### 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	15/04/2019 14:32
Date Of Accident	13/04/2019 16:20
Exact Location Of Accident	ALONG ORCHARD RD (PLAZA SINGAPORE CAR PARK 4A)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLV4763Y
Insured/Policyholder	
Name Of Registered Owner	CHUAN LECK AUTO COMPANY
Co Reg No	27164600D
Email Address	HUILING.ONG89@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-67552622
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E200 EXCLUSIVE AUTO
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A80452604MCY
Cover Note Number	
Driver	
Name of Driver	ONG HUILING
NRIC No	S8929160G
Date Of Birth	16/08/1989
Occupation	INDOOR
Date Of Driving Pass	07/06/2010
Driving Experience	8 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93695181
Fax Number	
Contact Number	

HUILING.ONG89@GMAIL.COM

43 CHUAN TERRACE Address

Postcode 558509 Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured OTHER - EMPLOYEE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

**General Information of the Accident** 

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

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

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 0

NO

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER] 10 UBI AVENUE 3

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

REFER TO SKETCH PLAN AND POLICE REPORT

Attachment(s)

Are accident photos available for attachment?

NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

FILE SIZE TOO BIG, TO SUBMIT UPON REQUEST

NO Was there any audio recorded?

**Details of Witness 1** 

Name

Phone Number 97595596

**Email Address** 

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SGK5691G

Vehicle Make/Model/Colour TOYOTA TOYOTA FORTUNER / GREY

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

#### Sketch Plan

SKETCH PLAN

VEHICLE NO .: SLV 47

INSURER

DATE & TIME: 13 04 19

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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.
- 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:

- 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)
  - (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
- 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
- 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.
- 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: 15

Driver's Signature

(If driver is not the policyholder)

Date & Time:

1404/2018

Name

NRIC/FIN No.:

Reporting Centre Personnel's Signature

# Sketch Plan #2

ETCH PLAN	
	A-SLV 4763Y (Parked)
	B= S6K 56916
A B	
SCRIBE CIRCUMSTANCES OF THE ACCIDENT	
	-l ! /
Refer to Police Report HO: T	1 20190414 FOES
ote: Please note that your insurer may have 14days	s Time Frame for you to submit an Own Damage Clajm
under your own comprehensive policy. Please	check with your policy for more information.
CLARATION  a declare the foregoing particulars are true in every respect.	
009	Panastina Cantra Parcanal's Signatura
cyholder's Signature  e & Time: 15 04 101 0 (If driver is not the policy)	Reporting Centre Personnel's Signature (holder) Name:
17 SZ ( ) State S Ballon ( ) State	n Third Party ( ) Reporting Only
( ) Claim Ob/TP at other workshop	

# Police Report





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

1 of 3 Report No. T/20190414/7005

## REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 14/04/2019 13:35		Vide Report No.:	Station Diary No.:		
Informan	t's Particu	ulars				
Name of ONG HUI	Informant: LING		Address: 43 CHUAN TERRACE SINGAPORE 558509			
ID Type / NRIC NO	ID No.: / S892916	60G	Contact No.: Home/Office:	Mobile: 93695181		
Nationality: SINGAPORE CITIZEN		EN	Email: huiling.ong89@gmail.com			
Sex: Female	Age: 29	Date of Birth: 16/08/1989	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: Other accounting clerks (eg cost clerk)		erks (eg cost	Driving Licence Information: Class: 3 Date of Expiry:			

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 13/04/2019 16:20	Type of Location Car Park	
Location: ORCHARD R Weather:	OAD	Road Surface:		Road Speed Limit:	
Sunny	nny Dry				
	Traffic Flow; Traffic Control: Not Controlled			Traffic Volume:	
THE R. P. LEWIS CO., LANSING, MICH. 49, 120, 120, 120, 120, 120, 120, 120, 120				No Traffic	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SGK5691G	Car	ТОУОТА	TOYOTA FORTUNER	Grey		0
SLV4763Y	Car	MERCEDES BENZ				0

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

### Police Report





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

Report No. T/20190414/7005

2 of 3

#### CONTINUATION OF REPORT

Driver		XXIII.				CENTRAL SECTION
Name	ONG HUILING			ID No	*	S8929160G
Related Vehicle	SLV4763Y (Car)			Conta	ct No.	93695181
Hospital/Clinic	NIL			Class Drivin Licen Expire	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date Disc			harge	NIL	
No. of Days gran	nted Medical Leave NIL		Degree of	Injury	NIL	

#### Brief Details.

Found a note on the windscreen on the morning of 14 April 2019, stating that a Toyota Fortuner SGK5691G scratched my parked car SLV4763Y, at Plaza Singapura car park 4A, on 13 April 2019 around 4:30pm. Contacted the phone number on the note and it was the witness that left the note. Was informed by the witness that an elderly man scratch my parked car while moving out of the parking lot on the right of my parked car. Witness lady mentioned that she had informed the Plaza Singapura information counter on this incident as well. The driver of SGK5691G drove off without leaving any contact. I do have the video from my car camera of the incident. Please kindly advise how should I send the video as it exceeds 2MB.

# Police Report





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

3 of 3 Report No. T/20190414/7005

## CONTINUATION OF REPORT

Sketch Plan						
Informant is	not	able	to	provide	sketch	plan

NP168

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: 14/04/2019 13:35
Officer In Charge Of Case: TP / TPIB / TAN JEOK LENG Contact No.: 65476144	Classification Of Case:
Authentication Stamp	