SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number 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	18/09/2019 11:30
Date Of Accident	17/09/2019 21:00
Exact Location Of Accident	BLK 691 HOUGANG ST 61 OPEN CARPARK
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKQ3002E
Insured/Policyholder	
Name Of Registered Owner	ONG SOK TING
NRIC No	S6933252H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97989809
Alternative Phone No	OFFICE-97989809
Vehicle Particulars	
Manufacturer	BMW
Model	5281
Exact Purpose for which vehicle was being used at time of accident	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	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z19VP05023374
Cover Note Number	-
Driver	
Name of Driver	CHAN HONG POW @ VINCENT
NRIC No	S1721075J
Date Of Birth	22/10/1965
Occupation	INDOOR
Date Of Driving Pass	11/04/1991
Driving Experience	28 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97989809

NOEMAIL

BLK 691 HOUGANG ST 61 #03-286 Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **SPOUSE**

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?

YES

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

Was any other material or property damaged?

NO

0 Number of Passengers (Including Driver)

Details of Police Action

YES Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name HOUGANG NEIGHBOURHOOD POLICE CENTRE

ROAD: 60 HOUGANG AVE 9, POSTCODE: 538775, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 1800-4890999 - FAX NO: 63128989 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT T/20190918/2005

Attachment(s)

Are accident photos available for attachment? Was there any video captured by Car Camera?

YES YES

Remarks/ Reasons: WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SLG270H Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 15

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan



SKETCH PLAN

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- 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 Minnerary 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 cialms (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")
- 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
 - (iii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

river's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

COLDIAC Shatch Plansform, VS

Accident Sketch Plan

SKETCH PLAN		
	B A	A - SKQ 3002 E
		A - SKQ 3002E B - SLG 270H
DESCRIBE CIRCUMSTANC	ES OF THE ACCIDENT	
Refer +	the police Report T	20190918 2005
		10.00
DECLARATION		
we declare the foregoing part	iculars are true in every respect.	
olicyholder's Signature	Delivada Signatura	(M.)
ate & Time:		porting Centre Personnel's Signature me:

STARME Stetmentunform VS

NRIC/FIN No.:

POLICE REPORT





Police Station Of Origin: Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

1 of 3 Report No. T/20190918/2005

Date/Time Report Made: 18/09/2019 00:52			Vide Report No.:	Station Diary No.:	
Informa	int's Partic	ulars	SERVICE SERVICES	COURS TO PERFORM THE PARTY OF T	
Name of Informant: CHAN HONG POW			Address: APT BLK 691 HOUGANG STREET 61 #03-286 SINGAPORE 530691		
ID Type / ID No.: NRIC NO / S1721075J		75J	Contact No.: Home/Office:	Mobile: 97989809	
Nationality: SINGAPORE CITIZEN		EN	Email:	MODIC. 97908008	
Sex: Male	Age: 53	Date of Birth: 22/10/1965	Type of Informant: Vehicle Owner		
Race: Chinese Occupation: Employment agent/Labour contractor		B -98 G (E) year.	Language:	Institution / School Name:	
		Labour contractor	Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 17/09/2019 21:00	Type of Location Car Park	
Location: Along Road 1 HOUGANG S B/691 Hougan Weather.		K (Unknown Lot number Road Surface:	ar)	Road Speed Limit:	
Clear		Traffic Control: Not Controlled		Traffic Volume:	
Clear Traffic Flow: Two Way Type of Collision		Traffic Control:			

Vehicle No.	Туре	Make	Model	Color	Condition	Nie of Day
SKQ3002E					Condition	No of Passenge
SLG270H	Car			-	-	-

POLICE REPORT





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

2 of 3 Report No. T/20190918/2005

Brief Details.

On 17/09/219 at about 1730hrs, I parked my vehicle bearing registration number SKQ3002E at B/691 Hougang St 61 Open carpark (Unknown Lot number) and nothing was amiss.

On 17/09/2019 at about 2235hrs, I went to my vehicle and discovered that my front right portion of vehicle and right fender suffered scratches and a minor dislodged on the right side bumper.

As such I then went to view the CCTV which were installed in my vehicle and noticed that there was one vehicle bearing registration number SLG270H which were parked on the lot next to my vehicle on the right side was seen to have collided onto my right portion of vehicle while it was moving out at about

There is no notice or contact details being left behind. I am not sure of the said vehicle owner, There is a CCTV at the vicinity of my block.

As such I am making this report for Traffic Police assistance.

POLICE REPORT





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

3 of 3 Report No. T/20190918/2005

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 SYED NAFIS BIN SYED HUSSAIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/09/2019 00:52
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt TAN JEOK LENG Contact No.: 65476144	Classification Of Case:
Authentication Stamp NP168	













