SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 witholding 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.

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.

ACC	DENI	SIAI	HMH	Ц

Date Of Report

26/12/2018 10:20

Date Of Accident

25/12/2018 14:45

Exact Location Of Accident

JALAN TUA KONG

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SGK1908J

Insured/Policyholder

Name Of Registered Owner

ZENO RAYMOND KHOO AIK TECK

NRIC No

S1772104F

Email Address

NOEMAIL

Mobile Phone No

(LOCAL) +65-96724327

Alternative Phone No

OTHERS-96724327

Vehicle Particulars

Manufacturer

BMW

Model

5201

Exact Purpose for which vehicle was being used at STATIONARY PARKED

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

If No. Please state action to be taken

THIRD PARTY

Vehicle Category

PRIVATE CAR

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

5076975566-02

Cover Note Number

DRIVO CLASSIC

Driver

Name of Driver

ZENO RAYMOND KHOO AIK TECK

NRIC No

S1772104F

Date Of Birth

21/01/1966

Occupation

INDOOR

Date Of Driving Pass

07/06/1986

Driving Experience

32 YEARS AND 6 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-96724327

Fax Number

Contact Number

OTHERS-96724327

EMail Address

NOEMAIL

Address

6 TUA KONG PLACE

Postcode

455360

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 (including own vehicle)

2

involved in the accident

NO

Was any body injured in the Accident? 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

CHAI CHEE NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 35 CHAI CHEE AVENUE #01-256/258 , POSTCODE: 461035 ,

COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-445 9999 - FAX NO: 6244 4375

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

Refer to police report

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

FILE SIZE TOO BIG TO BE UPLOADED

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJV2688T

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category

UNKNOWN

NRIC/Passport Number

Contact Number

Name of Driver

UNKNOWN

Address

Postcode

Insurance Company Name

Page 2 of 16

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

INCOME MOTOR SERVICE CENTR	E	Report Date & Stort Time:	26-12-2013 / 10:18
Report No: MT/	D.O.A: <u>25-12-2018</u> Time: 14:45 hrs	Vehicle No: SGK1908J	Reporting Type:

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 5. Any false reporting may be referred to the Police for investigation.
- 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.
- 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:
 - 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.

26-12-18 / 10:18

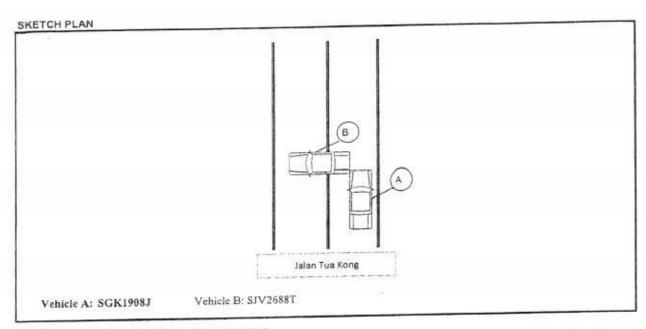
 $\frac{26\text{--}12\text{--}18 \ /\ 10\text{.}18}{\text{Driver's Signature (If driver is not the policyholder) / Date & Time}$

Alan Tang (S098825) Customer Care Executive Motor Service Centre

Witnessed by Reporting Centre Peronnel

Policyholder's Signature / Date & Time

Page 4 of 16



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
Refer to police report	

Declaration

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

26-12-18 / 10:18
Policyholder's Signature / Date & Time

26-12-18 / 10:18

Alan Tang (S098825) Customer Care Executive Motor Service Centre

K

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

Witnessed by Reporting Centre Personnel

Police Report Pg. 1





Police Station Of Origin: Chai Chee NPP 35 Chai Chee Avenue #01-256 SINGAPORE 461035

1 of 3 Report No. T/20181225/2066

Tel No: 1800-4459999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/12/2018 16:07		Made:	Vide Report No.:	Station Diary No.		
Informant's Particulars				140		
Name of Informant: ZENO RAYMOND KHOO AIK TECK			Address: 6 TUA KONG PLACE SINGAPORE 455360			
ID Type / ID No.: NRIC NO / S1772104F Nationality: SINGAPORE CITIZEN		04F	Contact No.: Home/Office:	Mobile: 96724327		
		ZEN	Email:			
Sex: Male	Age: 52	Date of Birth: 21/01/1966	Type of Informant: Vehicle Owner			
Race: Chinese Occupation: BANKER			Language: English	Institution / School Name:		
			Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident:	Type of Location Straight Road	
Location: Along Road 1 TUA KONG P Along Tua Kor Weather: Clear			25/12/2018 14:45	Road Speed Limit:	
Traffic Flow: Traffic Control: Not Controlled Type of Collision:				Traffic Volume:	
	nn'			Anyone conveyed by	

Vehicle No.	Type	Make	Model	Color	Constitution	In the		
SGK1908J Car	DAMA	1000	COIOI	Condition	No of Passenge			
		BMW	520i	Black	Slightly Damaged	0		
SJV2688T	Car	VOLKSWAGO	GO Golf	Golf	Golf	Grey	Daniageu	n -

Details of V	ehicle Insurance	No. of Contract of	Acres de la constante	
Vehicle No.	Insurance Company	Insurance No	Effective	Éwels S.
SGK1908J	NTUC Income Insurance Co-Operative			Expiry Date
Limited		3070373306-02	01/03/2018	28/02/2019





2 of 3

Police Station Of Origin: Chai Chee NPP 35 Chai Chee Avenue #01-256 SINGAPORE

Report No. T/20181225/2066

461035

Tel No: 1800-4459999

CONTINUATION OF REPORT

Details of Perso			T. A.C. Page			23.00	
Any Pedestrian I	nvolved: No		-1			•	Town NIA
No. of Pedestrians Injured: NIL Use of			of Ped	estriar	Cross	ing: NA	
Vehicle Owner							
Name	ZENO RAYMOND KHOO AIK TECK				ID No		S1772104F
Related Vehicle	SGK1908J (Car)				Contact No.		96724327
Hospital/Clinic	NIL				Class Drivin Licens Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	NII Date		te Disch		NIL	
	f Days granted Medical Leave NIL D		De	gree of	Injury	NIL	

Brief Details.

On the 25/12/2018 at about 1445 hours, I discovered that my car (BMW 520i, Black in colour) bearing the registration plate number SGK1908J had some dents and slight chipped off to the front left portion of the front bumper. The left fog lamp was also damaged and misaligned.

I immediately made a check on my in-car camera and the footage revealed that on the same day at about 1238 hours, another car (Volkswagen Golf, Grey in colour) bearing the registration plate number SJV2688T, had knocked onto my car while reversing, before the driver went off.

I last saw my car with everything intact and in good condition on the same day at about 1200 hours. I had parked my car at the end of Jalan Tua Kong, which is diagonally across my house.

Police Report Pg. 3





Police Station Of Origin:
Chai Chee NPP
35 Chai Chee Avenue #01-256 SINGAPORE
461035
CONTINUATION OF REPORT

3 of 3 Report No. T/20181225/2066

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: G / Sgt 3 MUHAMMAD SYAHIDIN BIN MATNIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 25/12/2018 16:07
Officer In Charge Of Case: TP / HRT/ Sr Staff Sgt ESTHER CHONG Contact No. 65476368	Classification Of Case:
Authentication Stamp NP168 SIGNATURE	