

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	11/12/2018 17:36
Date Of Accident	10/12/2018 20:00
Exact Location Of Accident	OPEN CARPARK OF BLK 426 CLEMENTI AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX2857L
Insured/Policyholder	
Name Of Registered Owner	SOON WHEY HONG EUGENE
NRIC No	S7813481Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91516537
Alternative Phone No	OFFICE-91516537

Vehicle Particulars

Manufacturer	CITROEN
Model	C4
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	ERGO INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPG18000941
Cover Note Number	

Driver

Name of Driver	SOON WHEY HONG EUGENE
NRIC No	S7813481Z
Date Of Birth	12/05/1978
Occupation	INDOOR
Date Of Driving Pass	29/07/2005
Driving Experience	13 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91516537
Fax Number	
Contact Number	OFFICE-91516537
Email Address	NOEMAIL

Address	BLK 426 CLEMENTI AVE 3 #03-510
Postcode	120426
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	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT: T/20181211/7011.

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 Witness 1

Name	MR CHUA
Phone Number	82015393
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB4611E
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

1. Please report accurately the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and for the Accidents of Damage.
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. 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 from time to time be made available upon application by interested parties.
7. By the lodging 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:

 - (i) 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");
 - (ii) 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
 - (iii) 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 located outside of Singapore, for one or more of the above Purposes;
 - (iv) my Personal Information will also be collected and used to compile a claims history for the purpose of fraud detection, investigation and management in ongoing and all future claims;
 - (v) the information so collected under (i) above may be shared / disclosed:
 - (a) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud;
 - (b) to regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (c) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

No Sketch Plan

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10/12/2018 at about 2000 hrs at Open Car Park at Blk
H26 Clementi Ave 3.

On 10/12/2018 at about 1600 hrs, I parked my vehicle at my
house open car park and everything was intact. When I
return back to my vehicle on 11/12/2018 at about 0830 hrs,
I noticed that there was a note on my windscreen stated
that my vehicle was hit by a Vehicle (B) while reversing
into the car park lot at the left side of my vehicle. I
make a check on my vehicle and realised that my left front
portion was damaged. I contacted the witness and he
mentioned that he had lodge a Police Report for a hit & run
case and will send me a copy for my onward action.

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim
under your own comprehensive policy. Please check your policy for more information.

DECLARATION

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

Policyholder's Signature
Date & Time:

(Printed Name of Policyholder)

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

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

11/12/2018 4.10 PM



**SINGAPORE
POLICE FORCE**



T/20181211/7011

1 of 3

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

Report No. T/20181211/7011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/12/2018 15:54	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: SOON WHEY HONG, EUGENE			Address: APT BLK 426 CLEMENTI AVENUE 3 #03-510 SINGAPORE 120426		
ID Type / ID No.: NRIC NO / S7813481Z			Contact No.: Home/Office: Mobile: 91516537		
Nationality: SINGAPORE CITIZEN			Email: sylvester_07@hotmail.com		
Sex: Male	Age: 40	Date of Birth: 12/05/1978	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Sales and marketing manager			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 10/12/2018 20:00	Type of Location: Car Park
Location: CLEMENTI AVENUE 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		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
SHB4611E	Car			Yellow	Slightly Damaged	0
SJX2857L	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20181211/7011

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

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Report No. T/20181211/7011

CONTINUATION OF REPORT

Vehicle Owner			
Name	SOON WHEY HONG, EUGENE	ID No.	S7813481Z
Related Vehicle	NIL	Contact No.	91516537
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

accident happened on 10/12/2018 at 2000hrs, at the open car park of block 426 Clementi Avenue 3. on 10/12/2018 at about 1600hrs, i parked my vehicle(A) at my house open car park and everything was intact. when i returned back to my vehicle on 11/12/2018 at about 0830hrs, i noticed that there is a note on my windscreen stated that my vehicle was hit by a vehicle(B) while reversing into the car park lot at the left side of my vehicle(A). i made a check on my vehicle and realized that my vehicle(A) left front portion was damaged. i contacted the witness and he mentioned that he had lodged a police report for hit and run case with reference number: w20181211/0036.
Witness name : Mr Chua contact number 82015393

vehicle (A)- SJX2857L
vehicle (B)- SHB4611E



**SINGAPORE
POLICE FORCE**



T/20181211/7011

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

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Report No. T/20181211/7011

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAN JEOK LENG
Contact No.: 65476144

Authentication Stamp
NP168

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

Date/Time:
11/12/2018 15:54

Classification Of Case: