

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 26/03/2021 16:18 (SGT)
Date of Accident 25/03/2021 10:00 (SGT)
Exact Location of Accident 721 Ang Mo Kio Ave 8, Singapore 560721
Additional Location Information carpark
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKC3503A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner HO SOO KIT(HE ZIJIE)
NRIC No SXXXX176B
Email Address benho_8@hotmail.com
Mobile Phone No (Phone) +65-90082082
Alternative Phone No (Home) +65-90082082

VEHICLE PARTICULARS

Manufacturer Mazda
Model 3
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
Transmission Auto
CC 1496

INSURANCE COMPANY

Name of Insurance Company Aviva Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 10699409
Cover Note Number -

DRIVER

Name of Driver HO SOO KIT(HE ZIJIE)
NRIC No SXXXX176B

Date Of Birth	10/04/1980
Occupation	Indoor
Date Of Driving Pass	16/12/1998
Driving experience	22 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90082082
Alt. Phone Number	(Home) +65-90082082
Email Address	benho_8@hotmail.com
Address	BLK 253 YISHUN RING ROAD,
Address complement	#09-1163
Postcode	760243
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	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)	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	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Please refer to the attached Traffic Police Report.

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	GZ9949J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

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)	-

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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:

Reporting Centre Personnel's Signature
Name:
Date & Time:

KGC WORKSHOP
Singapore - Secure - Satisfaction
144 Ang Mo Kio St. 63, Block B (S) 569116
Tel: 6466 6279 / 6466 5410
Email: contact@kgcworkshop.com.sg

A: SKC 3503 A

B: GZ 9949J

(Car park of
Blk 72) Ang Mo Kio Avenue 8 parked

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to the attached Traffic Police Report.

DECLARATION

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

[Signature]
Declarant's Signature
Date & Time

Declarant's Name
(If driver is not the declarant, state)
Date & Time

KGC WORKSHOP
Sincere • Secure • Satisfaction
14 Ang Mo Kio St 63, Block B (S) 569116
Tel: 6453 6279 / 6458 5410
Email: contact@kgcworkshop.com.sg
[Signature]
KGC Workshop Signature
NRIC/PIN No.



**SINGAPORE
POLICE FORCE**



T/20210325/2162

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20210325/2162

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/03/2021 23:15		Vide Report No.:		Station Diary No.: 104	
Informant's Particulars					
Name of Informant: HO SOO KIT			Address: APT BLK 243 YISHUN RING ROAD #09-1163 SINGAPORE 760243		
ID Type / ID No.: NRIC NO / S8011176B			Contact No.: Home/Office: Mobile: 90082082		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 40	Date of Birth: 10/04/1980	Type of Informant: Vehicle Owner		
Race: Chinese			Language:		Institution / School Name:
Occupation: Hair stylist/Hairdresser			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 25/03/2021 10:00	Type of Location: Car Park
Location: ANG MO KIO AVENUE 8				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
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
GZ9949J	Van					0
SKC3503A	Car	MAZDA		Blue	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No



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Report No. T/20210325/2162

CONTINUATION OF REPORT

Vehicle Owner			
Name	HO SOO KIT	ID No.	S8011176B
Related Vehicle	SKC3503A (Car)	Contact No.	90082082
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 25.03.2021 at about 9:55am, I had parked my vehicle SKC3503A at Blk 721 Ang Mo Kio. After securing my vehicle, I went off. On the same day at about 10:30pm, I went back to my car and discovered that there were some scratches on the front part of my vehicle. Since I had installed a in-built CCTV camera in my car, I went to check the CCTV recordings. The CCTV footages showed that a Van GZ9949J was reversing at about 10:01am. While the said van was reversing, the drive and collided on to my vehicle. The driver was seen coming out from the vehicle and subsequently left the carpark.



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31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20210325/2162

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: L / SI MOHAMED SAHIR	Signature Of Informant: <i>Helmi</i>
Signature Of Interpreter: Not applicable	Date/Time: 25/03/2021 23:15
Officer In Charge Of Case: TP / HRT / SI NOR AFFENDY BIN JAFFAR Contact No.: 65476368	Classification Of Case: SN 085
Authentication Stamp 	