

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 Authorised 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 ability.
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 Report	27/08/2018 17:38
Date Of Accident	21/08/2018 08:25
Exact Location Of Accident	MAPLETREE BUSINESS CITY CARPARK(PASIR PANJANG)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX5352H
Insured/Policyholder	
Name Of Registered Owner	NG SZE ENG
NRIC No	S7600320C
Email Address	EUGENENGSE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97125570
Alternative Phone No	OTHERS-96645664

Vehicle Particulars

Manufacturer	KIA
Model	SORENTO 2.2 A DIESEL
Exact Purpose for which vehicle was being used at time of accident	PARKING IN OFFICE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800030923
Cover Note Number	

Driver

Name of Driver	NG SZE ENG
NRIC No	S7600320C
Date Of Birth	01/01/1976
Occupation	INDOOR
Date Of Driving Pass	15/09/1994
Driving Experience	23 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97125570
Fax Number	
Contact Number	OTHERS-96645664
Email Address	EUGENENGSE@GMAIL.COM

Address	BLK 17 TECK WHYE LANE #09-155
Postcode	680017
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	INDOOR CARPARK
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI POLICE DIVISIONAL HQ (D DIVISION)
Police Station Address	ROAD: 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7740000 - FAX NO: 67741705
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHMENT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLX6638C
Vehicle Make/Model/Colour	HONDA INTEGRA/RED
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	AXA INSURANCE PTE LTD
Nature Of Damage	

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: 27/08/18
16:05

Driver's Signature

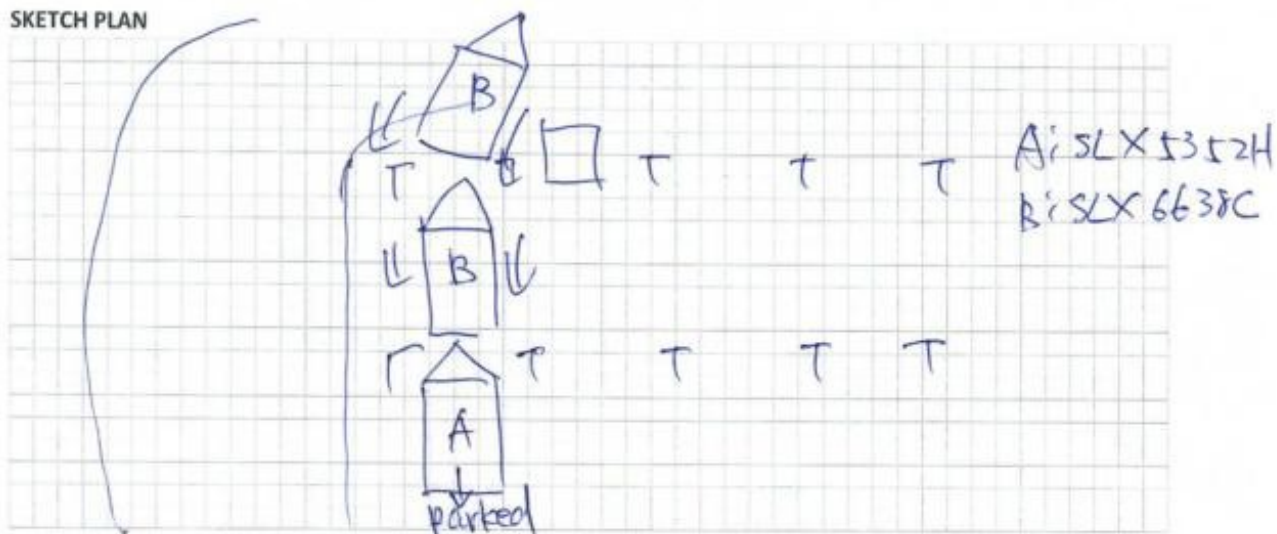
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police report and video

DECLARATION

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

Policyholder's Signature

Date & Time: 27/08/18

16:05

Driver's Signature
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



D/20180827/7009

1 of 2

POLICE REPORT (NP299)

Police Station Of Origin
Clementi Police Divisional HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-7740000

Report No. D/20180827/7009

Date/Time Report Made 27/08/2018 11:17		Vide Report No.		Station Diary No.	
Name Of Informant NG SZE ENG		Address APT BLK 17 TECK WHYE LANE #09-155 SINGAPORE 690017			
ID Type / ID No. NRIC NO / S7600320C		Contact No. Home/Office: Mobile: 97125570			
Nationality SINGAPORE CITIZEN		Email Address sugenengse@gmail.com			
Occupation IT business process consultant/business analyst		Sex Male	Age 42	Date of Birth 29/12/1975	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 21/08/2018 08:20 - 21/08/2018 08:25		Location Of Incident 10 PASIR PANJANG ROAD MAPLETREE BUSINESS CITY SINGAPORE 117438			
Brief details.					

My car (SLX5352H, while parked in Mapletree Business City carpark at Pasir Panjang Road) was hit and run by another vehicle (Red Honda SLX6638C) on 21st Aug 2018 at 08:24AM. The Red Honda hit my car while it was reversing into the park lot in front of my car. The driver did not leave any note to contact the driver for the incident resolution.

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: 27/08/2018 11:17
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Police Report



**SINGAPORE
POLICE FORCE**



D/20180827/7009

2 of 2

POLICE REPORT (NP 299)

CONTINUATION OF REPORT

Report No. D/20180827/7009

I have video recording of the car hitting my car, but the video file size is larger than 2mb. Please contact me to upload the video. For now, I have uploaded 2 pictures of the vehicle.

Subjects Involved			
Victim			
Person Name	NG SZE ENG		
ID Type	NRIC NO	ID No	S7800320C
Gender	Male	Age	42
Race	Chinese	Language	English
Occupation	IT business process consultant/business analyst	Address Type	
Address	APT BLK 17 TECK WHYE LANE #09-155 SINGAPORE 080017	Mobile No	97125570
Is Informant A Victim?	Yes		
Person Name	NG SZE ENG (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

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

Date/Time:

27/08/2018 11:17

Classification Of Case:

Identification Card

