SA0D20CS0001 / AMK Autopoint Pte Ltd ENTRY DATE & TIME: 28/12/2020 14:50 (SGT) SUBMITTED BY: Joelle Tan VERSION: 1 (28/12/2020 14:50 (SGT))



# 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.
- 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 Submission Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

28/12/2020 14:50 (SGT) 27/12/2020 10:00 (SGT) 101 Serangoon North Ave 1, Block 101, Singapore 550101 **CARPARK** 

### DETAILS OF OWN VEHICLE

Vehicle Registration Number

SKZ4483X

Singapore

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner NRIC No **Email Address** 

Mobile Phone No Alternative Phone No Nο

LEE KAY SOON SXXXX961H

alexleeks@yahoo.com (Phone) +65-81253935 (Home) +65-62861017

VEHICLE PARTICULARS

Manufacturer Model

Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Toyota Sienta

Private use

No - Claiming third party

Private car

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number Cover Note Number

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

NTUC Comprehensive

No 5077231590-04

LEE KAY SOON SXXXX961H 07/07/1971 Indoor

Date Of Driving Pass

14/01/1992 Driving experience

Gender

28 YEARS AND 11 MONTHS

Male

Mobile Number (Phone) +65-81253935 Alt. Phone Number (Home) +65-62861017 **Email Address** alexleeks@yahoo.com Address BLK 101 SERANGOON NORTH AVENUE 1 #02-819

Address complement

Postcode 550101 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident

Weather Conditions Road Surface

Hit and run / Vandalism / Damaged whilst parked

Clear Dry

No

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) No

soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

Yes

Serangoon North Neighbourhood Police Post

Blk 108 Serangoon North Avenue 1 #01-709 Singapore 550108

No

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ACCIDENT STATEMENT AS ATTACHED.

ATTACHMENT(S)

Vehicle Manufacturer

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 SHB2213J

Vehicle Model

Vehicle Variant Vehicle Colour Yellow Vehicle Category Taxi Name of Driver Contact Number

Address Address complement

Accident report SA0D20CS0001

Page 2 of 13

Postcode Insurance Company Name Insurance Of Damage In accident Insurance Of Passenger (Including Driver)

#### **SKETCH PLAN**

#### **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
- 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>.
- 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)

Lunderstand, 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) affinistrer(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 (c) 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.

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Sale & Tarrer

Coordinate Personnel State Ton Secretary BMK Autopoint PTE ItD 28-12, 2020

SKETCH PLAN			
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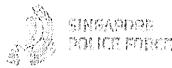




Police Station Of Origin: Serangeon North NPP 108 Serangeon North Ave 1 #01-709 SINGAPORE 550108

Report No. T/20201228/2038

SINGAPOR Tel No: 180											
REPORT OF	4 TRAFF	io accidi	SHT								
Date/Time Report Made 28/12/2020 12:54			Vide I	Report Ho.	S	ation Diary No.:					
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Name of Informant LEE KAY SOON			Address: APT BLK 101 SERANGOON NORTH AVENUE 1 #02-819 SINGAPORE 550101								
ID Type / ID No.:			Conta								
MRIC NO /		96114			/Office.		Mobile	e: 81253935			
Nationality: SINGAPOR		ZEN		Email:							
Sex: Age: Date of Birth: Male 49 08/07/1971			Type of Informant: Vehicle Owner								
Race: Chinese			mere annet i e aan uma quamaqquequiya i	Englis					ution / School Name:		
Occupation: OPERATION MANAGER			Driving Licence Information: Class: 3 Date of Expiry:								
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General Info	onnatio	m of the	Accident								
Type of Non-Injury Accident: Hit and Run			Drink Date/Time of Accident: No. 27/12/2020 10:0			it:		Type of Location Car Park			
Location: SERANGO	ои ио	RTH AV	ENUE 1			The second secon					
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Weather:				Road Surface:				Road Speed Limit:			
Traffic Flow:				Traffic Control: Not Controlled				Traffic Volume:			
Type of Collision: Moving Vehicle Against - Parked Vehic				de				Anyone conveyed by ambulance: No			
Details of \	lahinla	Francisco.	1	The section of the section of			Annual from Market Volume				
Vehicle No.	Тура		Malte		Model	Color	Too	udition	No of Passenge		
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✓olice Station Of Origin; Serangeon North NPP 108 Serangeon North Ave 1 #01-709 SINGAPORE 550108 Tel No: 1800-2849999 f/20201228/2038

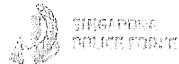
2 of 3 Report No. 1/20201228/2039

CONTINUATION OF REPORT

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Mame	LEE KAY SOON	A Total or up to make to an		ID No		S7127981H
Related Vehicle	SKZ4483X (Car)		THE CHARLES AND	Conta	ct No.	81253935
Hospital/Clinic	NIL		THE RESIDENCE OF THE COMPANY OF	Class Drivin Licend Expiry	30 % a	Class: 3 Date of Expiry: NIL
Date Treatment	NIL.		Date Disci	narge	NIL	
No. of Days granted Medical Leave NIL			Degree of	Injury	NIL	the contract of the contract of the second o

## Brief Details.

On 27/12/2020 at 9:00am I had parked my car at the open space carpark of Blk 101 Serangoon Nth Ave 1. On 28/12/2020 at about 10:00am, I went over to my vehicle and noticed that the front left side of my vehicle was damaged and due to that I was unable to open the passenger door. I viewed my in car camera and noticed that on 27/12/2020 at 10:02am, taxi bearing plate number SHB2213J had knocked onto my car and after which drove off. I have the video of the accident.



Police Station Of Origin: Serangoon North NPP 108 Serangoon North Ave 1 #01-709

SINGAPORE 550108 Tel No: 1800-2849999



3 of 3 Report No. T/20201228/2038

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 Redd F / Sr Staff Sgt KHAIRUDDI			Signature Of Informant:
Signature Of Interpreter: Not applicable		And the second s	Date/Time: 28/12/2020 12:54
Officer In Charge Of Case TP / MRT / SI NOR AFFENDY BIN J/ Contact No.: 65476368	The second secon	THE PROPERTY OF STATES OF	Classification Of Case:
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