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

atoresaid.	
	ACCIDENT STATEMENT
Date Of Report	13/07/2018 10:00
Date Of Accident	12/07/2018 20:30
Exact Location Of Accident	CARPARK OF 408C FERNVALE LINK S793408
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLE1919A
Insured/Policyholder	
Name Of Registered Owner	SOH WEE HONG DANIEL (SU WEIHONG)
NRIC No	S7725772A
Email Address	HAPPYDANIEL77@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96212189
Alternative Phone No	OTHERS-96212189
Vehicle Particulars	
Manufacturer	BMW
Model	216D
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	D18MTPV01010314
Cover Note Number	
Driver	

Name of Driver SOH WEE HONG DANIEL (SU WEIHONG)

NRIC No S7725772A

Date Of Birth 11/09/1977

Occupation INDOOR

Date Of Driving Pass 11/12/1997

Driving Experience 20 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96212189

Fax Number

Contact Number OTHERS-96212189

EMail Address HAPPYDANIEL77@GMAIL.COM

Address 38 FERNVALE LINK #10-21

H20 RESIDENCES

Postcode 797534

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 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? NO

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) 1

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name SENGKANG NPC

Police Station Address ROAD: 2 SENGKANG SQUARE #01-02, POSTCODE: 545025, COUNTRY:

SINGAPORE

NO

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACH.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

NO

Details of Witness 1

Name THNG LAI PING (WIFE)

Phone Number 92259989

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLN8944H Vehicle Make/Model/Colour KIA K3

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE
Name of Driver WONG SENG HONG

NRIC/Passport Number S7538598F Contact Number 91733274 Address
Postcode
Insurance Company Name
Nature Of Damage

AIG ASIA PACIFIC INSURANCE PTE. LTD.

No. Of Passenger (Including Driver)

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.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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 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
- 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)
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary
 - (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
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the
- 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, (d) investigation and management in present and all future claims.
- 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
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

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

Reporting Centre Personnel's Signature Name

NRIC/FIN No .:

SKETCH PLAN		
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ORTANT NOTE		
er General Condition -	Conduct of Claim of the Motor Policy, you har ther or not to claim under the policy. Please che	
scovery of damage whe	ther or not to claim under the policy. Please about	/e to decide within 21 days of occurrence
	Conduct of Claim of the Motor Policy, you har ther or not to claim under the policy. Please che	ick your policy for more information.
LARATION		
ueciare the foregoing partic	culars are true in every respect.	
729		<i>///</i>
VX		
older's Signature	Divide	/ - '
Time	Driver's Signature	Reporting Centre Personnel's Signature
	(if driver is not the policyholder) Date & Time	Name:
	*****	NRIC / Fin No.:

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Report No. T/20180712/2162

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

REPORT OF A TRAFFIC ACCID

Date/Time 12/07/201		lade:	Vide Report No.:	Station Diary No 160		
Informant	's Particu	ilars				
Name of Ir		ANIEL	Address: 38 FERNVALE LINK #10-21 SINGAPORE 797534			
ID Type / I NRIC NO		′2A	Contact No.: Home/Office: Mobile: 96212189			
Nationality SINGAPO		ΞN	Email:	, w , w		
Sex: Male	Age: 40	Date of Birth: 11/09/1977	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School dame:		
Occupation: tax manager			Driving Licence Information: Class: 3	Date of Expiry:		

General Informat	ion of the Accident					
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 12/07/2018 20:30	- 1	Type of Location: Car Park	
Location: Along Road 1 FERNVALE ROA	D vale Road MSCP Deck	3R Lat 420				
Weather:		Road Surface: Ory		Road	Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	1	Traffic No Tra	volume: affic	
Type of Collision: Moving Vehicle A	gainst - Parked Vehicle			Anyor ambul No	ne conveyed by lance:	

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SLE1919A	Car	BMW	216D GRAN TOURER LED NAV 7 SEATER	Silver		0
SLN8944H						0

Lineality of Wohlele Institution of
Details of Vehicle Insurance
Vehicle No Insurance Company Insurance No Effective Expiry Date
Vehicle No. Insurance Company Insurance No Effective Expiry Date
VENIUE NO. 1 madianos company





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Report No. T/20180712/2162

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

CONTINUATION OF REPORT

Details of Ve	hicle insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLE1919A	TENET SOMPO INSURANCE PTE.	D18MTPV0101031	23/06/2018	22/06/2019
	LTD.	4		

Details of Person Involved							
Any Pedestrian Involved: No							
No. of Pedestrians Injured: NIL Use of			Use of Pe	destria	n Cross	sing: NA	
Driver					i de la companione de la c		
Name	SOH WEE HONG DA	NIEL		ID No.		S7725772A	
Related Vehicle	SLE1919A (Car)			Contact No.		96212189	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL	
Date Treatment NIL Date Disc			harge NIL				
No. of Days granted Medical Leave NIL De			Degree of Injury NIL				
Name	Unknown			ID No	-	NIL	
Related Vehicle	SLN8944H			Centact No.		NIL	
Hospita Olinic	NIL			Class Drivin Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disch	narge	NIL		
No. of Days granted Medical Leave NIL Degree of Injury NIL							

Brief Details.

On the 12/07/2018 at about 1900hrs, I had parked my vehicle a platinum silver in colour car bearing registration number SLE1919A at block 408 Fernvale Link MSCP Deck 3b Lot 420. After parking my vehicle, I left the said location.

On the same day at about 2030hrs, when I wanted to drive off my vehicle, I discovered that my vehicle car plate number was dislodge and my vehicle front bumper and grille was substantially scratched. I then made a check and discovered there was a note that was left behind by the said driver that had hit me. I then contacted the driver driving vehicle number SLN8944H and was informed by the driver that while reversing out of the lot, he was rushing and thus had collided onto my vehicle.





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Report No. T 0180712/2162

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

CONTINUATION OF REPORT

Sketch Plan

Tel No: 1800-343 8999

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 resorrence.

Signature Of Officer Recording	g The Report:	Signature Of Ir	formant:		
Sgt 3 DALJIT SINGH			77		
Signature Of Interpreter: Not applicable		Date/Time: 12/07/2018 22:27			
Officer In Charge Of Case:		Classification Of Case:			
TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	(5)	SN 085			
Authentication Stamp NP168	Singapore Police				



















