

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	15/06/2022 17:09 (SGT)
Date of Accident	15/06/2022 12:20 (SGT)
Exact Location of Accident	Ang Mo Kio, Singapore
Additional Location Information	OPEN CARPARK OF CHENG SAN MARKET & FOOD CENTRE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	ES7117S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAY KOK SOON
NRIC No	SXXXX797Z
Email Address	KOKSOONTAY@YAHOO.COM
Mobile Phone No	(Phone) +65-96948550
Alternative Phone No	+65-96948550

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E250
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	2500

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D22MTPV01000222
Cover Note Number	-

DRIVER

Name of Driver	TAY KOK SOON
NRIC No	SXXXX797Z

Date Of Birth	25/10/1968
Occupation	Indoor
Date Of Driving Pass	28/04/1987
Driving experience	35 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96948550
Alt. Phone Number	+65-96948550
Email Address	KOKSOONTAY@YAHOO.COM
Address	34 SARACA VIEW
Address complement	-
Postcode	807303
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	THERESA KOH SOO LING
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004849999
Alt. Police Station Phone No	(Fax) +65-62181399
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFT882U
Vehicle Manufacturer	Mazda

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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)	-

WITNESS DETAILS

WITNESS 1

Name	LOUIS
Phone	(Phone) +65-96966452
Email	-

SKETCH PLAN

Veh A: **E57175**
Veh B: **5F T8821**

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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.

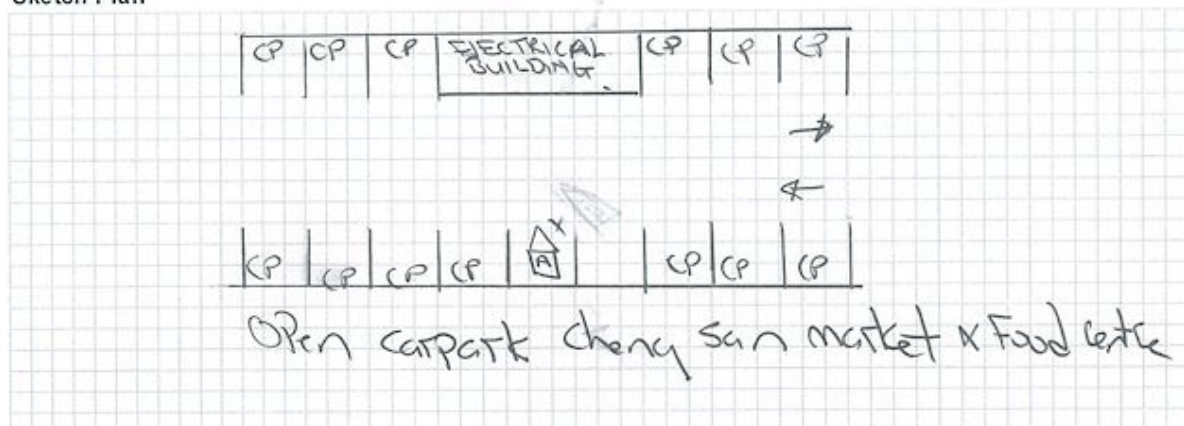
**I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel


Sketch Plan



Veh A: ES7117S
Veh B: SFT882M

Refer to Police Report

We declare the foregoing particulars are true in every respect.


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

Witnessed by Reporting Centre Personnel
























**SINGAPORE
POLICE FORCE**


T/20220615/2067

1 of 3

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

Report No. T/20220615/2067

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/06/2022 15:12	Vide Report No.:	Station Diary No.: 71
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Informant's Particulars

Name of Informant: TAY KOK SOON	Address: 34 SARACA VIEW SINGAPORE 807303		
ID Type / ID No.: NRIC NO / S6841797Z	Contact No.: Home/Office: Mobile: 96948550		
Nationality: SINGAPORE CITIZEN	Email: koksoontay@yahoo.com		
Sex: Male	Age: 53	Date of Birth: 25/10/1968	Type of Informant: Vehicle Owner
Race: Chinese	Language:		Institution / School Name:
Occupation: Management executive	Driving Licence Information: Class: 3.		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 15/06/2022 12:20	Type of Location: Car Park
Location: ANG MO KIO AVENUE 10				
Weather: Cloudy	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control: Not Controlled		Traffic Volume: Light	
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
ES7117S	Car	MERCEDES BENZ	E250 SEDAN	Black	Slightly Damaged	2
SFT882U	Car	MAZDA	MAZDA5 5- DOOR WAGON 2.0L SP.6EAT	Purple		0



**SINGAPORE
POLICE FORCE**



T/20220615/2067

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Report No. T/20220615/2067

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	TAY KOK SOON	ID No.	S6841797Z
Related Vehicle	NIL	Contact No.	96948550
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 15/6/2022 at about 1145hrs, I parked my car at carpark AMA61, parking lot number 1078 at Cheng San Market & Cooked Food Centre to have my lunch with my wife.

On 15/6/2022 at about 1220hrs, after I had my meal with my wife and was walking to my car, I was approached by Mr Louis (Hp: 96966452), my witness. He parked beside me. He told me that someone's car had damaged my car and a person came down from the car tried to clean away the damaged mark. The person then drove away without leaving particular. I discovered the right body and the right front headlight of my car were damaged. He also passed me a note which he left on my windscreen earlier stating " RED MAZDA MPV SFT882U knocked your car, my number for witness 96966452 Louis". He then left the car park.

I have an in car camera. However, the in car camera is not operational when the vehicle engine is turned off.

I am lodging this police report to claim insurance against the person who damaged my car.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999



T/20220615/2067

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Report No. T/20220615/2067

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:
F /
SC2 TAI TONGYU

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
Other SUFIYAN BIN KHAIRI
Contact No.: 65476148

Signature Of Informant:

Date/Time:
15/06/2022 15:12

Classification Of Case:

NP168