# Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 17/10/2019 17:58

#### SINGAPORE ACCIDENT STATEMENT

#### **IMPORTANT NOTICE**

**Date Of Driving Pass** 

**Driving Experience** 

- 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	17/10/2019 17:21
Date Of Accident	30/09/2019 11:00
Exact Location Of Accident	PARKWAY PARADE SHOPPING CENTRE MSCP
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLV4361Z
Insured/Policyholder	
Name Of Registered Owner	ONG BOON SENG
NRIC No	S1370475I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96218260
Alternative Phone No	Office-96218260
Vehicle Particulars	
Manufacturer	AUDI
Model	A4 SEDAN 1.4 TFSI S
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700044123-01
Cover Note Number	
Driver	
Name of Driver	ONG BOON SENG
NRIC No	S1370475I
Date Of Birth	01/07/1959
Occupation	OUTDOOR

14/06/1977

42 YEARS AND 3 MONTHS

Gender **MALE** 

Mobile Number (LOCAL) +65-96218260

Fax Number

**Contact Number** OFFICE-96218260

**EMail Address NOEMAIL** 

**BLK 227 PENDING ROAD** Address

#04-233

Postcode 670227 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 **COLLIDED INTO PARKED VEHICLE** 

**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?

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

YES

Number of Passengers (Including Driver) 1

#### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name WOODLANDS WEST N.P.C

ROAD: 1 WOODLANDS STREET 12, POSTCODE: 738622, COUNTRY:

Police Station Address **SINGAPORE** 

**Police Station Contact** TEL NO: - FAX NO:

Was notice of intended Prosecution given? NΩ

If Yes, against whom?

# **Circumstances of Accident**

#### PLEASE REFER TO POLICE REPORT

#### 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 OTHER VEHICLE PROPERTY 1**

UNKNOWN Vehicle Registration Number Vehicle Make/Model/Colour **BMW** 

Details Of Properties Vehicle Category

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# PRIVATE CAR

#### Sketch Plan

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

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- 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 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")
- 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.
- 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:

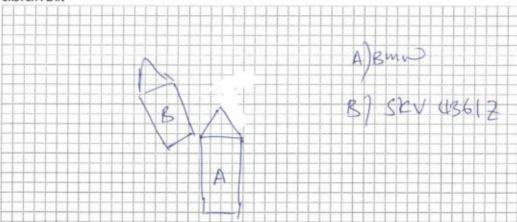
Reporting Centre Personnel's Signature

Enn Name:

NRIC/FIN No.:

GIARIMC SketchPlanForm\_V3

#### SKETCH PLAN



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pense refer to police report	

# DECLARATION

I/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:

GIARMC SketchPlanForm\_V3

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:





191016/2156

Police Station Of Origin: Woodlands West N.P.C. 1 Woodlands Street 12 SINGAPORE 738622 Tel No: 1800-363 9999 1 of 3 Report No. T/20191016/2155

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/10/2019 17:05		Vade:	Vide Report No.:	Station Diary No.: 337		
Informa	nt's Partic	ulars				
Name of Informant: ONG BOON SENG			Address: APT BLK 227 PENDING ROAD #04-233 SINGAPORE 670223			
ID Type / ID No.: NRIC NO / \$1370475I			Contact No : Home/Office:	Mobile: 96218260		
Nationality: SINGAPORE CITIZEN		EN	Email:			
Sex Male	Age: 60	Date of Birth: 01/07/1959	Type of informant Driver			
Race: Chinese			Language:	Institution / School Name:		
Occupation: Self Employed			Driving Licence Information: Class: Date of Expiry:			

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 30/09/2019 11:00	Type of Location Car Park	
Location: Along Road 1 MARINE PAR	ADE ROAD	MSCP			
Weather:		Road Surface:	R	Road Speed Limit:	
Traffic Flow: Tra			-	Traffic Volume:	
Traffic Flow:		Traffic Control:	11	affic Volume:	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SLV4361Z	Car	AUDI	A4 1.4 TFSI S TRONIC	White	No Damage	0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SLV4361Z	AIG ASIA PACIFIC INSURANCE PTE.	1700094123-01	28/12/2018	27/12/2019	



Traffic Police Singapore Police Force 10, Ubi Avenue 3 Singapore 40055 Tel: 8547 0000 Fax: 9547 6259

Date: 09 Oct 2019

Your Ref : Our Ref : TP/IP/63057/2019

ONG BOON SENG APT BLK 227 PENDING ROAD 404-233 SINGAPORE 570227

# հկիիվոլիլելելելել

Dear Sir / Madam.

CASE OF TRAFFIC ACCIDENT INVOLVING SLV4361Z ALONG MARINE PARADE ROAD ON 30 SEP 2019 @ 11.00 AM

Please be informed that Traffic Police is investigating into the above matter and will update you the status in due course.

- 2 IF you have not lodged a Police Report of a Traffic Accident (NP165) in respect of the said accident which is now required for police investigation, please do so as scon as possible at the nearest police station, Neighbourhood Police Centre (NPC), Neighbourhood Police Post (NPP) or online via Singapore Police Force Electronic Police Centre (<u>Intp://www.police.gov.sp/spc)</u>.
- 3 Please note that the information given by you in the Police Report of a Traffic Accident (NP168) will be carefully considered. You may not be called upon for an interview if the information in the Police Report is sufficient for our investigation. However, if you have any further information or other evidence (such as CCTV footages) which you have not stated in your report and which you think will assist in the investigation, you are advised to contact the investigation. Officer within 2 weeks of this letter to arrange for an appointment.
- 4 You may contact the Investigation Officer IRMAN BIN MOHAMAD SAID at his 7 her office number. 85476145 or the supervisor CHEW SCOK YENG at 55476425 if you have any further queries.
- Thank you.

Yours faithfully.

PUTEH BTE SHARIFF (OSP) CHIEF INVESTIGATION OFFICER INVESTIGATION BRANCH TRAFFIC POLICE

This is computer generated and does not require a signature.





Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-383 9999 CONTINUATION OF REPORT

3 of 3 Report No. T/20191016/2155

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:

Sgt 2 HO JIAN LOONG

Signature Of Interpreter. Not applicable

Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151

Authentication Stamp

Signature Of Informant:

Outs

Date/Time: 16/10/2019 17:05

Classification Of Case:





Report No. T/20191016/2156

2 of 3

Police Station Of Origin: Woodlands West N.P.C. 1 Woodlands Street 12 SINGAPORE 738622

Tel No: 1800-363 9999

CONTINUATION OF REPORT

On the 30/09/2019 at about 11am, I was at Parkway Parade Shopping Centre MSCP when my vehicle, SLV4361Z, had knocked into a parked vehicle.

I was trying to reversed my vehicle into an empty parking lot when a BMW next to my lot was in the way. The vehicle was long and therefore slightly protruding out of the lot. I believe my rear right bumper might have scratched the BMW as there was a slight scratch on my vehicle.

I decided not to park at that lot anymore and went elsewhere to park.

I initially did not contact the driver as I did not feel any impact therefore thinking there was no accident. I did not know there was anything wrong as well.





















