SN092353000J / National Assessment Centre Services [408933] ENTRY DATE & TIME: 03/05/2023 17:32 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (03/05/2023 17:32 (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 Actual 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.

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 03/05/2023 17:32 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 06/04/2023 08:40 (SGT) Exact Location of Accident Ophir Rd, Singapore Additional Location Information Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

**BMW** 

2998

Vehicle Registration Number SMF2419H

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner JOHN CHRISTOPHER SIMON Passport No/FIN GXXXX155L Email Address chrissjohn@gmail.com Mobile Phone No (Phone) +65-91476417 Alternative Phone No

# VEHICLE PARTICULARS

Manufacturer

Model 440i 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 No - Reporting only your vehicle? Vehicle Category Private car Transmission Auto

**INSURANCE COMPANY** 

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number D22MTPV01012771

# DRIVER

CC

Name of Driver JOHN CHRISTOPHER SIMON Passport No/FIN GXXXX155L Date Of Birth 07/06/1989 Occupation Indoor

Date Of Driving Pass 23/02/2018 Driving experience 5 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-91476417 Alt. Phone Number Email Address chrissjohn@gmail.com Address 109 JALAN KAMPONG CHANTEK Address complement Postcode 588655 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 No Collision 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 vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name WIFE Gender **Female DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Central Division Headquarters Police Station Phone No (Phone) +65-18002240000 Alt. Police Station Phone No (Fax) +65-62200877 Police Station Address 391 New Bridge Road #03-112 Police Cantonment Complex Block A Singapore 088762 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT A/20230425/7008 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	SLF1576A
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

- 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 Actual Driver.
- Information provided must be as truthful and accurate as possible. Any witful 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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to 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.
- 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 (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;

03/05/2023

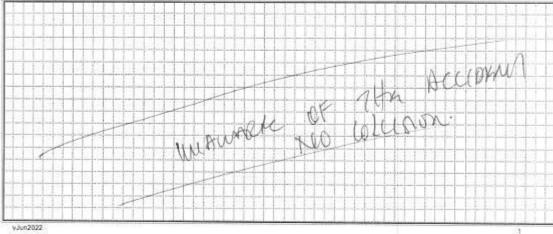
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery 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

Actual Driver's Signature (if driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

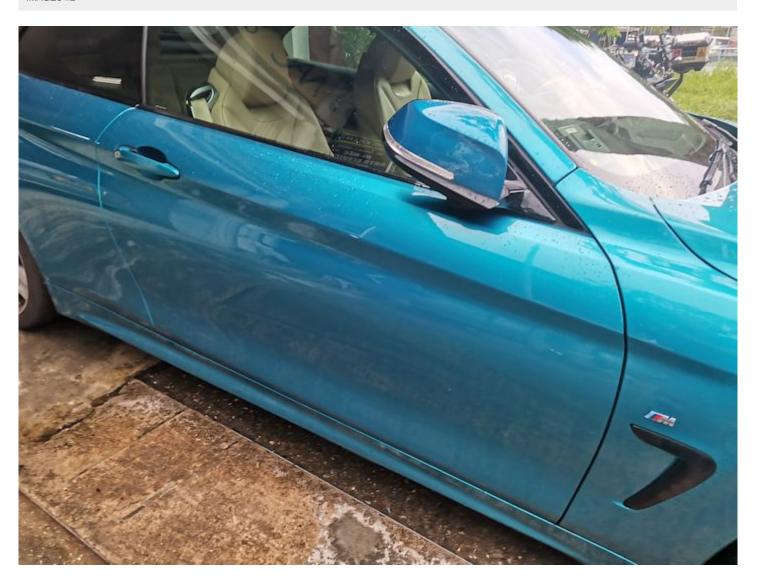
08/05

Sketch Plan



REFER TO POLICE REPORT	A (20220425/7008
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03/05/2023	/
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1 of 1

Report No. A/20230425/7008

# POLICE REPORT (NP299)

Police Station Of Origin Central Division HQ 391 New Bridge Road #03-112 Police Cantonment Complex SINGAPORE 088762 Tel No:1800-2240000

Date/Time Report Made 25/04/2023 09:56	Vide Re	port No.		Station Diary No.
Name Of Informant JOHN CHRISTOPHER SIMON	Address 51 COV 098393		4-03 TURQUOISE	SINGAPORE
ID Type / ID No. FIN NO / G3141155L	Contact Home/C	0.00000	Mobile: 91476417	
Nationality FINNISH	Email Address CHRISSJOHN@GMAIL.COM			
Occupation Unemployed	Sex Male	Age 33	Date of Birth 07/06/1989	Race Caucasian
Institution/School Name	Language English			
Date/Time Of Incident 06/04/2023 08:40 - 06/04/2023 08:40	Location Of Incident OPHIR ROAD			
Brief details.				

# Police ref TP/IP/10534/2023

I have no knowledge of an accident. Both my wife and I were in the car at the time and neither of us witnessed or experienced any collision, accident or otherwise. I have not been provided any evidence to show that I collided with another vehicle as per the "hit and run" allegation and there is no damage to my vehicle.

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: 25/04/2023 09:56
Officer In-Charge Of Case:	Classification Of Case:



Date

: TP/IP/10534/2023 : 13 APRIL 2023

Traffic Police 10 Ubl Avenue 3 Singapore 408865 Tel +65 6547 6902 www.police.gov.sg

JOHN CHRISTOPHER SIMON BLK 109 JALAN KAMPONG CHANTEK

SINGAPORE 588655

Dear Sir / Madam

ALLEGED HIT-AND-RUN ACCIDENT INVOLVING SME2419H & SLF1576A ALONG OPHIR ROAD ON 06 APRIL 2023 AT 0840 HRS

Our investigations showed that you are the registered owner / driver of motorcar, SME2419H. allegedly involved in the said accident.

- You are required to provide the particulars of the driver on the above date and time within 14 days of receipt of this letter. Under the provisions of the Road Traffic Act, it is an offence not to provide the driver's particulars, and the owner can be liable to a fine of up to \$1,000/- or 6 months' imprisonment.
- In addition, please inform the driver to lodge an online Traffic Accident Report using Singpass via http://www.eservices.police.gov.sq . Alternatively, the report may be lodged at any Police Post or Neighbourhood Police Centre. Do note that failure to lodge a report may have an adverse effect against the involved party.
- The information given by the driver in the report will be carefully considered. The driver may not be called upon an interview if the information provided is sufficient for our investigation. If you have video evidence, you can send it to the Investigation Officer (IO) via email Neo\_zhi\_yuan@spf.gov.sg. If the file size is too big, please make arrangements with the IO contactable at DID; 6547 6079 for a convenient method of retrieval. Alternatively, you may forward the video to IO NEO ZHI YUAN through Whatsapp Messenger at 96318712.

Yours faithfully.

LIM KIAN HENG SAM, SUPT CHIEF INVESTIGATION OFFICER / TRAFFIC POLICE This is a computer-generated letter. No signature is required.

Particulars of the driver of SME2419H on 06 APRIL 2023 AT 0840 HRS:-

Name: (HKLST&PHEK NRIC / FIN / PP No. Address: 109 JHLAN KAMPONG G3141155L CHANTER STORGST Contact No : 91476447

affirm that the information I gave above is true and correct.

Name / Contact No of Registered owner

HUSTOPHERSONN 9147667

Signature of Registered vehicle owner

\*Please mail or email a copy of the completed form, addressed to the Investigation Officer.

A FORCE FOR THE NATION