MPML18049093 / Performance Motors Limited - Alexandra ENTRY DATE & TIME: 13/04/2018 12:18 SUBMITTED BY: Vivi

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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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	13/04/2018 12:18					
Date Of Accident	11/04/2018 09:05					
Exact Location Of Accident	TAN TOCK SENG HOSPITAL B3					
Country/State of Loss	SINGAPORE					
DETAILS OF OWN VEHICLE						
Vehicle Registration Number	SBZ8128C					
Insured/Policyholder						
Name Of Registered Owner	MOK THYE WAI					
NRIC No	S1534005C					
Email Address	MOKTW@SINGNET.COM.SG					
Mobile Phone No	(LOCAL) +65-96808128					
Alternative Phone No	OFFICE-96808128					
Vehicle Particulars						
Manufacturer	BMW					
Model	730					
Exact Purpose for which vehicle was being used at time of accident	OTHER-PARKED					
Are you claiming under your own insurance policy for repair to your vehicle?	NO					
If No, Please state action to be taken	THIRD PARTY					
Vehicle Category	PRIVATE CAR					
Insurance Company						
Name of Insurance Company	AXA INSURANCE PTE LTD					
Type Of Coverage	COMPREHENSIVE					
Fleet Policy	NO					
Policy Number	GA301758/1					
Cover Note Number						
Driver						
Name of Driver	MOK THYE WAI					

Name of Driver MOK THYE WAY
NRIC No S1534005C
Date Of Birth 09/06/1962
Occupation INDOOR
Date Of Driving Pass 01/04/1980

Driving Experience 38 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96808128

Fax Number

Contact Number OFFICE-96808128

EMail Address MOKTW@SINGNET.COM.SG

Address 700 LORONG 1 TOA PAYOH #16-01

Postcode 319773

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OWNER

SGF8138U

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Insurance Company of Driver's Own Vehicle AIG ASIA PACIFIC INSURANCE PTE. LTD.

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General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

0

NO

NO

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER] TOA PAYOH NPC

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACH.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKB3126K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name EQ INSURANCE COMPANY LTD

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 19

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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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
- 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 upon application by
- 7. By the lodgment 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:

- 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)
 - 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
- (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.
- 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 fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or for complying with requirements under any regulations, laws or court orders. PRICE SING SCHOLD TAIN
 PRICEMBACE Motors Limited
 PRICEMBACE Associate Road
 SIGN Alexandra Road
 SIME Daily Periomance Contro

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's

Date & Time

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Singapore 159941

Name:

NRIC/FIN No .:

13 APR 2018

SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Refer to police report Performance Motors Limited gots Afgeoratica Road and Barby Performance Centre Singa 159841 DECLARATION care the foregoing particulars are true in every respect. Reporting Centre Personnel's Signature Name: 1 3 APR 2018 Driver's Signature Policyholder's Signature Date & Time: 3 APR 2018 (If driver is not the policyholder)

Date & Time:

SARDE SASBELLESSE \$5

NRIC/FIN No.:





Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 Tel No: 1800-2519999

1 of 3 Report No. T/20180411/2192

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/04/2018 22:35			Vide Report No.:	Station Diary No.: 207		
Informant	's Particu	ilars				
Name of Informant: MOK THYE WAI			Address: 700 LORONG 1 TOA PAYOH #16-01 SINGAPORE 319773			
ID Type / ID No.: NRIC NO / S1534005C			Contact No.: Home/Office: Mobile: 96808128			
Nationality: SINGAPORE CITIZEN		ΞN	Email:			
Sex: Male	Age: 55	Date of Birth: 09/06/1962	Type of Informant: Vehicle Owner			
Race: Chinese			Language:	Institution / School Name:		
Occupation: PROJECT DIRECTOR		OR	Driving Licence Information: Class: 3 Date of Expiry:			

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 11/04/2018 09:30	Type of Location: Car Park	
Location:					
MOULMEIN I	ROAD				
Tan Tock Ser	ng Hospital car park B	3			
		Road Surface:		Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume:	
Type of Collis				Anyone conveyed by	
Moving Vehicle Against - Parked Vehicle				ambulance:	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBZ8128C	Car	BMW	730LI LED NAV HUD SR RCP	Grey	Slightly Damaged	0
SKB3126K	Car			4		0





T/20180411/2192

Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 Tel No: 1800-2519999 2 of 3 Report No. T/20180411/2192

CONTINUATION OF REPORT

Details of Perso	n Involved					
Any Pedestrian I	nvolved: No					
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA				
Vehicle Owner		182	179			
Name	MOK THYE WAI		ID No		S1534005C	
Related Vehicle	SBZ8128C (Car)			Contact No.		96808128
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date Dis			narge	NIL	
No. of Days granted Medical Leave NIL		Degree of	Injury	NIL		

Brief Details.

On 11/04/2018 at about 7.50am, I parked my car (SBZ8128C) at the B3 carpark of Tan Tock Seng Hospital. I went back to my car at about 9.30am, and discovered that my car registration plate was damaged. A part of the frame came off, and landed on the floor, that was how I discovered the damage. There was no witness or note from the driver, so I retrieved my in-car camera footage and saw that the front side of vehicle (SKB3126K) has grazed against the front part of my vehicle while trying to reverse into a lot perpendicular from me.

I did not manage to talk to the driver as she had already driven off upon realising that her vehicle had grazed against mine.

The in-car camera footage will be available, should the police need it for investigation.





Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 CONTINUATION OF REPORT Tel No: 1800-2519999

3 of 3 Report No. T/20180411/2192

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 65474885 stating the report number as reference.

ΕĬ	e Of Officer Recording The Report: JRUL NADIAH BINTE MOHAME		Signature Of Informant:
Signature	e Of Interpreter:	1	Date/Time:
Not appli	icable		11/04/2018 22:35
TP / HRT Sr Staff S Contact	n Charge Of Case: Column		Classification Of Case:
	SIGNATURE		



























