

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 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	22/05/2023 16:59 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	18/05/2023 18:00 (SGT)
Exact Location of Accident	Stadium Pl, Singapore
Additional Location Information	CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU4A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	FOK KAH HON(HUO JIAHAN)
NRIC No	SXXXX592D
Email Address	jiahan83@hotmail.com
Mobile Phone No	(Phone) +65-85698888
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	S400l
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	2996

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D23MTPV01003021

DRIVER

Name of Driver	FOK KAH HON(HUO JIAHAN)
NRIC No	SXXXX592D
Date Of Birth	26/12/1983
Occupation	Indoor

Date Of Driving Pass	23/04/2004
Driving experience	19 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-85698888
Alt. Phone Number	-
Email Address	jjahan83@hotmail.com
Address	29A HILLVIEW AVENUE #07-07
Address complement	-
Postcode	669562
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)	0
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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230522/7041

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNF5874P
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)	-

WITNESS DETAILS

WITNESS 1

Name	HUI XIN
Phone	-
Email	huixin_lin@hotmail.com

SKETCH PLAN

IMPORTANT NOTICE

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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/trail 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 _____ 22/05/2023

Sketch Plan

Stadium Place
CP

(A) SMU 4M
 (B) 8NF 5994P



Refer to Bill Number No: 7/2020522/7041

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel


























**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20230522/7041

1 of 3

Report No. T/20230522/7041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/05/2023 13:35	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: FOK KAH HON	Address: 29A HILLVIEW AVENUE #07-07 SINGAPORE 669562		
ID Type / ID No.: NRIC NO / S8341592D	Contact No.:	Mobile: 85698888	
Nationality: SINGAPORE CITIZEN	Email: JIAHAN83@HOTMAIL.COM		
Sex: Male	Age: 39	Date of Birth: 26/12/1983	Type of Informant: Driver
Race: Chinese	Language: English		
Occupation: Company director	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: 18/05/2023 18:00	Type of Location: Car Park
Location: STADIUM PLACE			
Weather: Clear	Road Surface: Dry		
Traffic Flow: One 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
SMU4A	Car	MERCEDES BENZ	S400L (R19 LED)	Black		0
SNF5874P	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMU4A	TENET SOMPO INSURANCE PTE. LTD.	D23MTPV01003021	16/03/2023	15/03/2024



**SINGAPORE
POLICE FORCE**



T/20230522/7041

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20230522/7041

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	FOK KAH HON	ID No.	S8341592D
Related Vehicle	SMU4A (Car)	Contact No.	85698888
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 18 May 2023, I parked my car SMU 4A at Kallang Wave Mall carpark at around 430pm. Upon returning back to the car, I saw a note on the front windscreen from a lady, Hui Xin, who's an eye-witness to the hit and run accident. She asked me to contact her if I wanted the camera footage of the accident. She sent the footage to me on 19 May 2023 at 412pm via email. I have video and a photo of the incident. My car's front bumper was knocked and scratched. The car that knocked into me has the car plate number SNF 5874P. It is a silver BMW. Thank you

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20230522/7041

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Report No. T/20230522/7041

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
IRMAN BIN MOHAMAD SAID
Contact No.: 65476145

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
22/05/2023 13:35

Classification Of Case:



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN09235M0006 Vehicle Registration No: SMU4A
 Name (as shown in NRIC): Fok Kai Hong / Wu Jiahua NRIC/FIN/Passport No: SXXXX5920
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 85698888
 Email Address: _____
 Date of Accident: 18/05/2023 Time of Accident: 18:00
 Place of Accident: STADIUM PLACE CP
 Insurance Company: Sompo

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

POLICY NUMBER TO D23MTPV01003021

Policyholder / Actual Driver's Signature
 Date:

24/05/2023
 Reporting Centre Personnel's Signature
 Name (as in NRIC/ID card):
 Date:

4 Jun 2022

Date: _____



Hi,

~~the~~ I saw a car knocked
against your car about 6pm.
while reversing. If you wish to
pursue, Please contact me @
huixin_liu@hotmail.com.

⇒ I will try to download the
footage.

⇒ a silver BMW.