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 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.
- 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.
- art at the centre and to copies of the report being made available

 By the lodgement of this report to the insurers, you hereby const foresaid. 	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	21/01/2019 14:03
Date Of Accident	19/01/2019 23:55
Exact Location Of Accident	MSCP BLK 630A WOODLANDS RING RD, DECK 3B, LOT 142
Country/State of Loss	SINGAPORE
District Control of the Control of t	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMA6377P
Insured/Policyholder	
Name Of Registered Owner	KOH KIA WAN
NRIC No	S1360036H
Email Address	ALEX@IELECTRIC.COM.SG
Mobile Phone No	(LOCAL) +65-97310898
Alternative Phone No	OFFICE-97310898
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE 1.5G CVT
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	D18MTPV01010992
Cover Note Number	
Driver	
Name of Driver	KOH KIA WAN
NRIC No	S1360036H
Date Of Birth	18/02/1959

Occupation **INDOOR** Date Of Driving Pass 03/07/1981

37 YEARS AND 6 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-97310898 Mobile Number

Fax Number

OFFICE-97310898 Contact Number

EMail Address ALEX@IELECTRIC.COM.SG Address

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

2

NO

NO

YES

NO

0

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

True any body mydrod m ano modulom.

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.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER]

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190120/2080 LODGED AT WOODLAND EAST NPC. ON 19/02/2019 AT ABOUT 2345HRS, I LAST PARKED MY VEHICLE AT MSCP BLK 630A WOODLANDS RING ROAD, DECK 3B LOT 142. UPON SECURING IT, I LEFT FOR HOME. ON 20/01/2019 AT ABOUT 1100HRS, UPON RETRIEVING MY VEHICLE, I DISCOVERED SCRATCHES ON THE FRONT BUMPER. I THEN VIEWED MY VEHICLE'S IN CAR CAMERA AND MANAGED TO IDENTIFY THE DRIVER RESPONSIBLE FOR THE DAMAGES. HE IS A MALE CHINESE BELIEVED TO BE IN HIS LATE 30S. IN THE VIDEO FOOTAGE FROM 2351HRS TO 2357HRS, HE WAS CAPTURED REVERSING INTO AN UNOCCUPIED CARPARK LOT OPPOSITE MY VEHICLE. DURING THE TIME THAT HE HAS BEEN REVERSING AND MOVING FORWARD, HIS FRONT LEFT BUMPER AND REAR LEFT PASSENGER DOOR MIGHT HAVE GRAZED AGAINST MY FRONT LEFT BUMPER. THE SAID DRIVER DID MADE PHYSICAL CHECKS ON BOTH VEHICLES HOWEVER, HE LEFT WITHOUT A NOTICE.

WOODLAND EAST NPC.

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 SGU7502D

Vehicle Make/Model/Colour TOYOTA/WISH 1.8 A

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver UNKNOWN DRIVER

NRIC/Passport Number

Contact Number

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

- Please report correctly the details of the accident to speed up the c
- This Form must be completed by the Policyholder and/or the Authroised Driver.
 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 insurance companies.

 5. Any false reporting may be referred to the Police for investigation.

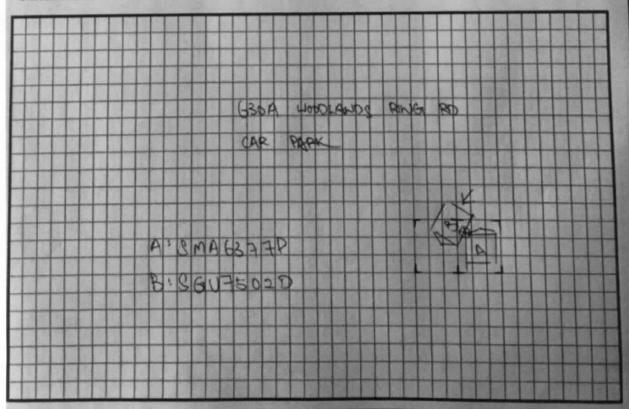
 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available application by interested parties.
- 7. By the lodgement of this report 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.
- 8. Consent under the Personal Data Protection Act (PDPA)
- (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 shall be collectively referred to as the 'Insurers'), the insurers' (awyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of I understand, acknowledge, agree and consent that: 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.

VERIFIED BY AJAX MARS REPORTING OFFICER JUN KEAT

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

Witnessed by Reporting Centre

Sketch Plan





Occupation:

ELECTRICAL PROJECT MANAGER



Date of Expiry:

1 013

Report No. T/20190120/2080

Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999

REPORT	OF A TRAFFI	CACCIDENT		
Date/Time Report Made: 20/01/2019 16:00		Vide Report No.:	Station Diary No.	
inform	ant's Partic	ulars		PARTY CANADA A STATE OF
Name of Informant: KOH KIA WAN ID Type / ID No.: NRIC NO / S1360036H Nationality: SINGAPORE CITIZEN		Address: APT BLK 629 WOODL/ SINGAPORE 730629	ANDS RING ROAD #06-250	
		Contact No.: Home/Office:	Mobile: 97310898	
		Email:		
Sex: Male	Age: 59	Date of Birth: 18/02/1959	Type of Informant: Vehicle Owner	
Race: Chinese		Language: English	Institution / School Name:	

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 19/01/2019 23:55	Type of Location: Car Park
	S RING ROAD	NG ROAD, DECK 38	LOT 142	
Weather:		Road Surface:		Road Speed Limit:
	Traffic Flow:			To the Makes
Traffic Flow:		Traffic Control:		Traffic Volume:

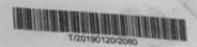
Driving Licence Information: Class: 3,4,5

Details of V Vehicle No		Make	Model	Color	Condition	No of Passenge
			NAME OF TAXABLE PARTY.	STATE OF THE PERSON NAMED IN	STATE OF THE PERSON NAMED IN	0
SGU7502D	Car	THE RESERVE				
			-	DI 1	Climbthy	0
SMA6377P	Car	HONDA	SHUTTLE	Black	Slightly	0

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



Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999



2 of 3 Report No. T/20190120/2080

CONTINUATION OF REPORT

Vehicle Owner	The second secon		
Name	KOH KIA WAN	ID No.	S1360036H
Related Vehicle	SMA6377P (Car)	Contact N	0. 97310898
Hospital/Clinic	NIL	Class of Driving Licence 8 Expiry Da	
Date Treatment	NIL	Date Discharge N	
No. of Days gran	ted Medical Leave NIL	Degree of Injury N	Later of the second

Brief Details.

On 19/01/2019 at about 2345hrs, I last parked my vehicle at mscp blk 630A Woodlands Ring Road, deck 3B lot 142. Upon securing it, I left for home.

On 20/01/2019 at about 1100hrs, upon retrieving my vehicle, I discovered scratches on the front bumper. I then viewed my vehicle's in car camera and managed to identify the driver responsible for the damages. He is a male Chinese believed to be in his late 30s.

In the video footage from 2351hrs to 2357hrs, he was captured reversing into an unoccupied carpark lot opposite my vehicle. During the time that he has been reversing and moving forward, his front left bumper and rear left passenger door might have grazed against my front left bumper. The said driver did made physical checks on both vehicles however, he left without a notice.

SINGAPORE POLICE FORCE

station Of Origin: Station of Or



3 of 3 Report No. T/20190120/2080

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 gopy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report

Staff Sgt MUHAMMAD HUSAINI BIN HUSSIN

Signature Of Interpreter. Not applicable

Officer In Charge Of Case: TP / HRT / Sr Staff Sgt ESTHER CHONG Contact No: 65476368

Authertication Stamp

mgapore Police Force

Signature Of Informant:

Date/Time: 20/01/2019 16:00

Classification Of Case: