#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Contact Number

**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 <u>truthful and accurate</u> 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.
- 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

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	ACCIDENT STATEMENT
Date Of Report	29/09/2019 06:42
Date Of Accident	25/09/2019 21:10
Exact Location Of Accident	J40 HDB CARPARK OF JURONG WEST STREET 41
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMK8808Y
Insured/Policyholder	
Name Of Registered Owner	ADRIAN LAM KIN HO
NRIC No	S8935707A
Email Address	ALKH2002@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98502858
Alternative Phone No	OFFICE-98502858
Vehicle Particulars	
Manufacturer	SKODA
Model	KAROQ 1.5
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	AVIVA LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	10905335
Cover Note Number	N.A.
Driver	
Name of Driver	ADRIAN LAM KIN HO
NRIC No	S8935707A
Date Of Birth	10/10/1989
Occupation	INDOOR
Date Of Driving Pass	29/06/2009
Driving Experience	10 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98502858
Fax Number	

OFFICE-98502858

ALKH2002@HOTMAIL.COM

Address NA

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

2

YES

**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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

0 Number of Passengers (Including Driver)

**Details of Police Action** 

YES Was the accident reported to the police?

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER] TRAFFIC POLICE

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### **Circumstances of Accident**

Refer as police report (T/20190927/7000) lodged at Traffic Police HQ Brief Details. I am the owner of SMK8808Y. My car was parked at J40 HDB carpark. In a video provided by another motorist (Person A), it clearly shows a Comfortdelgro Prius taxi (carplate SH8832X) reversing into my vehicle on 25 September 2019 at approximately 2109H. There were no personal information left behind by the culprit. Instead, Person A left behind a note stating that he had witnessed the accident and will provide me with the in-car camera footage. The footage is more than 2 MB.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

UPLOADED INTO AVIVA FILE ZILLA Remarks/ Reasons:

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SH8832X

Vehicle Make/Model/Colour TOYOTA/PRIUS/BLU

**Details Of Properties** 

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 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:
  - 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.

of is

Driver's Signature (If driver is not the policyholder) Date & Time: REPORTING OFFICER
MUHAMMAD SUMARDI BIN MOHD AFFANDI

VERIFY BY AJAX MARS (ARC)

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

TOURIST STATEMENT OF STREET

Policyholder's Signature

Date & Time:

#### Sketch Plan #2

A SMK 8	BIK 466	SA PARKED
A SMK 8.	× wind	REVERSE CHIT N RUN
	1 ' 1 ' 1 ' 1 ' 1 ' 1 ' 1 ' 1 ' 1 ' 1 '	r   ↓
	NCES OF THE ACCIDENT	
REFER TO ATTACHED	STATEMENT.	
DECLARATION  I/We deciare the foregoing par	iculars are true in every respect	
	4	VERIFY BY AJAX MARS (ARC) REPORTING ( MUHAMMAD SUMARDI BIN MOHD AFF
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)  Date & Time:	Name: NRIC/FIN No.:
	Date of Time.	2

#### **POLICE REPORT**





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3

Report No. T/20190927/7000

#### REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 27/09/2019 00:13		Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars	//www.min			
	Informant: LAM KIN H					
ID Type / ID No.: NRIC NO / S8935707A			Contact No.: Home/Office:	Mobile: 97367143		
Nationality: SINGAPORE CITIZEN		EN	Email: alkh2002@hotmail.com			
Sex: Male	Age: 29	Date of Birth: 10/10/1989	Type of Informant: Vehicle Owner			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: Air Force Pilot			Driving Licence Information: Class:	Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 25/09/2019 21:10	Type of Location Car Park	
Location: JURONG WE Weather: Clear	ST STREET 41	Road Surface:		Road Speed Limit: 50 Km/h	
Traffic Flow: Traffic Control: Not Controlled				Traffic Volume: Light	
Type of Collis Moving Vehic		Anyone conveyed by ambulance: No			

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SH8832X	Car	TOYOTA	Prius	Blue		0
SMK8808Y	Car	SKODA	Karoq	White	Slightly Damaged	0

Details of Vehicle Insurance				
Insurance Company	Insurance No	Effective	Expiry Date	
AVIVA LTD	10905335	12/03/2019	11/03/2020	
	Insurance Company	Insurance Company Insurance No	Insurance Company Insurance No Effective	

#### POLICE REPORT





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20190927/7000

#### CONTINUATION OF REPORT

Details of Perso	n Involved					
Any Pedestrian II	nvolved: No		190			
No. of Pedestrians Injured: NIL Use of			Use of Pe	of Pedestrian Crossing: NA		
Vehicle Owner						
Name	ADRIAN LAM KIN HO		ID No		S8935707A	
Related Vehicle	NIL			Conta	ict No.	97367143
Hospital/Clinic	NIL			Class Drivin Licend Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Dis			harge	NIL	
No. of Days gran	ted Medical Leave	Degree of	f Injury	NIL		

I am the owner of SMK8808Y. My car was parked at J40 HDB carpark. In a video provided by another motorist (Person A), it clearly shows a Comfortdelgro Prius taxi (carplate SH8832X) reversing into my vehicle on 25 September 2019 at approximately 2109H. There were no personal information left behind by the culprit. Instead, Person A left behind a note stating that he had witnessed the accident and will provide me with the in-car camera footage. The footage is more than 2 MB.

#### **POLICE REPORT**





2019092777000

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Report No. T/20190927/7000

3 of 3

#### CONTINUATION OF REPORT

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Authentication Stamp

NP168

Informant is not able to provide sketch plan

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: 27/09/2019 00:13
Officer In Charge Of Case: TP / TPIB / GOH GEOK LYE Contact No.: 65476148	Classification Of Case:









































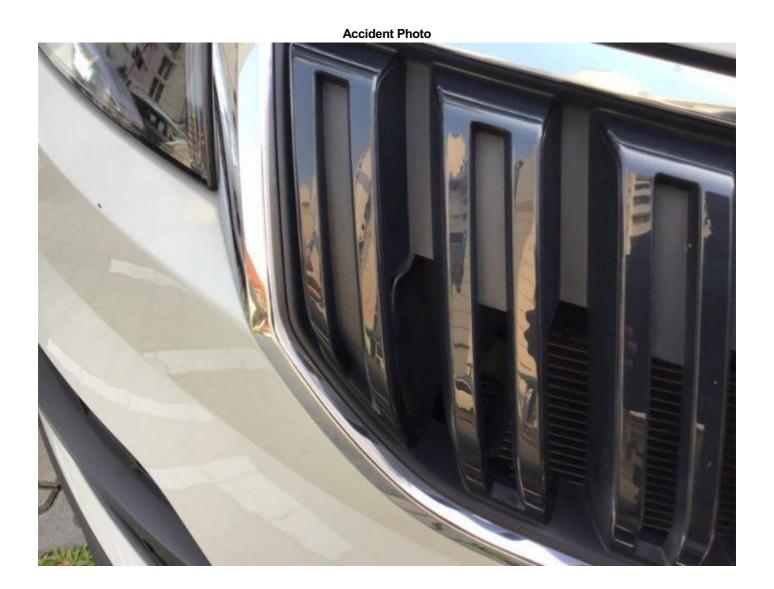




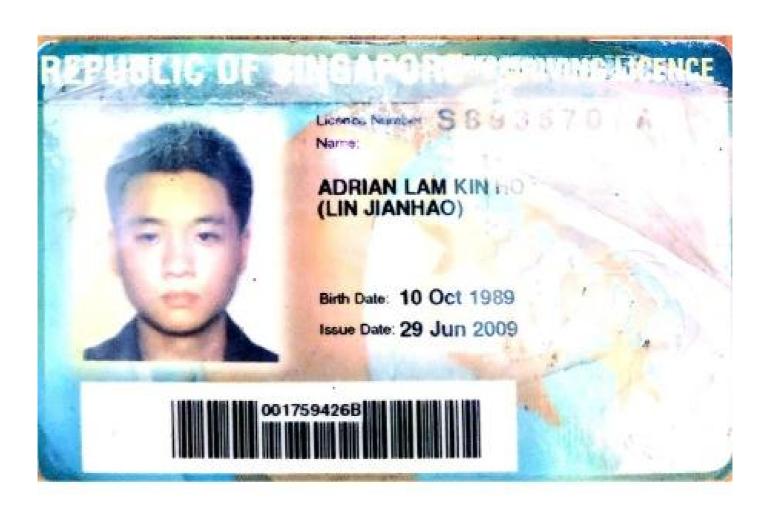












# YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

PASS DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers/exclusive 29 Jun 2009 of the driver; and other motor vehicles =< 2500kg

**NP 428A** 



#### Addendum Sheet Pg. 1



#### GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

<u>IMPORTANT NOTE</u>: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

# **ADDENDUM** (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : MBHH19128665 \_\_Vehicle Registration No: SMK8808Y Name(as shownin NRIC) : \_\_ADRIAN LAM KIN HO NRIC/FIN/Passport No: S8935707A (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate Address \_Singapore( ) \_Mobile No.: 98502858 Contact (Tel) Email Address . 25/09/2019 21:10HRS \_Time of Accident : Date of Accident Place of Accident : J40 HDB CARPARK OF JURONG WEST STREET 41 Insurance Company: AVIVA LTD (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: AMEND DRIVE DETAILS MEILIN CHAI Policyholder / Driver's Signature Reporting Centre Personnel's Signature Date: Name:

NRIC/FIN No.: G7422715K Date: 02 OCT 2019

GIARMC addendumform V