

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	03/12/2018 16:58
Date Of Accident	03/12/2018 09:50
Exact Location Of Accident	TENGAH AIRBASE MEDICAL CENTRE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE286K
Insured/Policyholder	
Name Of Registered Owner	FONG TS'OI TUCK AUGUSTINE
NRIC No	S1165125I
Email Address	FONGAT@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98218985
Alternative Phone No	OTHERS-92953169

Vehicle Particulars

Manufacturer	BMW
Model	420
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D-18091709MVPC
Cover Note Number	

Driver

Name of Driver	FONG KUAN TING DOMINIC
NRIC No	S9209680G
Date Of Birth	28/02/1992
Occupation	INDOOR
Date Of Driving Pass	25/11/2011
Driving Experience	7 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92953169
Fax Number	
Contact Number	OTHERS-98218985
E-Mail Address	DOMF_92@HOTMAIL.COM

Address	12 PEEL ROAD
Postcode	248616
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	
Police Station Name	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20181203/2118

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	MID34350
Vehicle Make/Model/Colour	FORD EVEREST
Details Of Properties	
Vehicle Category	GOVERNMENT
Name of Driver	LEONG JIA RONG LEONARD
NRIC/Passport Number	S9703743D
Contact Number	92381065
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

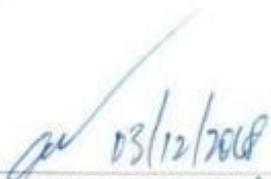
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
3/12/18
2:15pm



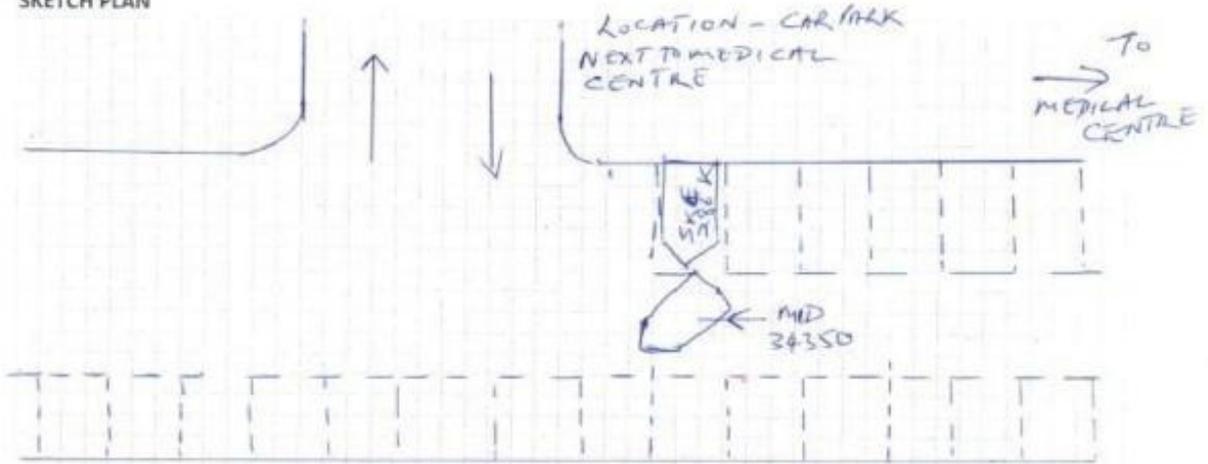
Driver's Signature
(if driver is not the policyholder)
Date & Time: 3/12/18
2:15pm


03/12/2018

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I, Dominic Fong Kuan Ting, S92096806, am the driver of vehicle SKE286K that was parked in the carpark next to the Tengah Airbase Medical Centre since 0745hrs on 3 December 2018.

At about 0950hrs, my medic, Clayton Bay S97409466 informed me that a vehicle MID 34350, a Green Ford Everest SUV had reversed into the front of my vehicle SKE 286K, and subsequently drove off without informing anyone.

Damage caused to my vehicle front.

DECLARATION

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


 Policyholder's Signature
 Date & Time:
 3/12/18
 2:15pm


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 3/12/18
 2:15pm


 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.: 

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181203/2118

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1 of 3

Report No. T/20181203/2118

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/12/2018 16:39	Vide Report No.:	Station Diary No.: 91
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Informant's Particulars

Name of Informant: FONG KUAN TING DOMINIC		Address: 12 PEEL ROAD SINGAPORE 248616	
ID Type / ID No.: NRIC NO / S9209680G		Contact No.: Home/Office: Mobile: 92953169	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 26	Date of Birth: 28/02/1992	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: DOCTOR		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: 03/12/2018 09:50	Type of Location: Car Park
Location: OLD CHOA CHU KANG ROAD Inside Tengah Air Base Carpark next to Medical Centre			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow:	Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
MID34350	OUV					0
SKE286K	Car				Slightly Damaged	0

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20181203/2118

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

3 of 3

Report No. T/20181203/2118

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: D / Sgt 1 LIM TIAN WEN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 03/12/2018 16:39
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:

Authentication Stamp
NP168

SINGAPORE POLICE FORCE
SIGNATURE

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20181203/2118

2 of 3

Report No. T/20181203/2118

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

CONTINUATION OF REPORT

Brief Details.

On 03/12/2018 at about 0950hrs, my medic (Clayton Bey NRIC: S97409466, HP:98789110) informed me that a Military government vehicle (MID34350, A Green Ford Everest OUV) had reversed into the front of my vehicle (SKE286K) and subsequently drove off without informing anyone. My Vehicle front was damaged due to the impact. I have parked there since 0745hrs on 03/12/2018. There was no CCTV around the vicinity as it is inside the base Camp and cameras are not allow. I am lodging this report for insurance claim.

 **SINGAPORE ARMED FORCES**
IDENTITY CARD

Name
FONG KUAN TING
DOMINIC



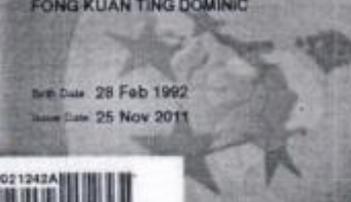
NRIC No.
S9209680G

This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

License Number **S9209680G**
Name
FONG KUAN TING DOMINIC

Birth Date **28 Feb 1992**
Issue Date **25 Nov 2011**



002021243A

DEMA7056P100710016 0000680118148

NRIC No./Colour
S9209680G/ PINK

Race
CHINESE

Date Of Birth
2802/1992

Service Status
NSF

Address
12 PEEL ROAD
SINGAPORE 248616

Blood Group
O (+)

Country Of Birth
SINGAPORE

Military Rank/Status
ENLISTEE

Sex
M



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg

25 Nov 2011

NP 428A

License No: **S9209680G**



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S665500200 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MIA118153856 Vehicle Registration No: SKE 286 K
Name (as shown in NRIC) : Fong Kuan Ting Dominic NRIC/FIN/Passport No : S92096809
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Singapore ()
Contact (Tel) : Mobile No.: 97953169
Email Address :
Date of Accident : 13/12/2018 Time of Accident : 6:50
Place of Accident : Tanjong Pagar Road
Insurance Company : Fresh Marine

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Driver name to Fong Kuan Ting Dominic

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Rafiqi
NRIC/FIN No.:
Date: 13/12/2018