

# 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 Submission ..... 18/03/2021 11:35 (SGT)  
Date of Accident ..... 17/03/2021 16:00 (SGT)  
Exact Location of Accident ..... 402 Sin Ming Ave, Singapore 570402  
Additional Location Information ..... Junction of Sin Ming Avenue and Sin Ming Walk  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKK4937H

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... Marc Ho Kerk Tze  
NRIC No ..... S1794862H  
Email Address ..... marc\_ho@hotmail.com  
Mobile Phone No ..... (Phone) +65-91071967  
Alternative Phone No ..... (Office) +65-91071967

### VEHICLE PARTICULARS

Manufacturer ..... Mini  
Model ..... Cooper  
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? ..... Yes  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1999

### INSURANCE COMPANY

Name of Insurance Company ..... ECICS Limited  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... MPC21P00012500  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... Akiko Yonezawa  
NRIC No ..... S6983176A

Date Of Birth .....	14/04/1969
Occupation .....	Indoor
Date Of Driving Pass .....	02/02/2003
Driving experience .....	18 YEARS AND 1 MONTH
Gender .....	Female
Mobile Number .....	(Phone) +65-98182477
Alt. Phone Number .....	-
Email Address .....	kome25@hotmail.com
Address .....	18 SIN MING WALK #06-03
Address complement .....	-
Postcode .....	575569
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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 .....	Fire, explosion or lightning
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	1
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	No
Number of Passengers (Including Driver) .....	1
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 .....	Bedok Division Headquarters
Police Station Phone No .....	(Phone) +65-18002440000
Alt. Police Station Phone No .....	(Fax) +65-64443009
Police Station Address .....	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

Please refer to statement

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No
Was there any audio recorded? .....	No

SKETCH PLAN

Junction of Sin Ming Walk  
& Sin Ming Ave



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

CAR stalled at the traffic light junction  
along SIN MING WALK and SIN MING AVENUE.

driver attempted to re-start the car,  
and the car burst into flames.

SCDF & Police were called on-site.  
Fire was put out.

DECLARATION

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

Policyholder's Signature  
Date & Time:

17-MAR-2021

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

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























**SINGAPORE  
POLICE FORCE**



G/20210317/7060

1 of 2

**POLICE REPORT (NP299)**

Report No. G/20210317/7060

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

Date/Time Report Made 17/03/2021 21:31	Vide Report No.	Station Diary No.
Name Of Informant MARC HO KERK TZE	Address 18 SIN MING WALK #06-03 SINGAPORE 575569	
ID Type / ID No. NRIC NO / S1794862H	Contact No. Home/Office:	Mobile: 91071967
Nationality SINGAPORE CITIZEN	Email Address MARC_HO@HOTMAIL.COM	
Occupation Information technology project manager	Sex Male	Age 53
Institution/School Name	Date of Birth 23/09/1967	Race Chinese
Date/Time Of Incident 17/03/2021 16:00	Location Of Incident 100 SIN MING AVENUE BRIGHT HILL MRT STATION SINGAPORE 575737	

**Brief details.**

Reference earlier Police Report made: E/20210317/7029, there was a error in the information.  
Property were not stolen, but were destroyed by the fire during the incident.

Refiling as follows:

Ref: Singapore Police Force Card Report Number E/20210319/0112

Car: SKK4937H Mini Cooper Countryman

Driver: Akiko Yonezawa

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: 17/03/2021 21:31
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE  
POLICE FORCE**



G/20210317/7060

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20210317/7060

The car stalled at the traffic light junction along Sin Ming Ave turning into Sin Ming Walk.  
Upon attempting to re-start the car, the car burst into flames.  
SCDF and Police were activated, and the fire was put out.  
Car was towed away at around 6:30 pm.

Property destroyed during the incident includes a laptop, car camera, Driver's license, NRIC, Credit Card, ATM, Cash Card, Baby Stroller etc.

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: 17/03/2021 21:31
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	





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: S66S00206 / GST Reg. No.: M400017735

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

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : \_\_\_\_\_ Vehicle Registration No: SUKK4937H  
Name (as shown in NRIC) : \_\_\_\_\_ NRIC/FIN/Passport No : \_\_\_\_\_  
(\* Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : \_\_\_\_\_  
Email Address : kome25@hotmail.com  
Date of Accident : \_\_\_\_\_ Time of Accident : \_\_\_\_\_  
Place of Accident : \_\_\_\_\_  
Insurance Company : \_\_\_\_\_

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Police report filed. 17/3/21 21:31 hr.  
Report number G/20210317/7060

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: [Signature]  
NRIC/FIN No.:  
Date: 18/3/21

**Personal Particulars**Date of Accident: 17/03/21 (dd/mm/yy) Time of Accident: 16:00 (24 Hrs)Vehicle No: SKK4937H Vehicle Make/Model: MINI COOPER COUNTRYMAN 1.6AExact Location of Accident: SIN MING AVE / SIN MING WALK TRAFFIC LIGHT JUNCTIONOwner's Name / IC No: MARC HO KEEK TEE / S17998621Owner's Contact No: 91071967 Owner's Email: marc-ho@hotmail.comDriver's Name / IC No: S6983176ADriver's Contact No: 98182477 Driver's Email: kome25@hotmail.com

Relationship between Owner &amp; Driver: Spouse/Children/Friend/Parents/

Others please specify: \_\_\_\_\_ Insurance Company & Policy No: EC/CS MPC21P00012500Does the driver own any other vehicle?Yes / No If Yes, Vehicle no. \_\_\_\_\_ & Insurance Company & Policy No: \_\_\_\_\_What do you wish to claim? (Please circle one only) \*Number of passengers (Including Driver): \_\_\_\_\_Own Insurance / Third Party / Reporting OnlyExact purpose for which the vehicle was being used at the time of accident?Private use / Work purposeWeather condition & Road Conditions?Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & WetOccupationAny Witness?\*Any Video?

Indoor / Outdoor

Yes / No If Yes, please specify \_\_\_\_\_

Yes / No

Any Injuries? (Police report is required if mc is above 3 days)\*Seat Belt?Yes / No If Yes, which police station, which part? \_\_\_\_\_

Yes / No

Third Party (Vehicle B) details:

Driver's Name/IC No: \_\_\_\_\_ Vehicle No: \_\_\_\_\_

Third Party Insurance: \_\_\_\_\_ Driver's Contact No: \_\_\_\_\_

Other's Vehicle Involved (If applicable)

Vehicle C: \_\_\_\_\_ Vehicle D: \_\_\_\_\_ Vehicle E: \_\_\_\_\_

Was any foreign vehicle involved in this accident?

If yes, Foreign Vehicle Registration Number: \_\_\_\_\_



## SKETCH PLAN

Junction of Sin Ming Walk  
& Sin Ming Ave



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

CAR stalled at the traffic light junction  
along SIN MING WALK and SIN MING AVENUE.

driver attempted to re-start the car,  
and the car burst into flames.

SCDF & Police were called on-site.  
Fire was put out.

## DECLARATION

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

Policyholder's Signature  
Date & Time:

17-MAR-2021

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

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

**SKETCH PLAN****IMPORTANT NOTICE**

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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. 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 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:

17 MAR 2021

Driver's Signature

(If driver is not the policyholder)

Date & Time:

17 MAR 2021

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



TP CLAIM

**AUTHORISATION**

Name of owner of m/vehicle: MARC HO KERK TZE  
 Address: 18 SIN MING WALK #06-03 SINGAPORE 575561  
 NRIC No: 8179486214  
 RE: ACCIDENT ON: 17-MAR-2021 ALONG: SIN MING AVE / SIN MING WALK  
TRAFFIC LIGHT JUNCTION  
 INVOLVING: CAR BURST INTO FLAMES.

In consideration of **BH AUTO SERVICES PTE LTD** ("the Workshop") repairing my/our vehicle no. SKK493714 at my/our request, I/We the abovenamed owner of motor vehicle no. SKK493714 hereby authorise the Workshop to demand claim, negotiate, settle my/our claim for cost of repairs loss of use and all other expenses and damages arising out of the above accident.

I/We further authorise the Workshop to appoint solicitors to demand, claim, negotiate, settle and/or commence legal proceedings in my/our name for the above purpose and at the sole discretion of the Workshop. All sums recovered therefrom shall belong to the Workshop absolutely and I/We further authorise the Workshop to give absolute discharge on my/our behalf and to sign all discharge vouchers and other documents in relation to the same on my/our behalf. I/We further agree to fully co-operate with the solicitors appointed by the Workshop on my/our behalf and attend all Court hearings that are necessary to prosecute the claims maintained by the Workshop.

I/We agree that in the event that the claim is rejected for whatsoever reason or the Workshop decides not to proceed with legal proceedings or for whatsoever reason the Workshop is unable to recover all of the repair costs or are only able to recover a portion of the same I/we hereby undertake to pay them the full repair costs and or any portion thereof that cannot be recovered and all expenses including legal costs that they may have incurred in pursuing the claim within 7 days from the date of the written notice for payment by them to my/our last known address.

I/We hereby declare that I/we will always remain and be liable to the Workshop for the cost of repair to my/our motor vehicle and expenses incurred on my/our behalf. In the event that Workshop has to issue any notice or commence legal proceedings against me/us to enforce this undertaking against me/us, I/we shall be liable for the Workshop's expenses and legal cost (including solicitor and client cost) on an indemnity basis.

I/We further authorise the Workshop to give to the other party/parties absolute discharge in respect of any liability and any sum, whether agreed or not made the Workshop or to the law firm appointed by the Workshop towards full settlement of my/our claim it shall be regarded as full and final discharge of the claim.

I/We further authorise the Workshop to settle the above mentioned claim in a manner that they deem fit and the Workshop is further authorised to receive payment further to settlement of my claim with payment cheque/s being made in favor of the Workshop.

Date this: 17 (day) of 03 (month) 2020 (year) 2021

Signed: Owner of m/vehicle: MARC HOHP: 91071967