

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	30/01/2020 06:09
Date Of Accident	26/01/2020 11:55
Exact Location Of Accident	TEACHER'S HOUSING ESTATE 15 KALIDASA AVENUE 78939
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL7163L
Insured/Policyholder	
Name Of Registered Owner	IAN ANG CHONG YI
NRIC No	SXXXX343E
Email Address	XZLOPS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96678846
Alternative Phone No	OFFICE-96678846

Vehicle Particulars

Manufacturer	SUBARU
Model	LEVORG 1.6GT-S AWD 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	D20MTPV01001682
Cover Note Number	

Driver

Name of Driver	IAN ANG CHONG YI
NRIC No	SXXXX343E
Date Of Birth	10/03/1981
Occupation	INDOOR
Date Of Driving Pass	10/10/2000
Driving Experience	19 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96678846
Fax Number	
Contact Number	OFFICE-96678846
Email Address	XZLOPS@GMAIL.COM

Address	NIL
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
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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	ANG MOMKIO NORTH NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT NO. T/20200126/2040 LODGE AT ANG MOMKIO NORTH NPC ON 26/01/2020 AT 10:30AM ALONG KALIDASA AVENUE, I PARKED MY CAR SLL7163L. ON THE SAME DAY AT 11.55AM, I WAS APPROACHED BY MY NEIGHBOR THAT ONE SALOON CAR SJE8191J HAD HIT ONTO MY STATIONARY CAR. I WENT TO MAKE A CHECK ON MY CAR AND SAW THE RIGHT FOG LIGHT WAS ON THE GROUND AND THERE WERE SCRATCHES AND DENT ON THE RIGHT SIDE OF MY CAR NEAR TO MY RIGHT HEADLIGHT. MY NEIGHBOR NAMELY MR STEVEN HP:93201656 SHOWED ME THE VIDEO WHICH CAPTURED THE ACCIDENT. HE THEN SENT A COPY OF THE VIDEO. I AM LOADING THE REPORT AS IT IS A HIT AND RUN ACCIDENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJE8191J
Vehicle Make/Model/Colour	TOYOTA / CAMRY 2.4 AUTO ABS AIRBAG
Details Of Properties	NA
Vehicle Category	PRIVATE CAR
Name of Driver	NA
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

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

SKETCH PLAN
SLI7163L


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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:

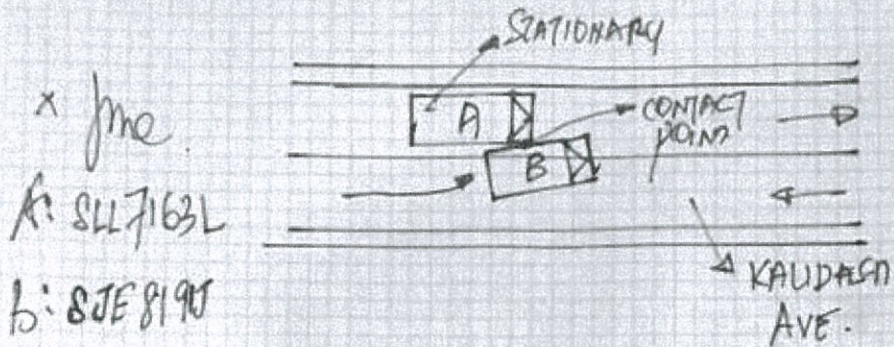

Driver's Signature
(If driver is not the policyholder)
Date & Time: **29 Jan 2020**

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
HASHIM BIN KAMARI

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

DECLARATION

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

x me.

Policyholder's Signature
Date & Time:

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

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
HASHIM BIN KAMARI

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



SINGAPORE POLICE FORCE



T/20200126/2040

1 of 3

Report No. T/20200126/2040

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/01/2020 13:23		Vide Report No.:		Station Diary No. 17	
Informant's Particulars					
Name of Informant: IAN ANG CHONG			Address: 15A KALIDASA AVENUE SINGAPORE 789394		
ID Type / ID No.: NRIC NO / S8106343E			Contact No.: Home/Office: Mobile: 96678846		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 38	Date of Birth: 10/03/1981	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: PILOT			Driving Licence Information: Class: 2B, 2A, 2, 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 26/01/2020 11:55	Type of Location: Straight Road
Location: Along Road 1 KALIDASA AVENUE.				
Weather:		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJE8191J	Car				Slightly Damaged	0
SLL7163L	Car	SUBARU	LEVORG 1.8GT-S AWD CVT	White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SLL7163L	TENET SOMPO INSURANCE PTE LTD	D19MTPV0100231 1	07/03/2019	06/03/2020



**SINGAPORE
POLICE FORCE**



T/20200126/2040

Police Station Of Origin:
Ang Mo Kio North N.P.C.
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

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Report No. T/20200126/2040

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	IAN ANG CHONG YI	ID No.	S 106343E
Related Vehicle	NIL	Contact No.	93678846
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B, 2A, 2, 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 26/01/2020 at 10.30 am along Kalidasa Avenue, I parked my car (SLL7163L). On the same day at 11.55 am, I was approached by my neighbour that one saloon car (SJE 8191J) had hit onto my stationary car. I went to make a check on my car and saw the right fog light was on the ground and there were scratches and dents on the right side of my car near to my right headlight. My neighbour namely Mr Steven HP:93201656 showed me the video which captured the accident. He then sent a copy of the video. I am lodging the report as it is a hit and run accident.



**SINGAPORE
POLICE FORCE**



T/20200126/2040

Police Station Of Origin
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

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Report No. T/20200126/2040

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 copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

F /

SI QUEK CHAW YUEN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

26/01/2020 13:23

Officer In Charge Of Case:

TF / HRT /

SI KALESWARI PALANI

Contact No: 65476902

Classification Of Case:

Authentication Stamp

NP168