

VEHICLE NO: SKK633K

VEHICLE MODEL: MINI

DATE OF ACCIDENT	24 / 11 / 2021
TIME OF ACCIDENT	20.00 AM/PM
LOCATION OF ACCIDENT	UB1 Avenue 1 Beside 301 Ubi Food House
Contact Purpose use during accident	open car part
NAME OF OWNER	Ang Li Poh angli Poh@gmail.com
TEL NO	96788843
NRIC	S1527632J
CLAIM TYPE	OD/THIRD PARTY / REPORTING ONLY
INSURANCE CO	Eg Insurance Company Limited
TYPE OF COVERAGE	Comprehensive / Third party / thrd Party Fire & Theft
POLICY NO	DMPPH021-008291
NAME OF DRIVER	As above / If no:
NRIC	S1527632J Any passengers: CN1
DATE OF BIRTH	20 / 05 / 1962
OCCUPATION	Outdoor / Indoor
DATE OF DRIVING PASS	12 / 10 / 1982
GENDER	Male / Female
CONTACT NO	96788843 Office: Home:
ADDRESS	630 UPPER THOMSON ROAD #02-69 S 767132
DRIVER HAVE ANY OWN Vehicle	(No) if yes: Reg No:
RELATIONSHIP	Employee / If No: Owner
WEATHER CONDITION	(Clear) Raining / Other:
ROAD SURFACE	Dry / Wet / Others:
ANY INJURIES	(No) / If yes: Who?
CONTACT NO	
POLICE REPORT	No (If yes) Where?
VEHICLE B NO	SHD6529L Any passengers: Nil
NAME	NIC
CONTACT NO	NIC
VEHICLE C NO	Any passengers:
VEHICLE D NO	Any passengers:
VEHICLE E NO	Any passengers:
VEHICLE F NO	Any passengers:
ANY WITNESS	
WITNESS CONTACT NO	
PARTICULAR WORKSHOP	IMPERIUM AUTOMOTIVE
TEL NO	26 KAKI BUKIT ROAD 4
CONTACT PERSON	#01-49 SYNERGY @ KB
FAX NO	SINGAPORE 417800
	TEL: 9748 9940 FAX: 63467213
	Reg. No. S3293624L

Describe Circumstances of the Accident

Handwritten notes on lined paper:

20/11/21

20/11/21

20/11/21

Declaration

We declare the foregoing particulars are true in every respect.

29.11.21

Handwritten signature of Policyholder

Policyholder's Signature / Date & Time

Handwritten signature of Driver

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

Witnessed by Reporting Centre Personnel

## 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.
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. 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)

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

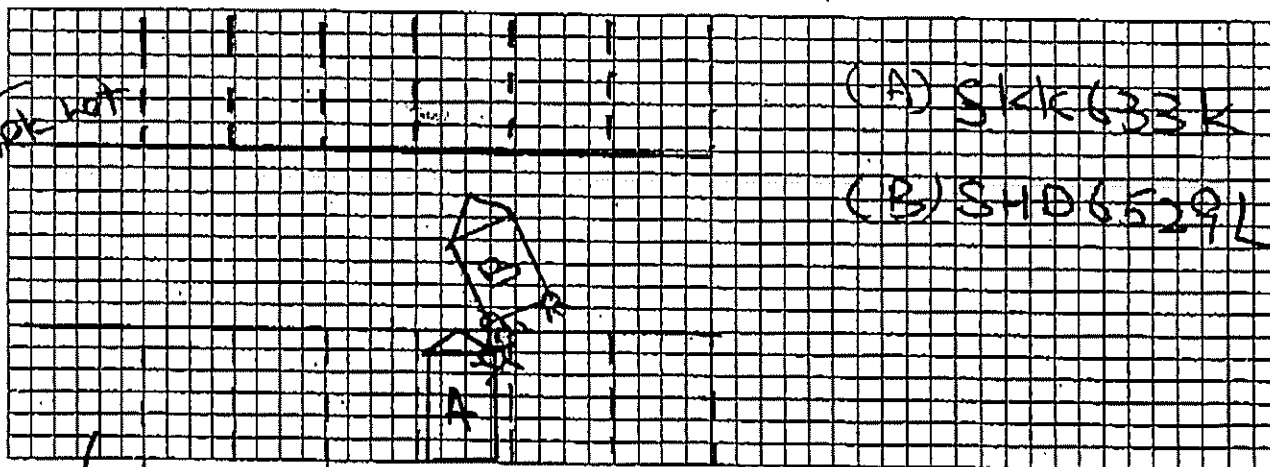
(c) my Personal Information may/can be disclosed by any, of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



CAR PARK LOTS



**SINGAPORE  
POLICE FORCE**



T/20211127/2043

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

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Report No. T/20211127/2043

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/11/2021 13:05		Vide Report No.:		Station Diary No.: 20	
<b>Informant's Particulars</b>					
Name of Informant: ANG LI POH			Address: 630 UPPER THOMSON ROAD #02-69 SINGAPORE 787132		
ID Type / ID No.: NRIC NO / S1527632J			Contact No.: Home/Office: Mobile: 96788843		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 59	Date of Birth: 20/05/1962	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: PROJECT MANAGER			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 24/11/2021 20:00	Type of Location: Car Park
Location: UBI AVENUE 1				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHD6529L		TOYOTA	PRIUS 5DR HATCHBACK (AUTO)	Blue		0
SKK633K		MINI	ONE 3DR HB (LCI)	Green		0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SKK633K	EQ INSURANCE COMPANY LTD.	DMPPHQ21-008291	26/11/2021	25/11/2022



**SINGAPORE  
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T/20211127/2043

Police Station Of Origin:  
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Tel No: 1800-5529999

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Report No. T/20211127/2043

**CONTINUATION OF REPORT**

<b>Details of Person Involved.</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	ANG LI POH	ID No.	S1527632J
Related Vehicle	SKK633K	Contact No.	96788843
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 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 26/11/2021 at about 1300hrs, I went to retrieve my vehicle (SKK633K) which was parked at 50 Amber residents open space car park after meeting my client. I discovered that there were scratches and dent marks on the front right of my vehicle.

I then playback my in-car camera footage which shown on 24/11/2021 at about 2000hrs, a blue colour taxi (SHD6529L) making a reverse and knock onto my vehicle and the driver alighted.



**SINGAPORE  
POLICE FORCE**



T/20211127/2043

Police Station Of Origin:  
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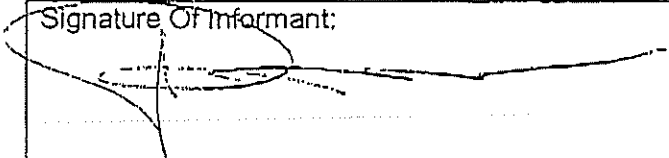

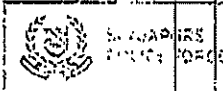
Report No. T/20211127/2043

**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 E / Sgt 3 TAN CHIN SENG, JASON 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 27/11/2021 13:05
Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No.: 65476902	Classification Of Case:  SN 061
Authentication Stamp NP168	 SIGNATURE