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 <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	28/11/2019 11:02
Date Of Accident	27/11/2019 10:35
Exact Location Of Accident	88 BRIGHT HILL ROAD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGS3737E
Insured/Policyholder	
Name Of Registered Owner	ONG JIT SER
NRIC No	S1566545I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96881412
Alternative Phone No	OTHERS-96881412
Vehicle Particulars	
Manufacturer	BMW
Model	X5
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD19V13491/VPC/R00/E00
Cover Note Number	
Driver	
Name of Driver	ONG JIT SER
NRIC No	S1566545I

 Name of Driver
 ONG JIT SE

 NRIC No
 \$1566545I

 Date Of Birth
 02/08/1962

 Occupation
 INDOOR

 Date Of Driving Pass
 25/03/1980

Driving Experience 39 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96881412

Fax Number

Contact Number OTHERS-96881412

EMail Address NOEMAIL

168 LENTOR LOOP #07-06 Address

Postcode 789098

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

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 KEBUN BARU NEIGHBOURHOOD POLICE POST

NO

ROAD: BLK 111 ANG MO KIO AVENUE 4, POSTCODE: 560111, Police Station Address

COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4589999 - FAX NO: 64574454

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACH.

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 SJS2195P

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

AIG ASIA PACIFIC INSURANCE PTE, LTD. Insurance Company Name

Nature Of Damage

Page 2 of 12

No. Of Passenger (Including Driver)

SKETCH PLAN

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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)
 - (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:

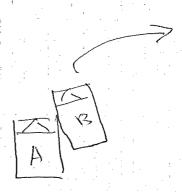
NRIC/FIN No .:

ing Ce

Personnel's Signature

Repo

Name:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

>23CHBL CIRCUMS I ANCES	OF THE ACCIDENT	
Attan Pa	lice report	
	THE RESERVE THE PROPERTY OF TH	
DECLARATION		
	iculars are true in every respect.	28/11/291
Policyholder 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: Kebun Baru NPP

111 Ang Mo Kio Avenue 4 SINGAPORE

560111

Tel No: 1800-4589999

REPORT OF A TRAFFIC ACCIDENT

T/20191127/2165

1 of 3 Report No. T/20191127/2165

Date/Time Report Made: 27/11/2019 19;53			Vide Report No.:	Station Diary No.: 63	
Informant'	s Particul	lars			
Name of Informant: ONG JIT SER			Address: 168 LENTOR LOOP #07-06 SINGAPORE 789098		
ID Type / II NRIC NO /		51	Contact No.: Home/Office:	Mobile: 96881412	
Nationality: SINGAPOR		EN	Email:		
Sex: Male	Age: 57	Date of Birth: 02/08/1962	Type of Informant: Vehicle Owner		
Race: Chinese			Language:	Institution / School Name:	
Occupation: MANAGINIG DIRECTOR			Driving Licence Information: Class: 2B,2A,2,3,4	Date of Expiry:	

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 27/11/2019 10:38	Type of Location: Car Park
Location: Along Road 1 BRIGHT HILL	•	at 88 Bright Hill Road		
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage	Way	Traffic Control: Not Controlled		Traffic Volume:
Type of Collisi		ehicle	,	Anyone conveyed by ambulance:

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGS3737E	Car	BMW			-	0
SJS2195P	Car	HONDA				0

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





Police Station Of Origin: Kebun Baru NPP

Report No. T/20191127/2165

2 of 3

111 Ang Mo Kio Avenue 4 SINGAPORE 560111

CONTINUATION OF REPORT

Tel No: 1800-4589999

Vehicle Owner						
Name	ONG JIT SER			ID No	•	S1566545I
Related Vehicle	SGS3737E (Car)	*		Conta	ct No.	96881412
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

I am the vehicle owner of a BMW X5 bearing registration number SGS3737E.

On 27/11/2019 at about 0905hrs, I was at the temple located at 88 Bright Hill Road. I parked my vehicle at the ground level of the multi-storey carpark in the temple's compound. Upon parking, I locked and left my car to go to the temple. I returned to my car later at about 1045hrs. It was then that I discovered that there were scrapes and slight dents on the front right side of my vehicle's bumper. There were also slight dents and scratches on my vehicle's front right tyre and rim.

I then checked my vehicle's in-vehicle camera and saw that a white coloured Honda bearing registration number SJS2195P had revered into the front right of my vehicle. The driver of the said Honda then completed parking next to my car. The driver however, drove off shortly after. The driver did not leave behind any notes or any means of contact in order for me to get in touch with him. There was no one in my vehicle when the incident occurred.

That is all.





Police Station Of Origin: Kebun Baru NPP 111 Ang Mo Kio Avenue 4 SINGAPORE 560111 Tel No: 1800-4589999 3 of 3 Report No. T/20191127/2165

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:	Signature Of Informant:
Staff Sgt MUHAMMAD HAFIZ BIN SUHAIMI	
Signature Of Interpreter:	Date/Time:
Not applicable	27/11/2019 19:53
Officer In Charge Of Case:	Classification Of Case:
TP / HRT /	
Sr Staff Sgt TAN JEOK LENG	Stri (W
Contact No.: 65476144	
Authentication Stamp NP168	

Accident Photo



Accident Photo



Accident Photo



