SN092129000A / National Assessment Centre Services [408933] ENTRY DATE & TIME: 09/02/2021 11:54 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (09/02/2021 11:54 (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.

- 4. The issue and acceptance of this is form by instrained 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 09/02/2021 11:54 (SGT) Date of Accident 07/02/2021 07:07 (SGT) Exact Location of Accident 220 Bedok Central, Singapore 460220 Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKD6181U

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner FOO SUAN KWOK (FU CHUANGUO) NRIC No. SXXXX104C Email Address KENFSK@YAHOO.COM.SG Mobile Phone No (Phone) +65-98288095 Alternative Phone No +65-98288095

VEHICLE PARTICULARS

Manufacturer **BMW** Model Х3 Variant

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

Are you claiming under your own insurance policy for repair to

your vehicle? No - Claiming third party

Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Type of Coverage Comprehensive

Fleet Policy

Policy Number SD19V08483/VPC2/R00

Cover Note Number

DRIVER

Name of Driver FOO SUAN KWOK (FU CHUANGUO) NRIC No SXXXX104C Date Of Birth 28/04/1982 Occupation Indoor

Date Of Driving Pass 04/06/2002 Driving experience 18 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-98288095 Alt. Phone Number +65-98288095 Email Address KENFSK@YAHOO.COM.SG Address BLK 221C BEDOK CENTRAL #06-86 Address complement Postcode 463221 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? No 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 Hit and run / Vandalism / Damaged whilst parked Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) soliciting/offering accident claims assistance? No DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT T/20210209/7006 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 SMG2996Y

Vehicle Registration Number SMG2996N
Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car
Name of Driver Contact Number -

Address	 	_
Address complement		_
Postcode		_
Insurance Company Name	 	_
Nature Of Damage		_
Details of property damaged in accident	 	_
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.
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- Any false reporting may be referred to the Police for investigation.
- 6. 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.
- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that :

- (a) My insurer , my w orkshop 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

SKD 61814 SMG 29964

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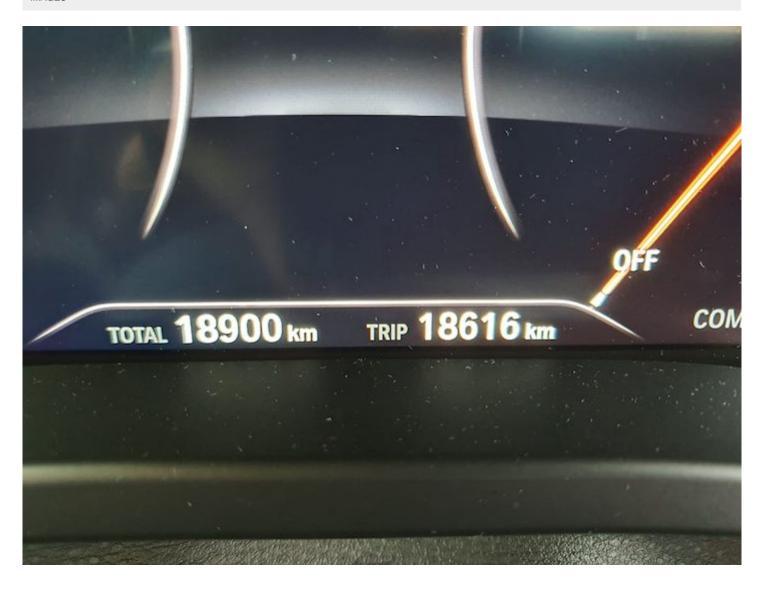
Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel



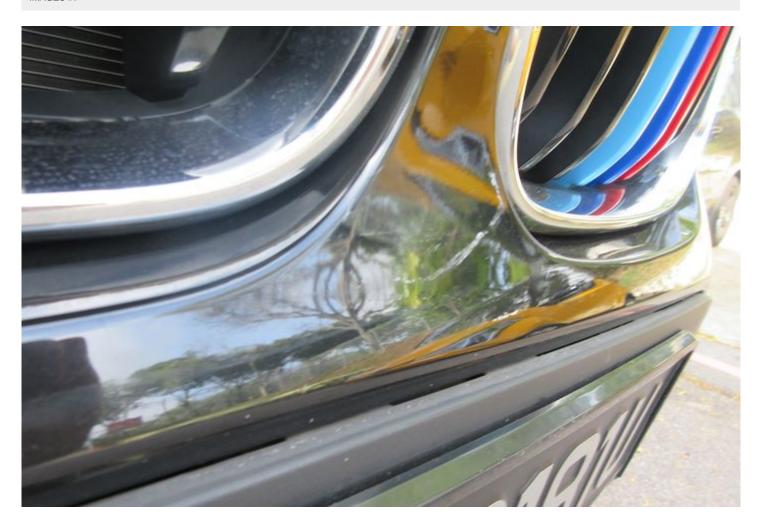










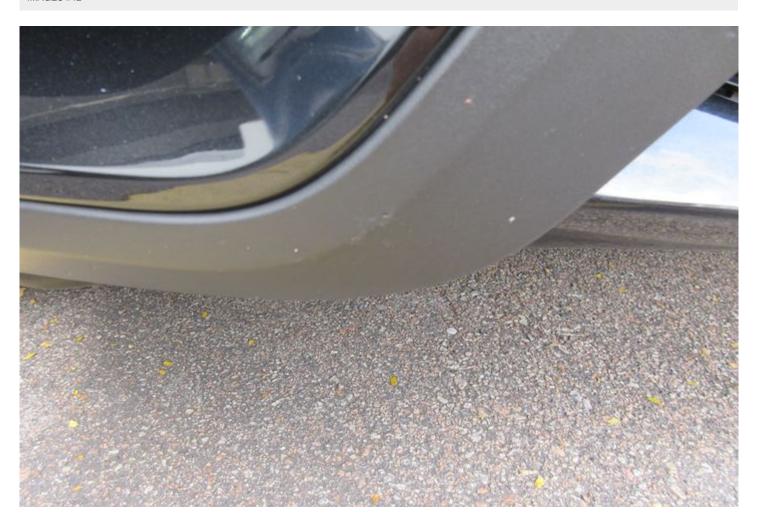
























1 of 3

Report No. T/20210209/7006

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

REPORT O	F A TRAFFIC	ACCIDENT		Station Diary No.:			
Date/Tim 09/02/20	e Report M 21 10:00	ade:	Vide Report No.:	Outside Discovery			
Informat	nt's Particu	lars	一种的多洲产业公司	Little British British British British British			
Name of Informant: FOO SUAN KWOK			Address: 221C BEDOK CENTRAL #06-86 SINGAPORE 463221				
ID Type)4C	Contact No.: Home/Office:	Mobile: 98288095			
Nationality: SINGAPORE CITIZEN			Email: kenfsk@yahoo.com.sg				
Sex: Male	ex: Age: Date of Birth:		Type of Informant: Driver				
Race: Chinese			Language: English	Institution / School Name:			
Occupat	ion:		Driving Licence Information: Class:	Date of Expiry:			

eneral Inforr Type of Accident:	Non-Injury Hit and Run	Drink Date/Time of Drive: Accident: No 07/02/2021 07		Type of Location Car Park	
Location: BEDOK CEN Weather:	TRAL	Road Surface:		Road Speed Limit:	
Clear		Dry		Traffic Volume:	
Traffic Flow:		Traffic Control: Not Controlled		No Traffic	
One Way Type of Collin Moving Vehic	sion: cle Against - Parked V	ehicle		Anyone conveyed by ambulance: No	

Details of V	A DESCRIPTION OF THE PARTY OF T		Model	Color	Conditio	No of
Vehicle No.	Туре	Make	Middel			0
SKD6181U	Car					(A)
THE CONTROL OF THE CO				Cilver	Slightly	0
SMG2996Y	Car	NISSAN		Silver	Damaged	





Police Station Of Origin: Traffic Police

Report No. T/20210209/7006

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Any Pedestrian Ir	n Involved					
No. of Pedestrian			Use of Pedestrian Crossing: NA			
Driver				GM.	1930	
Name	FOO SUAN KWOK			ID No.		S8213104C
Related Vehicle	SKD6181U (Car)			Contact No.		98288095
Hospital/Clinic	NIL		Class o Driving Licence Expiry		Class: NIL Date of Expiry: NIL	
Date	NIL	Date	NIL			
	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.

My vehicle, SKD6181U was parked when moving vehicle, SMG2996Y, which was trying to park, steer and bang into the front of my vehicle, SKD6181U on 7 Feb 2021, 7.07am. This was recorded on my vehicle SKD6181U in car camera. I did not realized the damage caused until 8 Feb 2021, 4 30pm. After which, I spent some time looking thru my videos in the car camera hence resulting in the delay in making this police report on 9 Feb 2021, 9 35am.

The accident took place at Blk 220, Bedok Central, Singapore 460220, multi storey carpark





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20210209/7006

CONTINUATION OF REPORT

Sketch Plan	
Informant is	not able to provide sketch

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: 09/02/2021 10:00			
Officer In Charge Of Case: TP / TPIB / NOR AFFENDY BIN JAFFAR Contact No.: 65476368	Classification Of Case:			

NP168

Authentication Stamp