

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	02/09/2019 20:24
Date Of Accident	31/08/2019 02:30
Exact Location Of Accident	RIVERVALLEY RD MULTISTORY CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ9789S
Insured/Policyholder	
Name Of Registered Owner	GAN HONG CHENG NIGEL
NRIC No	S8303437H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87288884
Alternative Phone No	OFFICE-87288884

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200 AVG AUTO
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2019-00009669
Cover Note Number	

Driver

Name of Driver	GAN HONG CHENG, NIGEL
NRIC No	S8303437H
Date Of Birth	17/02/1983
Occupation	OUTDOOR
Date Of Driving Pass	13/09/2018
Driving Experience	0 YEAR AND 11 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87288884
Fax Number	
Contact Number	OFFICE-87288884
Email Address	NOEMAIL

Address	BLK 439 HOUGANG AVENUE 8 #15-1549
Postcode	530439
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 (including own vehicle) involved in the accident	2
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
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	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190901/2107.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDM8220M
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)

Accident Sketch Plan

SKETCH PLAN

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2. 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 based 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:

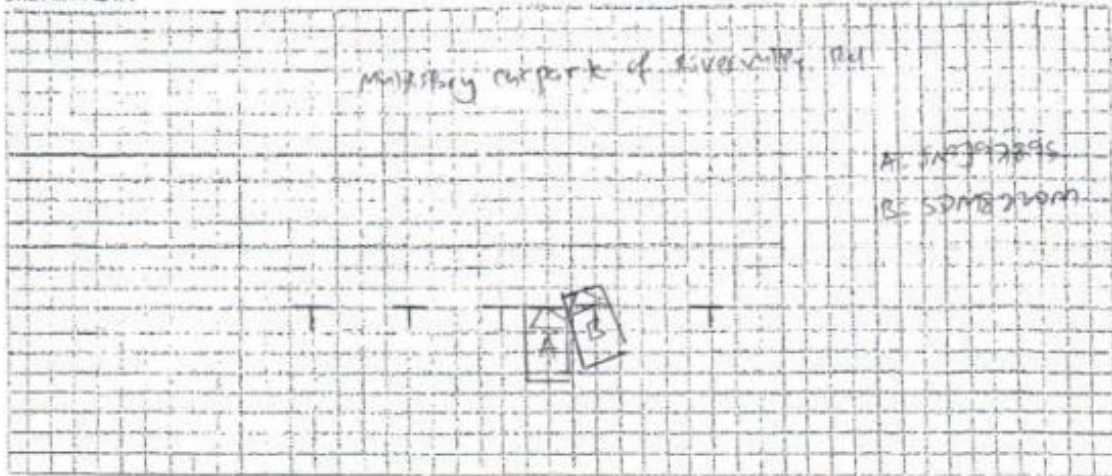
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

Motorway report of accident. Ref

A. 5/17/2005
B. 5/17/2005



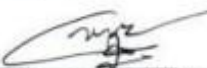
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Peter to police report.

DECLARATION

(We declare the foregoing particulars are true in every respect.)


Policyholder's Signature
Date & Time:


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


Reporting Centre Personnel's Signature
Name:
NRUC/PRN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20190901/2107

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20190901/2107

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/09/2019 22:33	Vide Report No.:	Station Diary No.: 138
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Informant's Particulars

Name of Informant: GAN HONG CHENG, NIGEL	Address: APT BLK 439 HOUGANG AVENUE 8 #15-1549 SINGAPORE 530439		
ID Type / ID No.: NRIC NO / S8303437H	Contact No.: Home/Office: Mobile: 87288884		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 36	Date of Birth: 17/02/1983	Type of Informant: Vehicle Owner
Race: Chinese	Language:		Institution / School Name:
Occupation: sales manager	Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Detailed Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 31/08/2019 02:50	Type of Location: Multi-storey carpark
Location: Along Road 1 RIVER VALLEY ROAD				
*exact location is multi-storey carpark opposite Zouk, deck 3A, unknown lot number				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDM8220M	Car					0
SMJ9789S	Car					0

Police Report



**SINGAPORE
POLICE FORCE**



T/20190901/2107

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20190901/2107

CONTINUATION OF REPORT

Brief Details.

On 31/08/2019 at about 0252hrs, my car bearing SMJ9789S was parked stationary at a parking lot. There was a car bearing SDM8220M parked on the right side of my car. At the juncture when the driver drove off in the said car, the car collided on to the right side of my car leaving a scratch on the front right side of my bumper, and one of the part of my front body kit broke and fell off. The driver did not stop and drove off. I discovered the damaged when I returned back to my car at about 0300hrs on 31/08/2019. I contacted carpark management and I was told to lodge a report in for them to release the footage. I have an in-built camera in my car too. There was no note left behind either.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190901/2107

Police Station Of Origin:

Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

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Report No. T/20190901/2107

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 3 SATHYA VANI D/O PARAMASIVAN RAJU

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

Insp GOH GEOK LYE

Contact No.: 65476148

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

01/09/2019 22:33

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



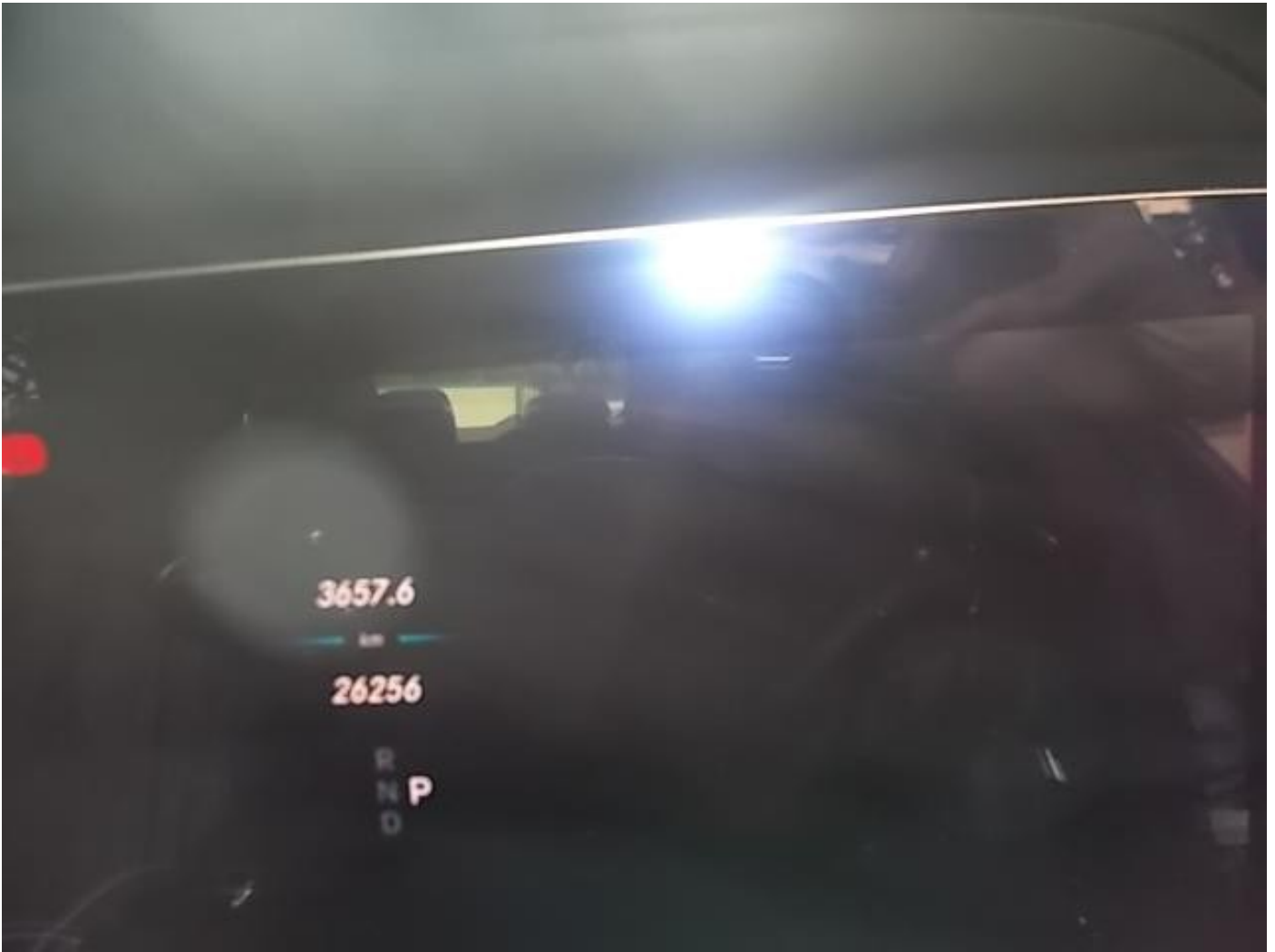
Accident Photo



Accident Photo



Accident Photo



Accident Photo

