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.

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 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 08/05/2023 16:30 (SGT) Reported by **Actual Driver** Date of Accident 07/05/2023 23:00 (SGT) Exact Location of Accident Singapore Additional Location Information MULTI-STOREY CARPARK DECK 2A AT BLK 41 MARGARET **DRIVE** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SDT8888A

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner WANG FANGHONG NRIC No SXXXX978E Email Address ttdin88@gmail.com Mobile Phone No (Phone) +65-92359468 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model **Alphard** 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 Auto

Transmission CC 2493

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number D22MTPV01012573

DRIVER

Name of Driver **DING TONG TONG** NRIC No SXXXX732J Date Of Birth 16/03/1966

Occupation Indoor Date Of Driving Pass 18/05/2004 Driving experience 19 YEARS Gender Male Mobile Number (Phone) +65-91820486 Alt. Phone Number Email Address ttdin88@gmail.com Address APT BLK 39A MARGARET DRIVE Address complement # 41-276 Postcode 141039 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Spouse Does Driver Own Other Vehicles? Nο 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? Number of vehicles involved in the accident Was anybody injured in the Accident? 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? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Clementi Division Headquarters Police Station Phone No (Phone) +65-18007740000 Alt. Police Station Phone No (Fax) +65-67741705 Police Station Address 20 Clementi Avenue 5 Singapore 129858 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230508/2039

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Yes

Yes

Reasons for not uploading a video of the accident FILE TOO BIG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration NumberSHD6191BVehicle ManufacturerToyota

| Vehicle Model | Prius |
|---|-------|
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Taxi |
| 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) | - |
| | |

DETAILS OF OTHER VEHICLE PROPERTY 2

| Vehicle Registration Number | SMK748P |
|---|-------------|
| Vehicle Manufacturer | Volvo |
| Vehicle Model | 10.10 |
| | - |
| 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

IMPGRTANT NOTICE

- Please report <u>correctly</u> 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 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 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 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 daims 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 Sketch Plan MUH - Storey Cay | THE Signature (if driver is not the policyhoider) / Date pulk Deck 2A af Blk | Witnessed by Reporting Centre Personnel (Name as INDICATE Card) AI MANNET Drive |
|--|--|--|
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| | | C - SMK 748P |
| | 1 AB | |
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Declaration I/We declare the foregoing particulars are true in every respect,





Police Station Of Origin: Clementi N.P.C

Report No. T/20230508/2039

20 Clementi Avenue 5 SINGAPORE 129858 Tel No: 1800-8729999

CONTINUATION OF REPORT

Brief Details.

On the 07/05/2023 at 2300hrs, I parked my car bearing plate number SDT8888A at the carpark of Blk 41 Margaret Drive. I secured my vehicle and left back for home. Everything was intact at that point of time.

On the 08/05/2023 at 0700hrs, I went back to my vehicle and wanted to go out. It was then I discovered that my car was slanted to the left, in a stationary position with my front portion damaged. My registration plate was also being knocked out from my vehicle.

I checked through my in car camera and found out it was a taxi, bearing plate number SHD6191B, collided into my vehicle and left the place thereafter. The vehicle which was parked beside me was also damaged due to the collision.

I then called for the traffic police assistance. This is the first time such incident happened to me and I had already sent the footage to the traffic police for their investigations.



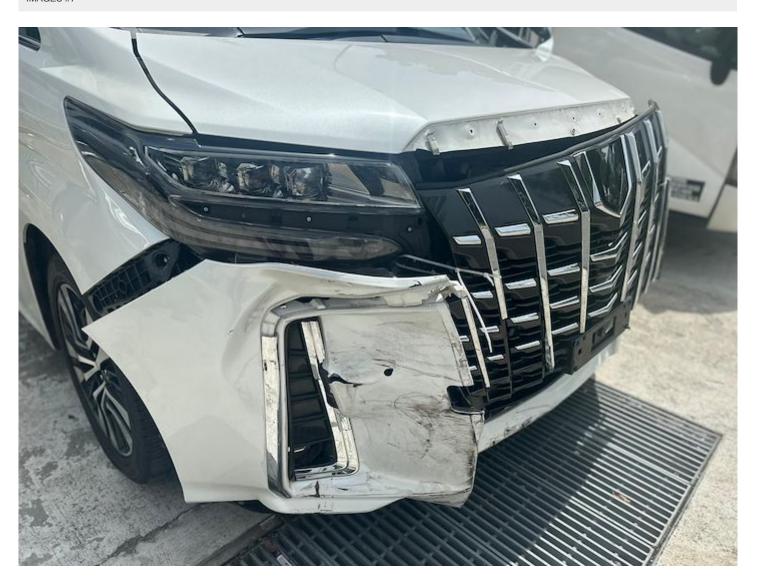


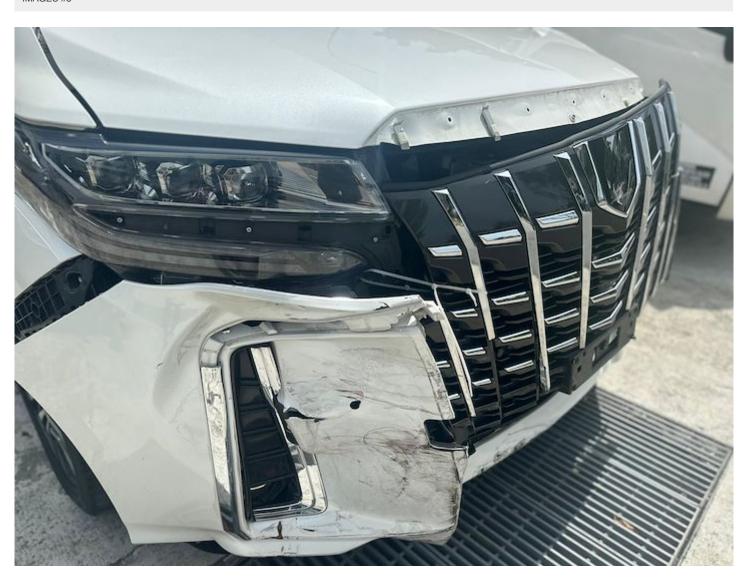


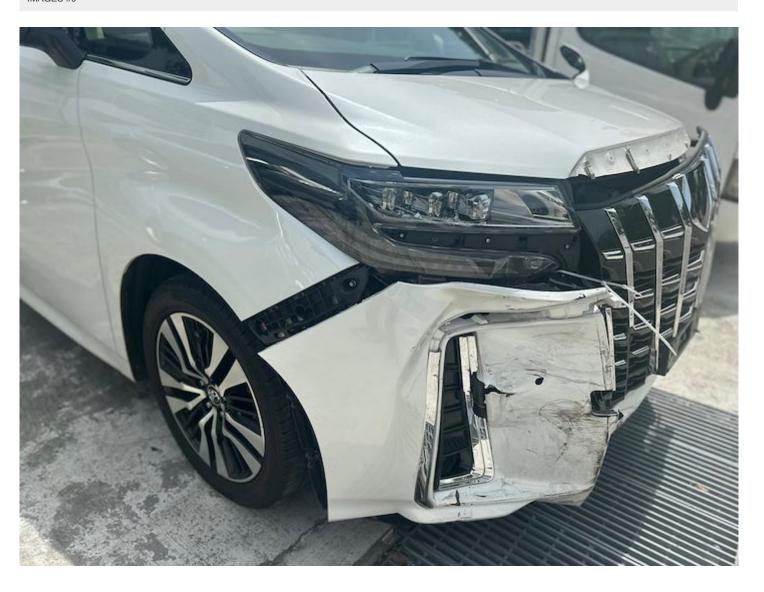










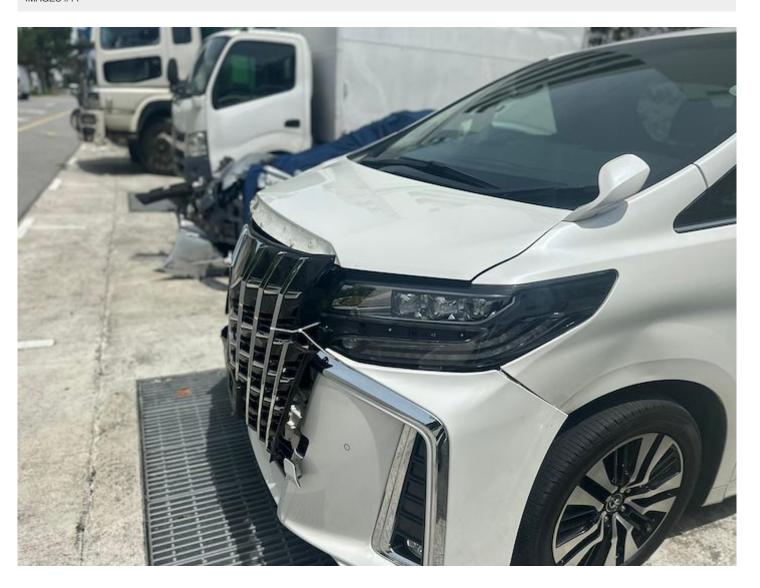




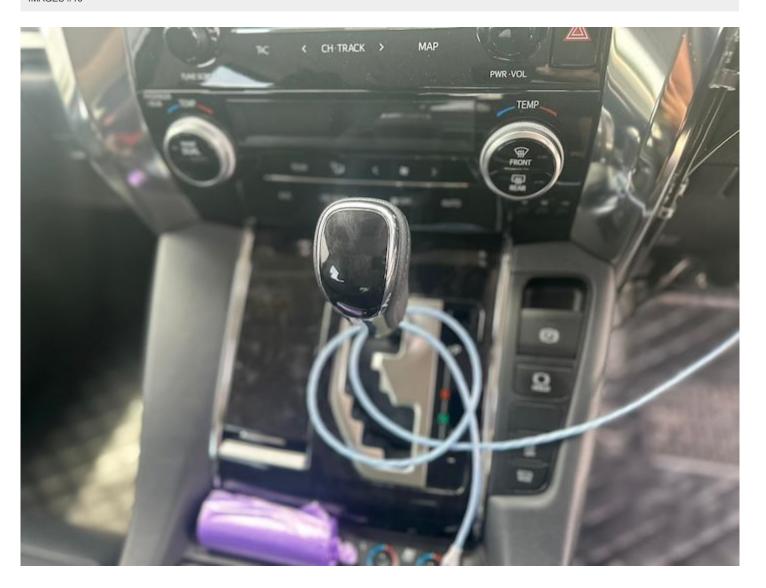
















Police Station Of Origin: Clementi N.P.C 20 Clementi Avenue 5. S

20 Clementi Avenue 5 SINGAPORE 129858 Tel No: 1800-8729999 1 of 3 Report No. T/20230508/2039

REPORT OF A TRAFFIC ACCIDENT

| Date/Ti 08/05/2 | me Report I 023 12:42 | Made: | Vide Report No.: D/20230508/0039 | Station Diary No. |
|---------------------|--------------------------|------------------------------|--|------------------------------------|
| Informa | int's Partic | ulars | | Patronia (1911) in pries accompany |
| Name o | f Informant: ONGTONG | | Address: APT BLK 39A MARGARET 141039 | DRIVE #41-276 SINGAPORE |
| NRIC N | / ID No.; O / S27237; | 32J | Contact No.: Home/Office: | Mobile: 91820486 |
| National CHINES | | | Email: | WODINE: 91820485 |
| Sex: Male | Age: 57 | Date of Birth: 16/03/1966 | Type of Informant: | |
| Race: Chinese | 9 | | Language: English | |
| Occupati SELF EN | on: MPLOYED | | Driving Licence Information: Class: | Date of Expiry: |

| Type of Accident: | Non-Injury Hit and Run | Drink Drive: No | Date/Time of Accident: 08/05/2023 07:00 | Type of Location Car Park |
|---|---------------------------|------------------------------------|---|------------------------------|
| Location: MARGARET Weather: Clear | DRIVE | Road Surface: | | |
| | | | | |
| Traffic Flow: Two Way Type of Collisi | | Traffic Control: Not Controlled | | raffic Volume: |

| Vehicle No. | Type | Make | Model | Color | with the second second | line and the second |
|-------------|------|--------|---------|-------|------------------------|---------------------|
| SDT8888A | Car | TOYOTA | Alphard | White | Condition | No of Passenge |





Police Station Of Origin: Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Report No. T/20230508/2039

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Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999 CONTINUATION OF REPORT

3 of 3 Report No. T/20230508/2039

Signature of Officer Recording The Report:
D /
SGT 2 CLEMENT CHEE WEI
JUN

Signature Of Interpreter:
Not applicable

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

Date/Time:
08/05/2023 12:42

Classification Of Case: