

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	12/09/2018 13:16
Date Of Accident	10/09/2018 19:00
Exact Location Of Accident	322 ANCHORVALE LINK CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP4956P
Insured/Policyholder	
Name Of Registered Owner	THENG WEI JUN TIMOTHY
NRIC No	S8427199C
Email Address	TIMOTHY.THENG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81578369
Alternative Phone No	OFFICE-81578369

Vehicle Particulars

Manufacturer	BMW
Model	-
Exact Purpose for which vehicle was being used at time of accident	
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	D18MTPV01010960
Cover Note Number	

Driver

Name of Driver	THENG WEI JUN TIMOTHY
NRIC No	S8427199C
Date Of Birth	01/09/1984
Occupation	INDOOR
Date Of Driving Pass	30/04/2004
Driving Experience	14 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81578369
Fax Number	
Contact Number	OFFICE-81578369
Email Address	TIMOTHY.THENG@GMAIL.COM

Address	BLK 332A ANCHORVALE LINK #13-348
Postcode	541332
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	
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)
Police Station Address	ROAD: 51 ANG MO KIO AVENUE 9 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2180000 - FAX NO: 64814246
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE SEE POLICE REPORT.

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	SKF2015H
Vehicle Make/Model/Colour	NA
Details Of Properties	NA
Vehicle Category	PRIVATE CAR
Name of Driver	NA
NRIC/Passport Number	
Contact Number	NA
Address	NA
	NA
Postcode	NA
Insurance Company Name	EQ INSURANCE COMPANY LTD
Nature Of Damage	NA

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLB3505M
Vehicle Make/Model/Colour	NA
Details Of Properties	NA
Vehicle Category	PRIVATE CAR
Name of Driver	NA
NRIC/Passport Number	
Contact Number	NA
Address	NA NA
Postcode	NA
Insurance Company Name	
Nature Of Damage	NA
No. Of Passenger (Including Driver)	

Accident 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 the 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 upon application by interested parties.
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:

- (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 sited outside of Singapore, for one or more of the above Purposes.
- (d) 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
 - (ii) for complying with requirements under any regulations, laws or court orders.

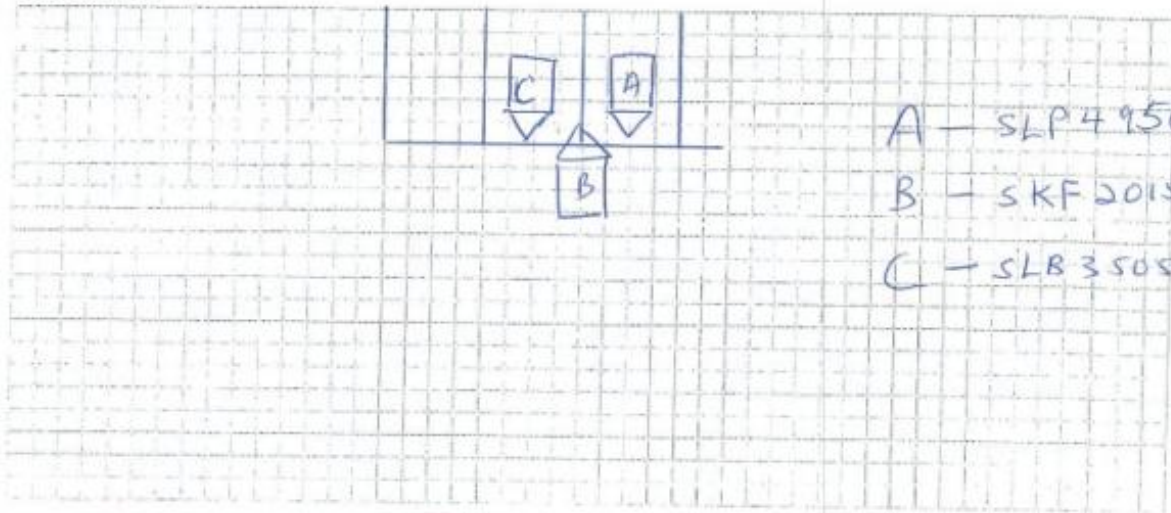
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Common Statement

PRELIMINARY



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the police report F/20180911/7122

Insurance Co. _____
Vehicle No. _____ Date of Accident _____
<input type="checkbox"/> Reporting Only
<input type="checkbox"/> Own Damage Claim
<input checked="" type="checkbox"/> Third Party Claim


@ Fastich


DECLARATION

I/We declare the foregoing particulars are true in every respect.


Policyholder's Signature
Date & Time:

GAJMC 3104NPenForm_V3


Driver's Signature
(If driver is not the policyholder)
Date & Time: 12/9/18 1300HRS


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:





**SINGAPORE
POLICE FORCE**



F/20180911/7122

1 of 2

POLICE REPORT (NP299)

Report No. F/20180911/7122

Police Station Of Origin
Ang Mo Kio Police Divisional HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made 11/09/2018 13:54	Vide Report No.	Station Diary No.
Name Of Informant THENG WEI JUN TIMOTHY	Address APT BLK 332A ANCHORVALE LINK #13-348 SINGAPORE 541332	
ID Type / ID No. NRIC NO / S8427199C	Contact No. Home/Office: Mobile: 81578369	
Nationality SINGAPORE CITIZEN	Email Address timothy.theng@gmail.com	
Occupation Building technician	Sex Male	Age 34
Institution/School Name	Date of Birth 01/09/1984	Race Chinese
Date/Time Of Incident 10/09/2018 20:30 - 11/09/2018 06:45	Location Of Incident APT BLK 332A ANCHORVALE LINK #13-348 SINGAPORE 541332	

Brief details.

On 10/9/18, 1900hrs, I parked my vehicle SLP4956P in 332 Anchorvale Link Multi-Storey car park level 2B Lot 123.

When I returned to my vehicle on the 11/9/18, 0645hrs, i saw my front bumper is damage. I also notice the vehicle beside me the bumper is damage as well.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/09/2018 13:54
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



F/20180911/7122

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20180911/7122

I have left note on some vehicles asking for footage.

Subjects Involved			
Victim			
Person Name	THENG WEI JUN TIMOTHY		
ID Type	NRIC NO	ID No	S8427199C
Gender	Male	Age	34
Race	Chinese	Language	English
Occupation	Building technician	Address Type	
Address	APT BLK 332A ANCHORVALE LINK #13-348 SINGAPORE 541332	Mobile No	81578369
Is Informant A Victim?	Yes		
Person Name	THENG WEI JUN TIMOTHY (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/09/2018 13:54
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

IC & DL

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8427199C**



Name
THENG WEI JUN TIMOTHY
(TANG WEIJUN TIMOTHY)
汤 威 竣

Race
CHINESE

Date of birth
01-09-1984

Sex
M

Country/Place of birth
SINGAPORE

S8427199C

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **S8427199C**

Name
THENG WEI JUN TIMOTHY
(TANG WEIJUN TIMOTHY)

Birth Date **01 Sep 1984**

Issue Date **30 Apr 2004**

001207010J

5519771



NRIC No. **S8427199C**



Date of Expiry
27-08-2015

Address
APT ELK 332A ANCHORVALE LINK
#13-34B
SINGAPORE 541332

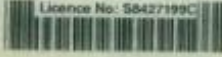
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE
30 Apr 2004

Class 2 **Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms**

NP 428A

License No: **S8427199C**





SOMPO

30 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 049223
Tel: 6461 6555-1 Fax: 6221 3302 E-Website: www.sompo.com.sg
Co. Reg. No.: 199905490E-1 GST Reg. No.: M26030136

Certificate of Insurance

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Cert No./Policy No. : D18MTPV01010960
 Insured : THENG WEI JUN TIMOTHY
 Motor Car (Registration No.) : SLP4956P
 Cover : Comprehensive - ExcelDrive FOCUS
 Policy Commencement Date : 16 JUNE 2018 00:00
 Policy Expiry Date : 15 JUNE 2019 23:59
 Maximum Liability (Section I) : Market value at time of loss
 Excess* : \$500 - Section I
 (Waived up to 50% or maximum S\$600 whichever is lower if accident repair is done at ExcelDrive Workshops for the first claim per policy year)
 Voluntary Excess* : N.A.
 Windscreen Excess* : S\$100.00 - Waived if Repair at ExcelDrive Workshop
 Loss of Use : N.A.
 * Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive*

1. The Insured.
2. Any other person who is driving on the Insured's order or with his permission.
3. In the event of the death of the insured,
 - a. any member of the insured's family, or a paid driver who has been driving the Motor Car during the life of the insured and permission to drive had not been withdrawn prior to the death of the insured; and
 - b. any other person who has been given permission to drive the Motor Car prior to the death and such permission had not been withdrawn by the Insured.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Car or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Car. And provided further that the Motor Car is registered under the Road Traffic Act (Chapter 276) and its registration under the Road Traffic Act (Chapter 276) has not been cancelled at the time of the accident, loss or damage.

Limitations As To Use

Use only for social, domestic and pleasure purpose and for the Insured's business. The Policy does not cover use for hire or reward, racing, pace-making, speed testing, reliability trial, the carriage of goods other than samples in connection with any trade or business or use for any purposes in connection with the Motor Trade.

ExcelDrive Workshops and Accident Reporting

It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Car within 24 hours of the accident or by the next working day thereof.

All accident repairs to the Motor Car must be carried out at ExcelDrive Workshops, otherwise the claim is not payable under the Policy. For ExcelDrive Prestige Plan, accident repairs to the Motor Car can be carried out at any workshop other than ExcelDrive Workshops.

For the list of Accident Reporting Centres and ExcelDrive Workshops, please visit our website at www.sompo.com.sg or call our Emergency Hotline: (65) 6226 3323.

I/WE HEREBY CERTIFY that the policy to which this Certificate relates is issued in accordance with (1) the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia); and (2) the Policy terms, conditions and exceptions of the Private Car Policy ref MTP 27

Sompo Insurance Singapore Pte. Ltd.

Authorised Signatory

Date/Time of Issue : 13 JUNE 2018 17:12

IMPORTANT NOTICE

- o Keep the Certificate in your Motor Car;
- o Under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189), it shall be unlawful for any person to use or cause to permit any other person to use a motor vehicle without a valid policy of insurance under the Act;
- o On the sale of the Motor Car or if for any reason the Insurance is terminated during its currency, the Insured must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed, a statutory declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189);
- o This Policy will cease to be valid once the Motor Car has been sold to another person. The Policy is not transferable to the new owner of the Motor Car.

Intermediary Code & Name : 11J06508 & JIN LI PTE. LTD. CI Code: 22A _0DM5W4PRM1MQKAH

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

