

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 First Submission 10/09/2024 18:36 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 09/09/2024 07:40 (SGT)
Exact Location of Accident 154 Woodlands Street 13, Singapore
Additional Location Information CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKP6538L

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NG KWANG RONG
NRIC No SXXXX904F
Email Address SINBOYZ_1995@HOTMAIL.COM
Mobile Phone No (Phone) +65-96548959
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mazda
Model MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
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 1496
Vehicle Fuel Petrol
First Registration Date 29/09/2014
Chassis no JM6BM42A8F0143542
Effective Date/Time of Ownership 05/07/2024 03:07 (SGT)

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd
Policy Number / Cover Note Number SI24V08171/VPE/R00

DRIVER

Name of Driver	NG KWANG RONG
NRIC No	SXXXX904F
Date Of Birth	18/03/1995
Occupation	Indoor
Driving Pass Date	03/05/2019
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	5 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96548959
Alt. Phone Number	-
Email Address	SINBOYZ_1995@HOTMAIL.COM
Address	BLK 154 WOODLANDS STREET 13
Address complement	#10-507
Postcode	SINGAPORE 730154
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	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

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 GBK3252M
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Goods vehicle
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 IMRAH
Phone (Phone) +65-85489295
Email -























**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



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Report No. T/20240910/2035

CONTINUATION OF REPORT

Signature of Officer Recording The J/ SGT 2 MERVIN LIAW 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 10/09/2024 12:29
Officer In Charge Of Case: TP / HRT / SR STAFF SGT NEO ZHI YUAN Contact No.: 65476079	Classification Of Case:

NP168