAINED THE VEHICLE WAS ON 22/01/2018. THERE HAS BEEN NO PROBLEMS WITH THE ENGINE OF OTHER PARTS. THIS IS THE FIRST TIME THAT SUCH AN INCIDENT HAS HAPPENED. I AM MAKING THIS POLICE REPORT FOR MY OWN INSURANCE CLAIM. THE SAID VEHICLE WAS TOWED AWAY. MY VEHICLE IS; SGG2789A, SLIVER IN COLOR, NISSAN SUNNY.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

## Sketch Plan

### 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.
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 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 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 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 my 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.

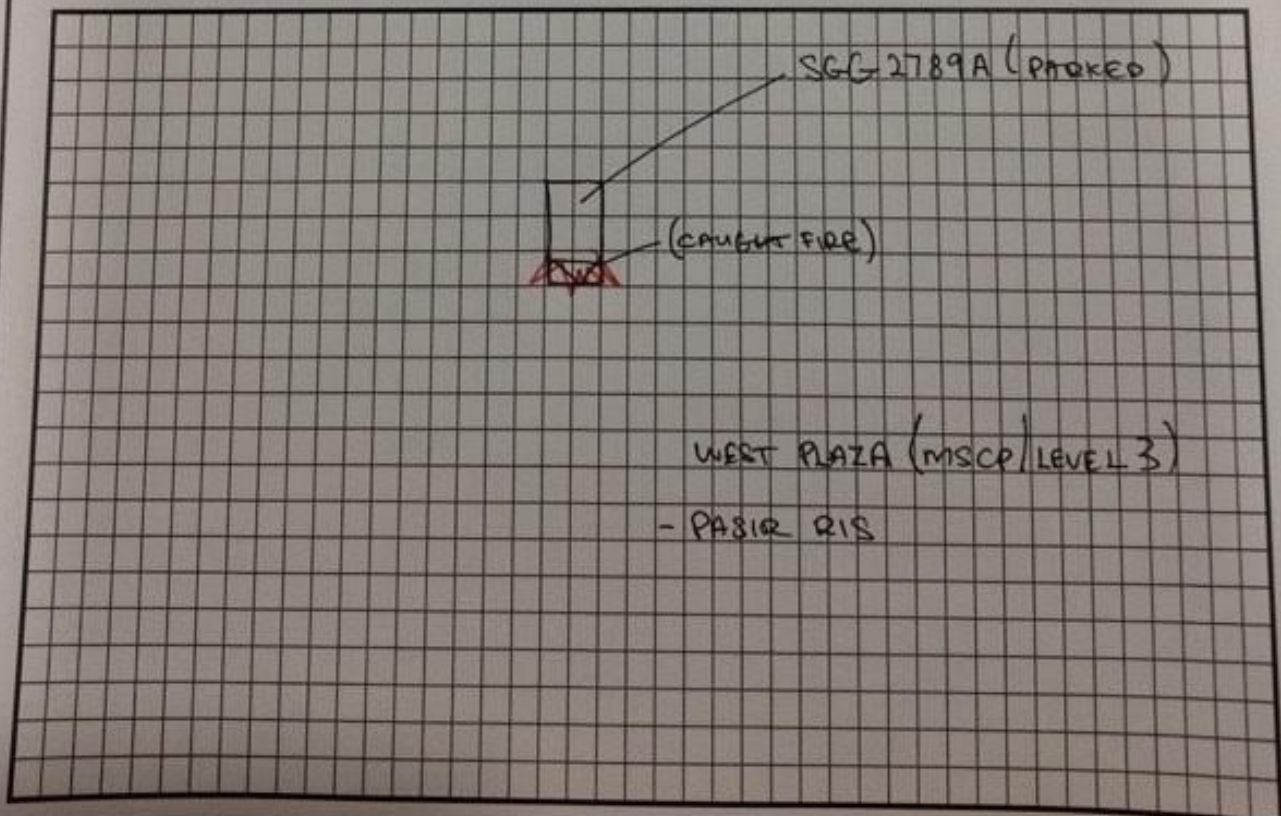
VERIFIED BY AJAX MARS  
REPORTING OFFICER  
MOHD FADZLY BIN ISMAIL

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre  
Personnel

#### Sketch Plan



# Police Report



**SINGAPORE  
POLICE FORCE**



G/20180202/2139

1 of 2

## POLICE REPORT (NP299)

Report No. G/20180202/2139

Police Station Of Origin  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Date/Time Report Made 02/02/2018 19:01	Vide Report No. G/20180202/0111	Station Diary No. 112
Name Of Informant LEO CHOA HOO	Address APT BLK 765 PASIR RIS STREET 71 #05-102 SINGAPORE 510765	
ID Type / ID No. NRIC NO / S7043587Z	Contact No. Home/Office	Mobile 93865075
Nationality SINGAPORE CITIZEN	Email Address	
Occupation ENGINEER	Sex Male	Age 47
Institution/School Name	Date of Birth 15/12/1970	Race Chinese
Date/Time Of Incident 02/02/2018 13:30	Location Of Incident 734 PASIR RIS STREET 72 PASIR RIS WEST PLAZA SINGAPORE 510734	

### Brief details.

On 02/02/2018 at about 1225 hours, I arrived at the West Plaza MSCP and parked my vehicle at the deck D lot 43. I off the engine, and left my vehicle there and headed to the coffee shop to have my meal.

At about 1330 hours, I noticed that there was a lot of commotion at the car park and I could also see smoke coming out from the MSCP. I then headed over there and noticed that my car was on fire and that SCDF and the police were also at scene. When I arrived, the fire had been put out. While driving my

Signature Of Officer Recording The Report: G / Sgt 1 ISAAC LIM JUN CHENG	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 02/02/2018 19:01
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / ASP NG YI JIE Contact No.: 62447200	Classification Of Case:

Authentication Stamp





# Police Report



**SINGAPORE  
POLICE FORCE**



G/20180202/2139

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20180202/2139

vehicle, there were no faults or anything amiss from the vehicle. The last time I maintained the vehicle was on 22/01/2018. There has been no problems with the engine or other parts. This is the first time that such an incident has happened. I am making this police report for my own insurance claim. The said vehicle was towed away. My vehicle is: SGG2789A, silver in color, Nissan Sunny.

Signature Of Officer Recording The Report:

G / Sgt 1 ISAAC LIM JUN CHENG

*ILJC*

Signature Of Informant:

*[Signature]*

Signature Of Interpreter:  
Not applicable

Date/Time:  
02/02/2018 19:01

Officer In-Charge Of Case:  
G / Bedok Police Divisional Investigation Branch /  
ASP NG YI JIE  
Contact No.: 62447200

Classification Of Case:

Authentication Stamp



**Elizabeth Lee**

---

**From:** Leo Choa Hoo <choahoo70@yahoo.com.sg>  
**Sent:** Tuesday, 6 February 2018 9:56 AM  
**To:** Elizabeth Lee  
**Cc:** ubi\_cr@sparkcarcare.com  
**Subject:** Re: GIA REPORT - SGG2789A

Please assist to file this under own damage claim.

Regards

On 3 Feb 2018, at 11:43 AM, Elizabeth Lee <[elizabeth@ajaxmars.com](mailto:elizabeth@ajaxmars.com)> wrote:

Dear Sir/ Madam,

Please kindly find the attached file for your perusal.

Thank you.

Best regards,

Elizabeth  
Email: [elizabeth@ajaxmars.com](mailto:elizabeth@ajaxmars.com)

**AJAX MARS Pte Ltd**  
120 Lower Delta Road  
#08-08 Cendex Centre  
Singapore 169208  
Tel: (65) 6333 2222 Fax: (65) 6849 9155  
<http://www.ajaxadjusters.com>

\*CONFIDENTIAL NOTE: The information contained in this email is intended only for the use of the individual or entity named above and may contain information that is privileged, confidential and exempt from disclosure under applicable law.

If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited.

If you have received this message in error, please immediately notify the sender and delete the mail.  
Thank you.



Virus-free. [www.avast.com](http://www.avast.com)

<GIA REPORT - SGG2789A.PDF>

<AWR - SGG2789A.PDF>

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Driving License



Driving License



**Addendum Sheet Pg. 1**



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66SS0020G / GST Reg. No.: M400017735

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

**ADDENDUM**

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

Original Report No : MBHH18016878 Vehicle Registration No: SGG2789A  
Name(as shown in NRIC) : LEO CHOA HOO NRIC/FIN/Passport No : S7043587Z  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 93865075  
Email Address : choahoo70@yahoo.com.sg  
Date of Accident : 02/02/2018 Time of Accident : 13:30 HRS  
Place of Accident : 734 pasir ris street 72 west plaza (MSCP/LVL 3)  
Insurance Company: AVIVA LTD

**(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:

AMENDED REPORT TO OWN DAMAGE CLAIM.

---

---

---

---

---

---


---

---

---

---

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

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: Lee Wan Qi  
NRIC/FIN No.: S9245801F  
Date: 06/02/2018