

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	14/10/2024 16:47 (SGT)
Reported by	Actual Driver
Date of Accident	11/10/2024 02:49 (SGT)
Exact Location of Accident	175 Ang Mo Kio Ave 4, Singapore
Additional Location Information	CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP1669A
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG CHEE KIONG
NRIC No	SXXXX830H
Email Address	ZEVESLEY@GMAIL.COM
Mobile Phone No	(Phone) +65-97608221
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Harrier
Variant	HARRIER 2.0 SUV (AUTO) (2WD)
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	1987
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D24MTPV01002293

DRIVER

Name of Driver	WESLEY NG WEI JIE
NRIC No	SXXXX228C
Date Of Birth	23/12/1999
Occupation	Indoor
Driving Pass Date	16/12/2020
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	3 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96924238
Alt. Phone Number	-
Email Address	ZEVESLEY@GMAIL.COM
Address	BLK 175 ANG MO KIO AVENUE 4 10-787 SINGAPORE 560175
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	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

PLS REFER TO THE POLICE REPORT & SKETCH PLAN BY DRIVER

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	QX1783P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
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.
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 Traffic Police Department for investigation.**
6. 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.
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:

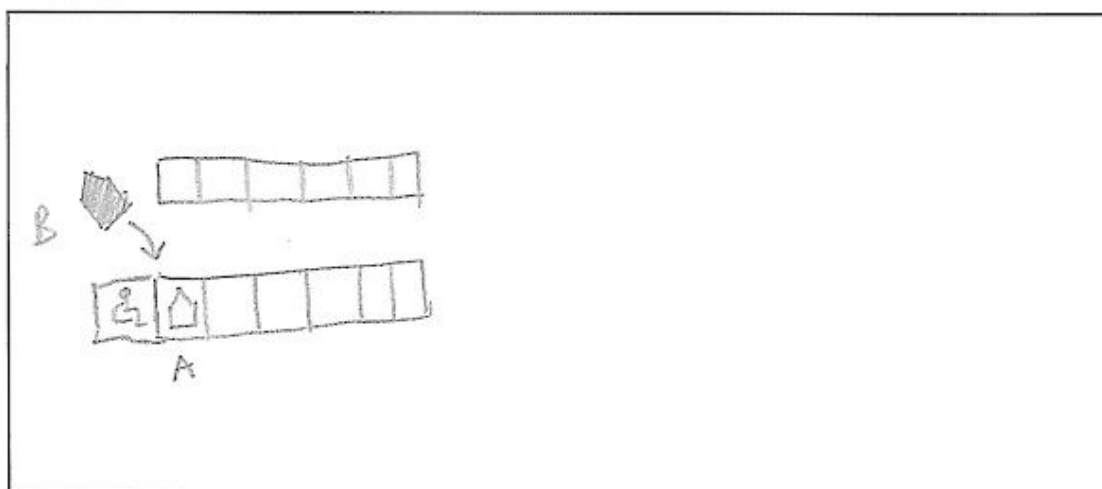
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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/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)

Sketch Plan



Describe Circumstance of the Accident		
Date of Accident : 11 Oct 2024	Time : 0249 hrs	Location : BIK 175 AMIL AVE 4 CP.
My Vehicle A : SKP1669A	Vehicle B : BX1783P	Vehicle C :
<p>Refer to the police report.</p>		
<input type="checkbox"/> Claim OD/TP at Ah Lim Motor <input checked="" type="checkbox"/> Claim OD/TP at other workshop <input type="checkbox"/> Reporting Only		
Remarks : Please forward a copy of my efile accident Report to :		
My Workshop :		
Workshop Email Address :		
<input checked="" type="checkbox"/> Note : Please take note that your insurer have a 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information		

Declaration

I/We declare the foregoing particulars are true in every respect.



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)







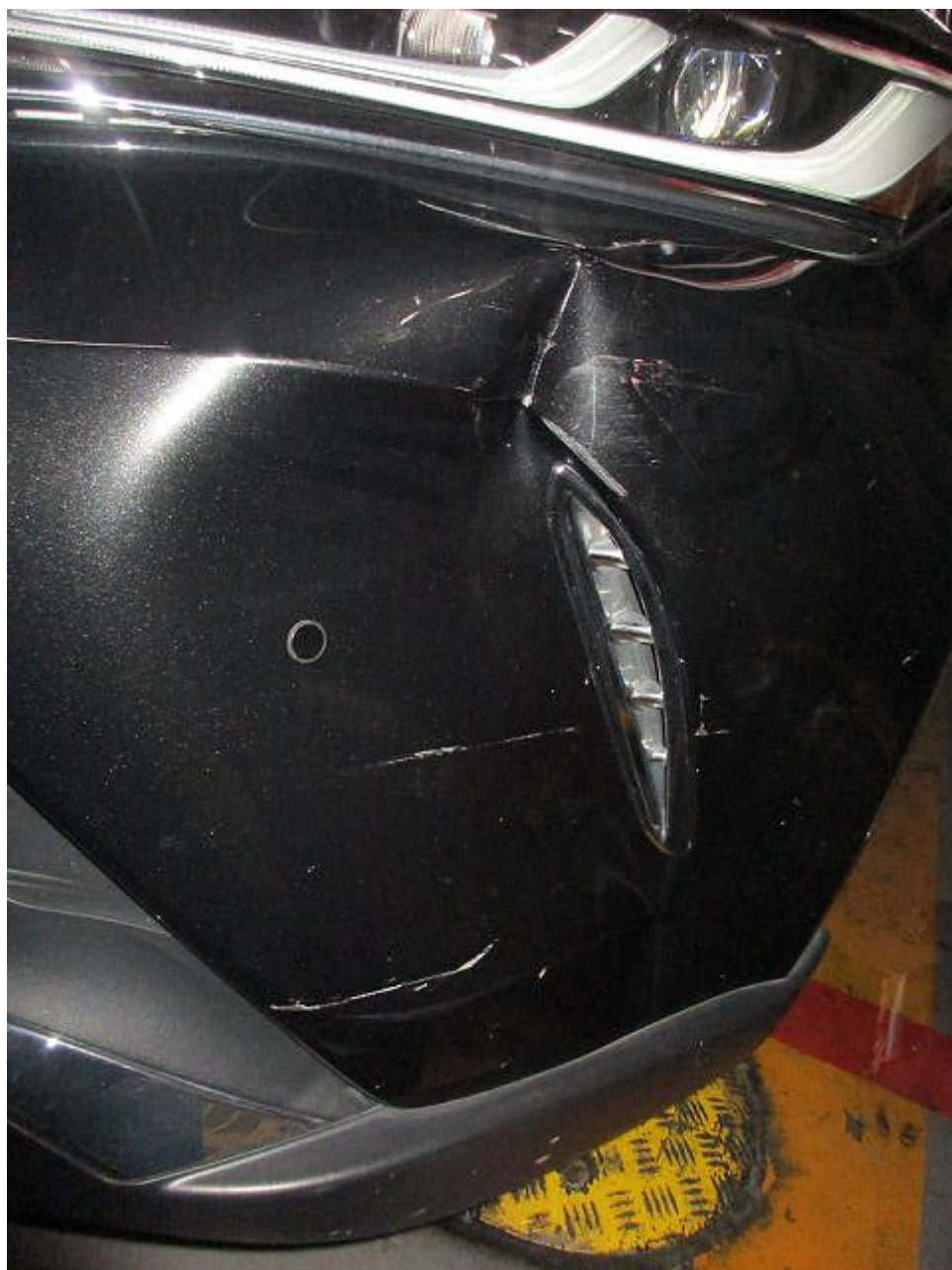


























SINGAPORE POLICE FORCE

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



11/10/2024 13:34

Page 1

Report No: 1-76-110011-2017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/10/2024 13:34	Vide Report No.: F/20241011/0030	Station Diary No.: 46
--	-------------------------------------	--------------------------

Informant's Particulars

Name of Informant: NG MING XUAN SHAWN			Address: 175 ANG MO KIO AVENUE 4 #10-787 SINGAPORE 560175		
ID Type / ID No.: NRIC NO / T0333301E			Contact No.: Home/Office: Mobile: 96990850		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 20	Date of Birth: 27/11/2003	Type of Informant: Vehicle Owner		
Race: Chinese			Language:		
Occupation: Student			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 11/10/2024 02:10	Type of Location: Car Park
Location: ANG MO KIO AVENUE 4				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
OX1783P	Motor car	HYUNDAI	TL TUCSON FL 1.6 GLS T-GDI DCT 2WD	White		0
SKP1669A	Motor car	TOYOTA	HARRIER 2.0 SUV (AUTO) (2WD)	Black	Slightly Damaged	0



SINGAPORE POLICE FORCE



T202410112037

2 of 2

Report No: T202410112037

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		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Vehicle Owner			
Name	NG MING XUAN SHAWN	ID No.	T0333301E
Related Vehicle	NIL	Contact No.	96990850
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 11/10/2024 at approximately 0249 hours, Sergeant Wong Zhen Chien knocked on my house door to inform me that his police vehicle, bearing the plate number QX1783P, had accidentally collided with my vehicle. My car, with the plate number SKP1669A, was parked in the open-space car park at Block 175 Ang Mo Kio.

I then followed Sergeant Wong Zhen Chien to the car park, where I observed that my vehicle's left bumper was dented and slightly protruding.

I was advised to visit the police station to file a police report for insurance claim purposes.

 **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

Barcode: T20241014/2037
3 of 3
Report No. T20241014/2037

CONTINUATION OF REPORT

Signature of Officer Recording The F / SGT 3 KONG ZI YANG	Signature Of Informant: Date/Time: 11/10/2024 13:34
Signature Of Interpreter: Not applicable	Classification Of Case:
Officer In Charge Of Case: TP / GIA / SUPT (1) PHNG KAR SOON Contact No.: 65476439	

NP168

M E S S A G E FROM THE POLICE

Reference Police Report F/2024/11/030

Police vehicle (QX1785P) hit onto your front left bumper (SKP1669A). Kindly lodge a Traffic Police report at your nearest Neighbourhood Police Centre or Neighbourhood Police Post or online report. You can make an insurance claim after lodging the accident report.

Sorry for the inconvenience caused.

Sender: SGT3 Wang Zhen Chien

Contact Number: 64849999

Police Station: Ang Mo Kio North NPC

Date/Time: 11/10/2024 @ 0249hrs

NP 104 (1/08)



To Whom It May Concern,

Accident involving my vehicle no. SKP1669A on 11/10/24 (date) with
QX1782P (other vehicle no) along 175 AMK AVE 4 CARPARK

I, Ng Chee Kiong Nric No. S68753204
 Owner of vehicle no. SKP1669A am aware of the accident of my vehicle on
11/10/24 (Date) while car was driven by Wesley Ng Wei Jie
 Nric No. S9941286. I hereby, authorise him / her to make the report.

X

g.

Name

Date:

To fill in if there is a OD claim

I am aware of the circumstances and agreeable to claim my own insurance for the
 above accident.

X

Name

Date:



Sompo Insurance Singapore Pte. Ltd.
 50 Raffles Place, #03-03
 Singapore Land Tower, Singapore 048623
 Tel: 6461 6555 | www.sompo.com.sg
 Co. Reg. No.: 198905490E | GST Reg. No.: M200903196

CERTIFICATE OF INSURANCE

ROAD TRAFFIC ACT (CHAPTER 276) (REPUBLIC OF SINGAPORE)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 ROAD TRANSPORT ACT 1987 (MALAYSIA)
 ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (MALAYSIA)

Certificate/Policy No. : D24MTPV01002293
 Insured : NG CHEE KIONG
 Vehicle Registration No. : SKP1669A
 Coverage : COMPREHENSIVE - PREFERRED WORKSHOP PLAN
 Policy Commencement Date : 01 APRIL 2024 00:00
 Policy Expiry Date : 31 MARCH 2025 23:59
 Maximum Liability (Section I) : MARKET VALUE AT TIME OF LOSS
 Hire Purchase Owner : MAYBANK
 Excess* : S\$600 - SECTION I
 Voluntary Excess* : N.A
 Waiver of Excess : NOT COVERED
 Windscreen Excess* : S\$100 FOR EACH AND EVERY APPLICABLE CLAIM

* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive

1. The Insured.
2. Any other person who is driving on the Insured's order or with his permission.
3. In the event of the death of the Insured,
 - a. any member of the Insured's family, or a paid driver who has been driving the Motor Vehicle during the life of the Insured and permission to drive had not been withdrawn prior to the death of the Insured; and
 - b. any other person who has been given permission to drive the Motor Vehicle prior to the death and such permission had not been withdrawn by the Insured.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act (Chapter 276) and its registration under the Road Traffic Act (Chapter 276) has not been cancelled at the time of the accident, loss or damage.

Limitations As To Use

Use only for social, domestic and pleasure purpose and for the Insured's business. The Policy does not cover use for hire or reward, racing, pace-making, speed testing, reliability trial, the carriage of goods other than samples in connection with any trade or business or use for any purposes in connection with the Motor Trade.

Accident Reporting

It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Centre with the Motor Vehicle within 24 hours of the accident or by the next working day thereof.

For the list of Accident Reporting Centres, please visit our website at www.sompo.com.sg or call our Emergency Hotline: (65) 6226 3323.

I/WE HEREBY CERTIFY that the policy to which this Certificate relates is issued in accordance with (1) the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia); and (2) the Policy terms, conditions and exceptions of the Private Car Policy ref MTP.31A

Sompo Insurance Singapore Pte. Ltd.

Authorised Signatory

Date/Time of Issue : 02 FEBRUARY 2024 02:01

SOMPO ASSIST HOTLINE : (65) 6226 3323

In the event of road accident, please call our Sampo Assist Hotline immediately. Our MARS Specialist will arrive at the accident site within 20 minutes anywhere in Singapore. Alternatively, you may approach any of our Accident Reporting Centres for assistance in E-filing your accident report with your vehicle within 24 hours or on the next working days after the accident. Please note that this is compulsory regardless of whether there is any damage to your vehicle or if you are making a claim under your own policy.

Intermediary Name / Code : NG CHONG YENG / 11N21009 CI Code: 22A JHDP5Q4J21TBVKAH