

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 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 Report	16/11/2018 10:58
Date Of Accident	16/11/2018 06:45
Exact Location Of Accident	BLOCK 174 EDGEDALE PLAINS MULTI STORY CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE8320S
Insured/Policyholder	
Name Of Registered Owner	ONG CALEB
NRIC No	S1725233Z
Email Address	CALEB.ONG11@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96849228
Alternative Phone No	OTHERS-96849228

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY-2.4 (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARDS
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5098335173
Cover Note Number	26/02/2018 TO 25/02/2019

Driver

Name of Driver	ONG CALEB
NRIC No	S1725233Z
Date Of Birth	31/01/1965
Occupation	OUTDOOR
Date Of Driving Pass	06/11/1990
Driving Experience	28 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	+65-96849228
Fax Number	
Contact Number	OTHERS-96849228
Email Address	CALEB.ONG11@GMAIL.COM

Address	BLOCK 174D EDGEDALE PLAINS #17-189
Postcode	824174
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	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

On 15/11/2018 at about 1930hrs, I parked my vehicle (A: SKE8320S) at the parking lot No. 233 of Block 174 Edgedale Plains Multi Story carpark. On 16/11/2018 at about 0800hrs, I went to my vehicle and realised that my vehicle's front portion was damaged. I immediately retrieve my in-car camera video footage and saw that vehicle (B: Unknown vehicle No, Chevrolet model vehicle) which was coming down the ramp from level 2A and hit onto front portion of my vehicle. Nobody was injured in this accident. And Refer to Police Report: - T/20181116/2042

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	UNKNOWN
Vehicle Make/Model/Colour	CHEVROLET
Details Of Properties	SUV
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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5. **Any false reporting may be referred to the Police for investigation.**
6. The 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 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:

16/11/18 01:20

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Lam WP: Shon
G16864052R

Sketch Plan Pg. 2

SKETCH PLAN

A: SKE 83205

B: Unknown



Block 174

Edgevale Plains

Multi story

Car park

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report: - 7/2018/116/2042

DECLARATION

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

Policyholder's Signature

Date & Time: 16/11/18 01:20h

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: Lam Wei Sheng

NRIC/FIN No.: 66864052R

SHAWA 2018/11/16/2042

Police Report Pg. 1



**SINGAPORE
POLICE FORCE**



T/20181116/2042

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20181116/2042

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/11/2018 12:55		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: Ong Caleb			Address:		
ID Type / ID No.: NRIC NO / S1725233Z			Contact No.: Home/Office:		Mobile: 96849228
Nationality:			Email:		
Sex: Male	Age: 53	Date of Birth: 31/01/1965	Type of Informant: Driver		
Race:			Language:		Institution / School Name:
Occupation: self employed			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 16/11/2018 06:45	Type of Location:
Location: EDGEDALE PLAINS Blk 174 Edgedale Plains Multi Storey Carpark				
Weather:		Road Surface:	Road Speed Limit:	
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
SKE8320S	Car	TOYOTA	CAMRY 2.4 AUTO ABS AIRBAG	White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKE8320S	NTUC Income Insurance Co-Operative Limited	5098335173	26/02/2018	21/03/2019



**SINGAPORE
POLICE FORCE**



T/20181116/2042

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20181116/2042

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Ong Caleb	ID No.	S1725233Z
Related Vehicle	NIL	Contact No.	96849228
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 15 Nov 2018 at about 1930 hrs., I parked my vehicle SKE 8320 S at the parking lot number 233 of Blk 174 Edgedale Plains Multi storey carpark. On 16 Nov 2018 about about 0800 hrs., I went to my vehicle and realized that my vehicle's front portion was damaged. I immediately retrieved by in-car camera video footage and saw that vehicle (unknown vehicle registration number, Chevrolet) which was coming down ramp from level 2A and hit onto my vehicles front portion. Nobody was injured in this accident. My vehicle suffered slight damages. I have my in-car video footage and can provide it as evidence. I also noted that there was a Police camera nearby the accident area. That's all.



**SINGAPORE
POLICE FORCE**



T/20181116/2042

3 of 3

Report No. T/20181116/2042

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
TP /
Insp PANNIRSELVAN S/O RAMASAMY

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
16/11/2018 12:55

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature: _____

