

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	29/04/2018 10:15
Date Of Accident	27/04/2018 12:05
Exact Location Of Accident	ALG JALAN SULTAN TO BEACH RD INFRONT OF BLK 462
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU2847U
Insured/Policyholder	
Name Of Registered Owner	HO WAH SOON
NRIC No	S1397069F
Email Address	HOWASOON@SINGNET.COM
Mobile Phone No	(LOCAL) +65-96926491
Alternative Phone No	OFFICE-96926491
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA2
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D17MTPV01009612
Cover Note Number	
Driver	
Name of Driver	HO WAH SOON
NRIC No	S1397069F
Date Of Birth	13/09/1959
Occupation	INDOOR
Date Of Driving Pass	03/09/1982
Driving Experience	35 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96926491
Fax Number	
Contact Number	OFFICE-96926491
EMail Address	HOWASOON@SINGNET.COM

Address

8 TAO CHING ROAD #09-13 SINGAPORE 618724

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

COLLISION - HEAD TO REAR

Weather Conditions

RAINING

Road Surface

WET

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? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO

Number of Passengers (Including Driver) 2

Passenger 1

NAME: : TAN LEE LEE

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER]

JURONG NPP

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180427/2101 LODGED AT JURONG NPP. ON THE 27/4/2018 AT ABOUT 1205HRS, I WAS DRIVING MY CAR ALONG JALAN SULTAN ROAD HEADING TOWARDS BEACH ROAD. I WAS ON THE SECOND LANE AND THE ROAD WAS QUITE WET. WHEN SUDDENLY I FELT AN IMPACT FROM MY REAR BUMPER. I STOPPED MY CAR AND REALISED THAT A TAXI SHC8789U HAD HIT ONTO MY CAR. WE THEN EXCHANGED PARTICULARS AND TOOK PICTURES OF THE INCIDENT. AT THAT POINT OF TIME NO ONE WAS INJURED SO BASICALLY AFTER THAT WE BOTH JUST DROVE OFF. MY REAR RIGHT BUMPER HAD A DEEP DENT DUE TO THE IMPACT. I AM LODGING THIS REPORT FOR MY OWN RECORD PURPOSE AND I WISH TO STATE THAT I DO NOT HAVE ANY IN CAR CAMERA.

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHC8789U

Vehicle Make/Model/Colour

HYUNDAI/I40 1.7/BLUE

Details Of Properties

Vehicle Category

TAXI

Name of Driver

PANG LEE TECK

NRIC/Passport Number

Contact Number

90621632

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Was injured conveyed to hospital by ambulance? Yes

Address

APT BUKIT BASIR RIS DRIVE 6
#04-431 SINGAPORE

Report correctly the details of the accident to speed up the claims process.

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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 based outside of Singapore, for one or more of the above Purposes

[Signature]

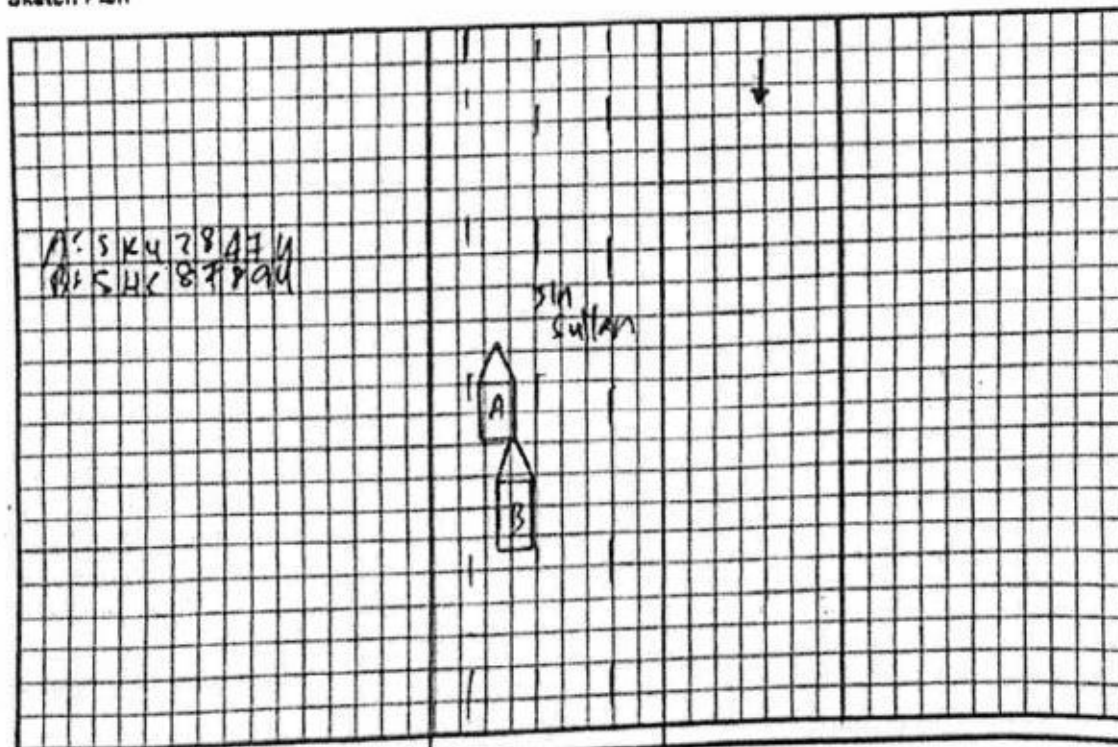
VERIFIED BY AJAX MARS
REPORTING OFFICER
THOMAS NG CHIN CHUN

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan





SINGAPORE POLICE FORCE



T/20180427/2101

1 of 4

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

Report No. T/20180427/2101

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/04/2018 16:46	Vide Report No.:	Station Diary No.: 45
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Informant's Particulars			
Name of Informant: HO WAH SOON		Address: 8 TAO CHING ROAD #09-13 SINGAPORE 618724	
ID Type / ID No.: NRIC NO / S1397069F		Contact No.: Home/Office: Mobile: 96926491	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 58	Date of Birth: 13/09/1959	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Marine surveyor (ship and nautical)		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 27/04/2018 12:05	Type of Location: Straight Road
Location: Along Road 1 JALAN SULTAN				
Towards Beach Road near B/462 Crawford lane				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC8789U	Car				Slightly Damaged	1
SKU2847U	Car	MAZDA	MAZDA2 5-DOOR HATCHBACK 1.5L SP.6EAT	Blue	Slightly Damaged	1

Details of Vehicle Insurance			
Vehicle No.	Insurance Company	Insurance No.	Effective Expiry Date



**SINGAPORE
POLICE FORCE**



T/20180427/2101

2 of 4

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

Report No. T/20180427/2101

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
SKU2847U	TENET SOMPO INSURANCE PTE. LTD.	D17MTPV0100961 2	15/07/2017	14/07/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	PANG LEE TECK		ID No.	S7313964C
Related Vehicle	SHC8789U (Car)		Contact No.	90621632
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	HO WAH SOON		ID No.	S1397069F
Related Vehicle	SKU2847U (Car)		Contact No.	96926491
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On the 27/4/2018 at about 1205hrs, I was driving my car along Jalan Sultan Road Heading towards Beachroad. I was on the second lane and the road was quite wet. When suddenly I felt an impact from my rear bumper.

I stopped my car and realised that a Taxi SHC8789U had hit onto my car. We then exchanged particulars and took pictures of the incident. At that point of time no one was injured so basically after that we both just drove off. My rear right bumper had a deep dent due to the impact.

I am lodging this report for my own record purpose and I wish to state that I do not have any in car camera.



**SINGAPORE
POLICE FORCE**



T/20180427/2101

3 of 4

Police Station Of Origin:

Jurong NPP

158 Yung Loh Road #01-58 SINGAPORE

610158

Tel No: 1800-2659999

Report No. T/20180427/2101

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20180427/2101

4 of 4

Report No. T/20180427/2101

Police Station Of Origin:

Jurong NPP

158 Yung Loh Road #01-58 SINGAPORE

610158

Tel No: 1800-2659999

CONTINUATION OF REPORT

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.

Signature Of Officer Recording The Report:

J /

Sgt 1 AHMAD HAIKAL BIN AHMAD FIRDAUS

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

27/04/2018 16:46

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

SN 124

Classification Of Case:

Authentication Stamp

NP168

Signature :

Singapore Police Force

P27