

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	04/12/2019 14:25
Date Of Accident	03/12/2019 21:25
Exact Location Of Accident	OPEN CARPARK OUTSIDE UNIT 20 MAJU AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ1833A
Insured/Policyholder	
Name Of Registered Owner	NGAN YI BING EZRA
NRIC No	S8714654E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93879730
Alternative Phone No	OFFICE-93879730

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	A180-1.6 (A)
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00612849
Cover Note Number	

Driver

Name of Driver	NGAN YI BING EZRA
NRIC No	S8714654E
Date Of Birth	26/05/1987
Occupation	OUTDOOR
Date Of Driving Pass	14/03/2011
Driving Experience	8 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93879730
Fax Number	
Contact Number	OFFICE-93879730
EMail Address	NOEMAIL

Address	BLK 472C FERNVALE STREET #10-65
Postcode	793472
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	ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)
Police Station Address	ROAD: 51 ANG MO KIO AVENUE 9 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2180000 - FAX NO: 64814246
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT NO.F/20191203/7077

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

Vehicle Registration Number	SJX7824Z
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)

Sketch Plan

SKETCH PLAN

Unit no. 20
Muscle & Art

No 26 Maju Ave

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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

Report No :-

F/20191203/7077

[Handwritten signature]

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

[Handwritten signature]
Policyholder's Signature
Date & Time:

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

[Handwritten signature]
Reporting Centre Personnel's Signature
Name: LOUIS SIM
NRIC/FIN No:

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";
- (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/are 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, regulatory, 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: Louis Sim
NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



F/20191203/7077

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20191203/7077

Person Name	Six7824z red Renault		
Victim			
Person Name	NGAN YI BING, EZRA		
ID Type	NRIC NO	ID No	S8714654E
Gender	Male	Age	32
Race	Chinese	Language	English
Occupation	Other finance and insurance clerks (eg credit clerk)		Address Type
Address	APT BLK 472C FERNVALE STREET #10-65 SINGAPORE 793472		Mobile No
Is Informant A Victim?	Yes		93879730
Person Name	NGAN YI BING, EZRA (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

03/12/2019 23:02

Classification Of Case:



Police Report



**SINGAPORE
POLICE FORCE**



F/20191203/7077

1 of 2

POLICE REPORT (NP299)

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Report No. F/20191203/7077

Date/Time Report Made 03/12/2019 23:02		Vide Report No.		Station Diary No.	
Name Of Informant NGAN YI BING, EZRA		Address APT DLK 472C FERNVALE STREET #10-65 SINGAPORE 790472			
ID Type / ID No. NRIC NO / S8714654E		Contact No. Home/Office: Mobile: 93879730			
Nationality SINGAPORE CITIZEN		Email Address Ezra.egan@gmail.com			
Occupation Other finance and insurance clerks (eg credit clerk)		Sex Male	Age 32	Date of Birth 26/05/1987	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 03/12/2019 09:15 - 03/12/2019 21:20		Location Of Incident 20 MAJU AVENUE SINGAPORE 556694			

Brief details.

I walk to my car to SMJ1633A at around 9.25pm and a gentleman and lady walked to me that my car (Stationary at lot 42 Maul ave) was hit and run by a red Renault 5JX7824Z with picture evidence. The gentleman (DAN TAN 97208191) called the police. Lady witness Hp: 93868 5588

Subjects Involved

Suspect

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

03/12/2019 23:02

Classification Of Case:

Authentication Stamp



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CamScanner