





### 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 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.
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	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
<b>Insured/Policyholder</b>	
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	
Contact Number	OFFICE-91882664
Email Address	NOEMAIL

Address	BLK 923 HOUGANG AVE 9 #11-50
Postcode	530923
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) involved in the accident	2
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

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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 Clerk  
Name:  
NRIC/

# SKETCH PLAN



A = SJZ 629 G

B = BDP 8010R

30 Tai Seng Street  
Compass Compound

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Police Report*

*to*

*Police*

## DECLARATION

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

*[Signature]*  
Policyholder's Signature  
Date & Time:

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

*[Signature]*  
Rep:  
NR



Date of Accident : \_\_\_\_\_ Accident Time: \_\_\_\_\_ (24-HR-Format)  
 Accident Place : \_\_\_\_\_  
 Vehicle No. (Car Plate No.) : \_\_\_\_\_ Make/Model: \_\_\_\_\_  
 Insurance Company : \_\_\_\_\_ Policy No: \_\_\_\_\_  
 Owner or Company Name /IC No. : \_\_\_\_\_  
 Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : \_\_\_\_\_  
 DRIVER'S Date Of Birth : \_\_\_\_\_ DRIVER'S License Pass Date \_\_\_\_\_  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
 DRIVER'S Address : \_\_\_\_\_  
 DRIVER'S Contact No./ Alt No. : 1) \_\_\_\_\_ 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : valiant.hoo@yahoo.com.sg  
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
 Number of Passengers (Including Driver): \_\_\_\_\_  
 Was there any video Captured by car camera: YES \ NO  
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
 Any Injury (If YES, Pls state): \_\_\_\_\_

**Other Party Driver's Particular (if any)**

Vehicle No: _____	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

**\* NEW - Passenger's name & gender:**



**SINGAPORE  
POLICE FORCE**



F/20190311/7007

1 of 2

**POLICE REPORT (NP299)**

Report No. F/20190311/7007

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 HOO HWEE KWANG, KELVIN	Address 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 Management consultant	Sex Male	Age 47
Institution/School Name	Date of Birth 27/03/1971	Race Chinese
Date/Time Of Incident 10/03/2019 12:30 - 10/03/2019 12:35	Language English	
	Location Of Incident 30 TAI SENG STREET #03-00 BREADTALK IHQ SINGAPORE 534013	

**Brief details.**

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: 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





**SINGAPORE  
POLICE FORCE**



F/20190311/7007

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20190311/7007

<b>Subjects Involved</b>			
<b>Suspect</b>			
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
<b>Victim</b>			
Person Name	HOO HWEE KWANG, KELVIN		
ID Type	NRIC NO	ID No	S7110007C
Gender	Male	Age	47
Race	Chinese	Language	English
Occupation	Management consultant	Address Type	
Address	APT BLK 923 HOUGANG AVENUE 9 #11-50 SINGAPORE 530923	Mobile No	91882664
Is Informant A Victim?	Yes		
Person Name	HOO HWEE KWANG, KELVIN (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: 11/03/2019 10:39
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7110007C



Name

HOO HWEE KWANG, KELVIN

胡 惠 光

Race  
CHINESE

Date of birth  
27-03-1971

Sex  
M

Country of birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7110007C

Name:

HOO HWEE KWANG, KELVIN

Birth Date: 27 Mar 1971

Issue Date: 18 Sep 2003







3591688



NRIC No. S7110007C

Date of issue  
03-07-2004

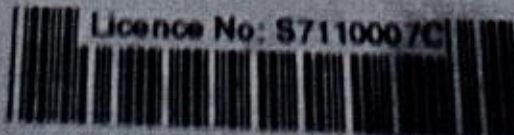
Address  
APT BLK 923 HOUGANG AVENUE 9  
#11-50  
SINGAPORE 530923

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

Class 3 Motor Cars and Motor Tractors the weight of  
which unladen does not exceed 2500 kilograms

PASS DATE

20 Aug 1998

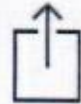


Licence No: S7110007C

NP 428A



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## 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)

Car plate number: SJZ629G

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



Abhishek Bhatia  
Chief Executive Officer  
FWD Singapore Pte Ltd

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

