MBHH18085941 / Ajax Mars Pte Ltd - Bukit Merah ENTRY DATE & TIME: 04/07/2018 03:08 SUBMITTED BY: Susan Neo Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 04/07/2018 03:33

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number Fax Number

Contact Number EMail Address

- 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	04/07/2018 03:08
Date Of Accident	29/06/2018 16:20
Exact Location Of Accident	OPEN CARPARK AT BLK 558 JURONG WEST STREET 42
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLP9370X
Insured/Policyholder	
Name Of Registered Owner	NOORASHIKEEN BINTE KHAMIS
NRIC No	S8310109A
Email Address	NIKIE_ANGEL@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-94502438
Alternative Phone No	OFFICE-94502438
Vehicle Particulars	
Manufacturer	VOLVO
Model	V40
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	D18MTPV01011292
Cover Note Number	N.A.
Driver	
Name of Driver	NOORASHIKEEN BINTE KHAMIS
NRIC No	S8310109A
Date Of Birth	02/04/1983
Occupation	INDOOR
Date Of Driving Pass	19/05/2015
Driving Experience	3 YEARS AND 1 MONTH
Gender	FEMALE

(LOCAL) +65-94502438

NIKIE_ANGEL@HOTMAIL.COM

OFFICE-94502438

Address

BLK 558 JURONG WEST STREET 42

#04-453

Postcode

640558

OWNER

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

FLOOD

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?

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)

1

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT NO:T/20180629/2191 LODGED AT MARINE PARADE NPP. ON 29/06/2018 AT ABOUT 1615HRS,I PARKED MY VEHICLE (SLP9370X) AT THE OPEN CARPARK OF BLK 558 JURONG WEST STREET. I WISH TO STATE THAT I DO NOT REMEMBER THE PARKING LOT NUMBER. AT ABOUT 1810HRS, I CAME BACK TO RETRIEVE MY VEHICLE. WHEN I ENTERED MY CAR, MY IN-CAR CAMERA PROMPTED ME THAT THERE WAS AN IMPACT DURING PARKING .I THEN VIEWED MY IN-CAR CAMERA FOOTAGE AND REALIZED THAT AT ABOUT 1621HRS, A BLUE COMFORT TAXI BEARING REGISTRATION PLATE NUMBER SHC2870G WAS REVERSING INTO THE PARKING LOT ON THE LEFT SIDE OF MY VEHICLE HOWEVER THE REAR OF THE TAXI KNOCKED INTO THE FRONT LEFT OF MY VEHICLE AND SUBSEQUENTLY IT LEFT THE LOCATION. I THEN ALIGHTED FROM MY VEHICLE TO ACCESS THE DAMAGE AND DISCOVERED THAT THERE ARE DENTS AND SCRATCH MARKS AT THE FRONT LEFT SIDE OF MY VEHICLE.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

PENDING VIDEO FROM INSURED

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHC2870G

Vehicle Make/Model/Colour

HYUNDA/I40 1.7 CRDI F/BLU

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

IMPORTANT NOTICE KETCH PLAN Property in the completed by the Policyholder and/or the users process. The from more the completed by the Policyholder and/or the Authorised Driver. The from more the completed by the Policyholder and/or the Authorised Driver. The from more completed by the Policyholder and/or the Authorised Driver. The from more completed by the Policyholder and accusing an expensive process. The same are completed by the expensive process and the same and an admission of policy sacility or the part of manager completes. The same and complete is a found by manager process and an admission of policy sacility or the part of manager or as found by manager of the level of the same admission of policy sacility or the part of manager of the level of the same admission of policy sacility or the part of manager of the level of the same admission of the complete in the same and the complete of the same and the complete of the same and the complete of the same admission of the accordance of the same and to complete the same admission of the accordance of the same and to complete the same and to complete the same admission of the accordance of the same and to complete the same admission of the same admission of the same and to complete the same admission of the same and the same and to complete the same admission of the same as well as on the same admission of admission of the same admission of the same as well as on the same admission of admission of the same admission of the same admission of admission of admission of the same admission of admission of admission of admission box REPORTING OFFICER Policyholder's Signature / Date & Time Driver's Signature (6 giver a not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel Sketch Plan ----

Common Statement

Refer to police report No.T/20180629/2	2191
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Taxi Voucher No	
CLARATION	
	vided above are true in every aspect
e declare that the above particulars & information prov	rided above are true in every aspect
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re declare that the above particulars & information proverged by AJAX MARS REPORTING OFFICER -	Jan or
ECLARATION /e declare that the above particulars & information prov ERIFIED BY AJAX MARS REPORTING OFFICER - ZAM BIN ATAN MARS Officer Complete Date/Time	Registered Owner or Driver's Signature Date/Time





Report No. T/20180629/2191

Police Station Of Origin: Marine Parade NPP 74 Marine Drive #01-35 SINGAPORE 440074

Tel No: 1800-4409999

REPORT	OF A	TRAFFIC	ACCIDENT
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Date/Time Report Made: 29/06/2018 22:01		Vide Report No.:	Station Diary No.: 47		
Informan	t's Particu	ulars			
	Informant: HIKEEN E	BINTE KHAMIS	Address: APT BLK 558 JURONG WEST STREET 42 #04-453 SINGAPORE 640558		
ID Type / NRIC NO	ID No.: / S831010	09A	Contact No.: Home/Office: Mobile: 94502438		
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Female	Age:	Date of Birth: 02/04/1983	Type of Informant: Vehicle Owner		
Race: Malay		Language:	Institution / School Name:		
Occupation: HUMAN RESOURCE AND FINANCE		Driving Licence Informatic Class:	n: Date of Expiry:		

General Inform	mation of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 29/06/2018 16:20	Type of Location: Car Park	
	ST STREET 42 ARK OF BLOCK 558 JUF	ONG WEST STRE	FT 42		
Weather:	ARK OF BLOCK 556 JUN	Road Surface:	L 1 72	Road Speed Limit:	
vvcatrici.		Dry			
Traffic Flow: Traffic C		Traffic Control:	n *	Traffic Volume:	
Type of Collis Moving Vehic	sion: cle Against - Parked Vehic	le	Co. a	Anyone conveyed by ambulance:	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
	The state of the s					0
SLP9370X	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Report No. T/20180629/2191

Police Station Of Origin: Marine Parade NPP 74 Marine Drive #01-35 SINGAPORE 440074

Tel No: 1800-4409999

CONTINUATION OF REPORT

Vehicle Owner						
Name	NOORASHIKEEN BINTE KHAMIS		ID No		S8310109A	
Related Vehicle	NIL			Conta	ct No.	94502438
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL ·	NAME OF THE PROPERTY OF THE PR	Date Disc	harge	NIL	.50
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

On 29/06/2018 at about 1615hrs, I parked my vehicle (SLP9370X) at the open carpark of Blk 558 Jurong West Street. I wish to state that I do not remember the parking lot number. At about 1810hrs, I came back to retrieve my vehicle. When I entered my car, my in-car camera prompted me that there was an impact during parking. I then viewed my in-car camera footage and realized that at about 1621hrs, a blue comfort taxi bearing registration plate number SHC2870G was reversing into the parking lot on the left side of my vehicle however the rear of the taxi knocked into the front left of my vehicle and subsequently it left the location. I then alighted from my vehicle to access the damage and discovered that there are dents and scratch marks at the front left side of my vehicle.





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Report No. T/20180629/2191

Police Station Of Origin: Marine Parade NPP 74 Marine Drive #01-35 SINGAPORE 440074 Tel No: 1800-4409999 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

the certificate with you now, please lax a copy to c	
Signature Of Officer Recording The Report:	Signature Of Informant:
G/	1 = (0)
Sgt 3 CHANG WEI LIANG, GLEN	War Charles
Signature Of Interpreter:	Date/Time:
Not applicable	29/06/2018 22:01
*	
Officer In Charge Of Case:	Classification Of Case:
TP / HRT /	
Sr Staff Sgt ESTHER CHONG	
Contact No.: 65476368	
Authentication Stamp	° 6.