

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
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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

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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:

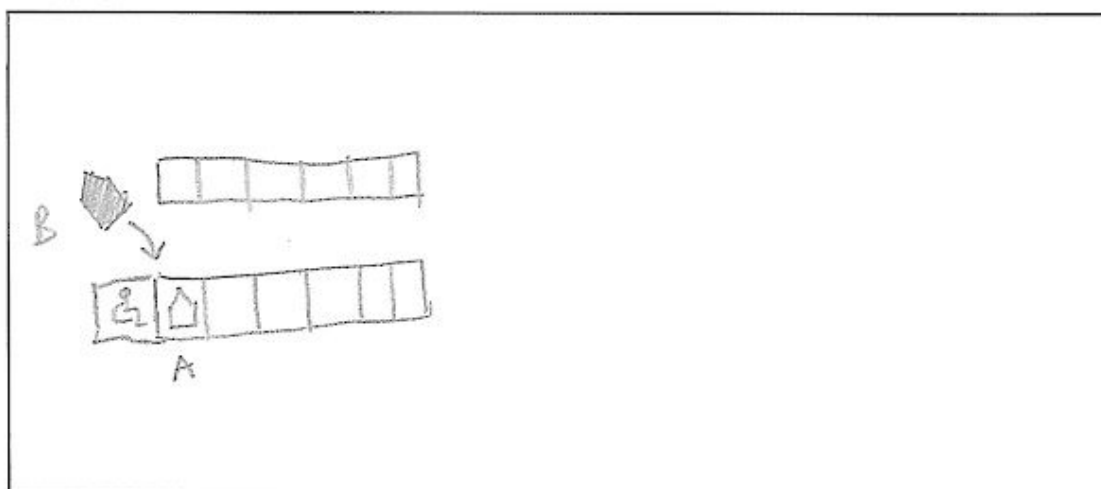
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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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
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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.:	Mobile: 96990850	
Nationality: SINGAPORE CITIZEN	Home/Office:	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

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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
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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: