SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.	5	
	ACCIDENT STATEMENT	
Date Of Report	20/12/2018 17:46	
Date Of Accident	20/12/2018 13:00	
Exact Location Of Accident	SUNGEI BULOH CAR PARK	
Country/State of Loss	SINGAPORE	
D. C.	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLD1581U	
Insured/Policyholder		
Name Of Registered Owner	ANG POH YEW	
NRIC No	S1707555A	
Email Address	ANGPOHYEW@YAHOO.COM	
Mobile Phone No	(LOCAL) +65-94240456	
Alternative Phone No	OTHERS-94240456	
Vehicle Particulars		
Manufacturer	MERCEDES-BENZ	
Model	C200 AUTO ABS D/AIRBAG	
Exact Purpose for which vehicle was being used at ime of accident	t PRIVATE USE	
Are you claiming under your own insurance policy or repair to your vehicle?	YES	
f No, Please state action to be taken		
/ehicle Category	PRIVATE CAR	
nsurance Company		
Name of Insurance Company	FWD SINGAPORE PTE. LTD.	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	PNPV2017-00004190-01	
Cover Note Number	02/05/2018 - 03/05/2019	
Driver		
Name of Driver	ANG POH YEW	
NRIC No	S1707555A	
Date Of Birth	27/05/1965	
Occupation	INDOOR	
Date Of Driving Pass	19/07/1986	
Driving Experience	32 YEARS AND 5 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-94240456	
Fax Number		
Contact Number	OTHERS-94240456	
=Mail Address	ANCDOUVEW/AVALOO COM	

ANGPOHYEW@YAHOO.COM

Address

BLK 981D BUANGKOK CRESCENT #15-07

Postcode

537981

OWNER

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

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 (including own vehicle)

2

involved in the accident Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

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 [OTHER]

ANG MO KIO SOUTH N.P.C

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO THE ATTACHED SKETCH PLAN BY DRIVER.

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

SLN8178C

Vehicle Make/Model/Colour

Details Of Properties

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 Pg. 1

My Vehicle A: SUD	10011		Location:	Sungai Buloh Cai	INIC.
	12814	Vehicle B:	STH 8178C	Vehicle C:	
KETCH PLAN	- Veranisation		em un e		
		trait	В		
		No Par ara	King A		r
ESCRIBE CIRCUMSTAN	ICES OF THE	ACCIDENT			
My Car A was	park	ed at Sunn	de Bulon Care	parle, biside	a non parkin
		2 vehicle wa		arte, money	or Herriganian
7				(a) at abou	1 3.00pm.
I only realised		NAME OF THE PARTY	ong when I		teering wheel
1 101.201	instead		7 1 1		
	bumper, hi			car and disco	ut.
1	1 /	117			
1 000	dash (1 8178 ()	am and discounted the		ecorally of a	a dark book
			/		
				7773 317	
/				# 100 P A 100 P 10	
1					
Claim OD/TP at A			D/TP at other wor	kshop Repo	rting Only
Remarks: Please forw My workshop:	vard a copy o	f my efile accident	report to :		
Email address :					
					· · · · · · · · · · · · · · · · · · ·
& myself : Email address :					
Email address :				and technique with	N 12002
Email address : Note: Please take not					ge claim under
Email address : Note: Please take not you own policy. Kindl					ge claim under
Email address : Note: Please take not you own policy. Kindl	y check with	your own insurer fo	or more information		ge claim under
Email address : Note: Please take not you own policy. Kindl	y check with	your own insurer fo	or more information		ge claim under
Email address : Note: Please take not you own policy. Kindly ECLARATION We declare the foregoing	y check with	your own insurer fo	or more information		ge claim under
Email address : Note: Please take not you own policy. Kindl	y check with particulars are Dr	your own insurer fo	or more information		

Sketch Plan Pg. 2

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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:

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

NRIC/FIN No .:





Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

1 of 3 Report No. T/20181221/2031

Tel No: 1800-4519999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/12/2018 10:38			Vide Report No.:	Station Diary No.: 36		
Informa	nt's Partic	ulars				
Name of Informant: ANG POH YEW			Address: APT BLK 981D BUANGKOK CRESCENT #15-07 SINGAPORI 537981			
ID Type / ID No.: NRIC NO / S1707555A			Contact No.: Home/Office:	Mobile: 94240456		
Nationality: SINGAPORE CITIZEN			Email:			
Sex: Male	Age: 53	Date of Birth: 27/05/1965	Type of Informant: Vehicle Owner			
Race: Chinese	one of the second		Language:	Institution / School Name:		
Occupation: MANAGER			Driving Licence Information: Class: 3 Date of Expiry:			

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 20/12/2018 13:00	Type of Location Car Park	
Location: Along Road 1 NEO TIEW C	RESCENT Wetland Reserve Vis	itor Centre			
Weather:		Road Surface: Dry		Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	1	Traffic Volume: Light	
One Way	Type of Collision: Moving Vehicle Against - Parked Vehicle				

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLD1581U	Car	anger Bando Danasana			Slightly Damaged	0
SLN8178C	Car		Electrical and the		1 42 5	0



Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

Tel No: 1800-4519999



Report No. T/2018122

CONTINUATION OF REPORT

Brief Details.

On 20/12/2018 at about 1300hrs, I parked my vehicle bearing registration number SLD1581U at Sungei Buloh Wetland Reserve Visitor Centre open space carpark and everything is intact.

On the same day at about 1500hrs, I went to retrieve my vehicle and discovered dents and scratches at the front left bumper. As such, I made a check on my in car camera and discovered one dark brown vehicle with bearing registration number SLN8178C reserve and collided with my vehicle. However, the driver didn't alight from the vehicle and drive off.

I wish to start this is the first time such incident happened to me and I do have the accident footage.

SING

SINGAPORE POLICE FORCE



e Station Of Origin: Mo Kio South N.P.C Ang Mo Kio Avenue 3 SINGAPORE 3 of 3 Report No. T/20181221/2031

Tel No: 1800-4519999

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:

F /
Sgt 2 TAN WEI REN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
Sr Staff Sgt IRMAN BIN MOHAMAD Contact No.: 65476145

Authentication Stamp
NP158

Signature Of Informant:

Date/Time:
21/12/2018 10:38

Classification Of Case:
SN 085

Signature

Signature Of Informant:

Date/Time:
21/12/2018 10:38