

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	26/12/2024 12:39 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	24/12/2024 22:35 (SGT)
Exact Location of Accident	161C Jln Teck Whye, Singapore 683161
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNM4167S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NEO QIU NAN
NRIC No	S8851716D
Email Address	QIUNAN88@GMAIL.COM
Mobile Phone No	(Phone) +65-82993330
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	MERCEDES BENZ
Model	C180 COUPE (R17 LED)
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1595
Vehicle Fuel	Petrol
First Registration Date	17/07/2018
Chassis no	WDD2053402F738214
Effective Date/Time of Ownership	28/03/2024 04:03 (SGT)

INSURANCE COMPANY

Name of Insurance Company	ECICS Limited
Policy Number / Cover Note Number	MPC24P00139500

DRIVER

Name of Driver	NEO QIU NAN
NRIC No	S8851716D
Date Of Birth	19/12/1988
Occupation	Outdoor
Driving Pass Date	06/03/2008
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	16 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82993330
Alt. Phone Number	-
Email Address	QIUNAN88@GMAIL.COM
Address	BLK 161C JALAN TECK WHYE 23-44 SINGAPORE 683161
Address complement	-
Postcode	-
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	Jurong Division Headquarters
Police Station Phone No	(Phone) +65-18007910000
Alt. Police Station Phone No	(Fax) +65-68965647
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT J/20241225/7000.

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	SKZ1040Z
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	NAUFAL
Phone	(Phone) +65-94248432
Email	-

SKETCH PLAN

IMPORTANT NOTICE

1. Please report promptly the details of the accident to speed up the claims process.
2. This form must be attached to the Police Report and the Accident Report.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to rescind their 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 GSA 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 if needed.

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 agencies/authorities (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 making 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 in the external cover of correspondence/coverages); 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/are 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 used outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in REPORTED CARD)

Sketch Plan

161 C 3400 1000 0000
A - 161 C 3400 1000 0000
B - 161 C 3400 1000 0000

Describe Circumstance of the Accident

REFER TO POLICE REPORT 3/20241225/7000

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 (Please see INSTRUCTIONS on-2)

v3-2022

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**SINGAPORE
POLICE FORCE**



J/20241225/7000

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POLICE REPORT (NP299)

Report No. J/20241225/7000

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7910000

Date/Time Report Made 25/12/2024 00:18	Vide Report No.	Station Diary No.
Name Of Informant Neo Qiu Nan	Address 161C Jalan Teck whye #23-44 SINGAPORE 683161	
ID Type / ID No.	Contact No.	
NRIC NO / S8851716D	Home/Office:	Mobile: 82993330
Nationality SINGAPORE CITIZEN	Email Address qiunan88@gmail.com	
Occupation Other commercial and marketing sales executives	Sex Male	Age 36
	Date of Birth 19/12/1988	Race Chinese
Institution/School Name	Language English	
Date/Time Of Incident 24/12/2024 22:34 - 24/12/2024 22:36	Location Of Incident 161C JALAN TECK WHYE TECK WHYE VIEW SINGAPORE 683161	

Brief details:

To officer,

Is a car accident at my house downstairs rubbish chute. I was parking near the rubbish chute to drop my kids and carry a lot of stuff up to my house at 10.30pm. I saw this vehicle Honda shuttle SKZ1040K was parked at the rubbish chute. After 5-8 min I came down to move my car I saw a dent on my car door. A witness +65 9424 8432 name Naufal told me he heard a bang sound very loud, even the neighbourhood came to see what happen. He saw this vehicle SKZ1040K reverse and bang into my car. After he hit my car he quickly drove off. The witness +65 9424 8432 name Naufal that saw the incidental quickly took the photo of the car plate and told me the car SKZ1040K hit and run so the witness took a photo of the car plate and the incident.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 25/12/2024 00:18
Officer In-Charge Of Case:	Classification Of Case:
Contact No.:	



**SINGAPORE
POLICE FORCE**



J/20241225/7000

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20241225/7000

Subjects Involved			
Victim			
Person Name	Neo Qiu Nan		
ID Type	NRIC NO	ID No	S8851716D
Sex	Male	Age	36
Nationality	SINGAPORE CITIZEN	Race	Chinese
Language	English	Occupation	Other commercial and marketing sales executives
Address	161C Jalan Teck whye #23-44 SINGAPORE 683161		Mobile No
Email Address	qiunan88@gmail.com	Is Informant A Victim?	Yes
Person Name	Neo Qiu Nan (Informant)		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Contact No.:

Signature Of Informant:

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

Date/Time:
25/12/2024 00:18

Classification Of Case: