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NATIONAL Assessment Centre					
Date In: 17 15 119 13:35	Job descript	ion	Date &Time Comple	tod	Done by
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Vch No. 575 629 6	E-mail (wi	thin thrs, AIC 2hrs)			
DUA: 10/3/19 12:30.	I-Motor C	laim Form			
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TP Insurer:	Assessment	Survey Report			7
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TP Particulars: Veh No: 5	JP ROIOR	INC(
Owner / Driver; (JI KOTOK.		Tel:)
Policy No: () Perio	od: ()	Cover Type: ()
Confirmed by ; (Dates	Tima:		1
Insured/Driver Liability: (%) [No	ote-Est. Status		%; P: 21-79%. P: 8	0-100%]	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 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.
- 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

aroresaid.	
	ACCIDENT STATEMENT
Date Of Report	17/05/2019 13:35
Date Of Accident	10/03/2019 12:30
Exact Location Of Accident	30 TAI SENG STREET CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJZ629G
Insured/Policyholder	
Name Of Registered Owner	HOO HWEE KWANG KELVIN
NRIC No	S7110007C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91882664
Alternative Phone No	OFFICE-91882664
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA3 1.6L SDN
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	FWD SINGAPORE PTE, LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2019-00003183
Cover Note Number	•
Driver	
Name of Driver	HOO HWEE KWANG KELVIN
NRIC No	S7110007C
Date Of Birth	27/03/1971
Occupation	INDOOR
Date Of Driving Pass	20/08/1998
Driving Experience	20 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91882664
Fax Number	an Marianna an Mariana Tariff (T.T.T.T.T.T.T.T.T.T.T.T.T.T.T.T.T.T.T.
Contact Number	OFFICE-91882664

NOEMAIL

Address

BLK 923 HOUGANG AVE 9 #11-50

Postcode

530923

OWNER

A CAS A DOMESTIC

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

NO 2

involved in the accident

.0.

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)

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 REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJP8010R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Co

Name

NRIC/

Date & Time:

Date of Accident	Accident Time:	(24-HR-Format)
Accident Place	<u> </u>	
Vehicle. No. (Car Plate No.)	:Make/Model:	
Insurace Company	:Policy No:	
Owner or Company Name /IC No.	i	
Owner or Company Contact No.	:Owner's Hp	Company Tel
DRIVER'S Name / IC No.		
DRIVER'S Date Of Birth	:DRIVER'S License Pas	s Date
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Empl	oyee\Others:
DRIVER'S Address	:	
DRIVER'S Contact No./ Alt No.	:1)2)	
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside	
Email Address	: Valiant - hoo @ yahoo. com.sq	
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFT	ER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim	Own Insurance
Number of Passengers (Including D	river):	
Was there any video Captured by ca Exact purpose for which vehicle was Any Injury (If YES, PIs state):	r camera: YES \ NO s being used at the time of accident: Private use	e \ Work purpose
Other P	arty Driver's Particular (if any)	
Vehicle. No:	Vehicle. No;	
Vehicle Make\Model:	Vehicle Make\Model:	
Name Driver:		
IC No. Driver/Contact:		

^{*} NEW - Passenger's name & gender:





1 of 2

Report No. F/20190311/7007

POLICE REPORT (NP299)

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

Date/Time Report Made 11/03/2019 10:39	Vide Report No.		Station Diary No.	
Name Of Informant	Address			
HOO HWEE KWANG, KELVIN	APT BLK 923 HOUGANG AVENUE 9 #11-50 SINGAPORE 530923			
ID Type / ID No. NRIC NO / S7110007C	Contact No. Home/Office: Mobile: 91882664			
Nationality SINGAPORE CITIZEN	Email Address valiant.hoo@xdel.com			
Occupation	Sex	Age	Date of Birth	Race
Management consultant	Male	47	27/03/1971	Chinese
Institution/School Name	Language English			
Date/Time Of Incident 10/03/2019 12:30 - 10/03/2019 12:35	Location Of Incident 30 TAI SENG STREET #03-00 BREADTALK IHQ SINGAPORE 534013			
Brief details.	jon tor ti	OTTE 0040	10	

Calling for assistance to find out how I can locate this Male motorist driving a White Honda HRV - SJP8010R. My car was parked at Breadtalk HQ - 30 Tai Seng Str level 3 Carpark. A vehicle hit the front side of my car when it was parked and left without leaving any contact. My front car plate and bumper was damaged. This happened on 10Mar ard 12:30-12:35pm.

I captured this all on video but the file size is too big to upload here.

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/03/2019 10:39
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	





2 of 2

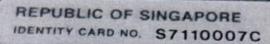
POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20190311/7007

Suspect	THE THE PARTY OF T	ESTATION TO THE OWNER.	THE REAL PROPERTY.
Person Name	Unknown		
Gender	Male	Age	30-40
Race	Chinese	Complexion	Fair
Build	Slim	Height About	170cm
Attire Last Worn	casual	Hair Colour	Black
Hair Style	Short-Kinky	Habits & Oddities	Not able to advise
Victim	THE RESERVE TO SERVE THE PARTY OF THE PARTY		
Person Name	HOO HWEE KWANG, KELVI	N	
ID Type	NRIC NO	ID No	S7110007C
Gender	Male	Age	47
Race	Chinese	Language	English
Occupation	Management consultant	Address Type	Liigiisii
Address	APT BLK 923 HOUGANG AVENUE 9 #11-50 SINGAPORE 530923	Mobile No	91882664
ls Informant A Victim?	Yes		

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: 11/03/2019 10:39
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	







Name

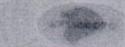
HOO HWEE KWANG, KELVIN

思光

CHINESE

Date of birth 27-03-1971

Country of birth



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7110007C

HOO HWEE KWANG, KELVIN

Birth Date: 27 Mar 1971 Issue Date: 18 Sep 2003





S7110007C

03-07-2004

APT BLK 923 HOUGANG AVENUE 9 #11-50 SINGAPORE 530923

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

PASS DATE

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

20 Aug 1998

MP 428A





b139a111-53c7-4a4d-96e7...





CERTIFICATE OF INSURANCE

Please call +65-6322-2072 for FWD Emergency Assistance if Your Car breaks down or is involved in an accident.

All accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

POLICY NUMBER: PNPV2019-00003183 (Comprehensive - Classic Plan)

Carplate number: \$JZ629G

Your name (As the policyholder): Hoo Hwee Kwang Kelvin

Coverage start date: 07/02/2019 Coverage end date: 06/02/2020

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to drive:

(a) You; and

(b) Anyone with a valid driving license who You give permission to drive Your Car.

Important things to know

Your Policy comprises this Certificate of Insurance, the Contract, the Car Insurance Summary and any Endorsements attached by Us. These documents should be read together as one. You must make sure that any person You give permission to drive Your Car understands Your duties under this Policy and complies with its conditions.

Your Policy is only valid if Your Car is being used for non-commercial activities in accordance with Your contract.

We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

Issued on: 07/02/2019

Berjus

Chief Executive Officer FWD Singapore Pte Ltd

Please immediately inform us at +65-6820-8888 or email us at contact.sg@fwd.com if any details in this Certificate of Insurance need to be changed.

FWO Singapore Pte. Ltd. 6 Temps et Boulevand, # 18-01 Suntec Tower 4, Singapore 038986. T. (65) 6820 8888. Company Registration No. 2005/01757H) www.fwid.com.sg Creargite 6) 2016 PWD Singapore Pte. Ltd. All Rights Reserved.

