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	30/12/2019 18:23
Date Of Accident	29/12/2019 20:55
Exact Location Of Accident	BLK 288B BUKIT BATOK ST 25 MSCP DECK 1 LOT 3
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLJ6315H
Insured/Policyholder	
Name Of Registered Owner	FONG WENG WOH
NRIC No	SXXXX549B
Email Address	MICHAELFONG788@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90273450
Alternative Phone No	OTHERS-90273450
Vehicle Particulars	
Manufacturer	MAZDA
Model	2
Exact Purpose for which vehicle was being used at time of accident	CAR WAS 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	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM120038311800
Cover Note Number	

Driver

Name of Driver FONG WENG WOH

NRIC No SXXXX549B
Date Of Birth 30/08/1955
Occupation INDOOR
Date Of Driving Pass 19/08/1977

Driving Experience 42 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90273450

Fax Number

Contact Number OTHERS-90273450

EMail Address MICHAELFONG788@GMAIL.COM

Address BLK 289G BUKIT BATOK STREET 25

#03-108

Postcode 656289

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

-

2

NO

NO

0

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?

Was any other material or property damaged? YES

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

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name

BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 21 BUKIT BATOK EAST AVE 4, POSTCODE: 659840, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-6659999 - **FAX NO**: 66655793

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191229/2085

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 GBF1877A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver MR. WONG

NRIC/Passport Number

Contact Number 82801177

Address Postcode

Insurance Company Name

Page 2 of 17

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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.
- 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.
- 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:
 - 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:
 - 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 Per

NRIC/FIN No

CANADA SINGS AND STREET, NO.

Accident Sketch Plan

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ECLARATION		
We declare the foregoing par	ticulars are true in every respect.	1 0
W.	/ 2/12	1009
olicyholder's Signature	Driver's Signature Reserving Centre PG sc	onnel's Signature
Nate & Time:	(If driver is not the policyholder) Date & Time: NRIC/FIN No.:	ph (motor





1 of 4 Report No. T/20191229/2085

Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 659840

Tel No: 1800-6659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
29/12/2019 20:54	11321132311133	126

29/12/2019 20:54				126	
Informa	nt's Partic	ulars			
Name of Informant: FONG WENG WOH			Address: APT BLK 289G BUKIT BATOK STREET 25 #03-108 SINGAPORE 656289		
ID Type / ID No.: NRIC NO / S1178549B			Contact No.: Home/Office:	Mobile: 90273450	
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Age: Date of Birth: Male 64 30/08/1955			Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: SOLE PROPRIETOR		R	Driving Licence Informati Class: 2B,2A,2,3	on: Date of Expiry:	

Type of Accident:	Non-Injury (Hit and Run	Drink Drive: No	Date/Time of Accident: 28/12/2019 19:00	Type of Location Car Park	
	OK STREET 25 Batok St 25 MSCP Deck	1 Lot 3 Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Traffic		Traffic Control: Not Controlled		Traffic Volume: No Traffic	
Type of Collis	sion:			Anyone conveyed by	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
GBF1877A	Van			Silver		0
SLJ6315H	Car	MAZDA	MAZDA2 5- DOOR HATCHBAC K 1.5L SP.6EAT	Grey	Slightly Damaged	0





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Report No. T/20191229/2085

Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 659840

Tel No: 1800-6659999

CONTINUATION OF REPORT

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLJ6315H	UNITED OVERSEAS INSURANCE	DHOM1200383118 00	19/12/2018	18/12/2020

Any Pedestrian Ir	volved: No					
No. of Pedestrian			Use of Ped	estrian	Cross	ing; NA
Driver	CACHE IN TOTAL LINE OF THE STATE OF THE STAT	SHAT				
Name	MR WONG			ID No.		NIL
Related Vehicle	GBF1877A (Van)			Conta	ct No.	82801177
Hospital/Clinic	NIL			Class Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date			harge	NIL	
No. of Days gran	ted Medical Leave NIL		Degree of	Injury	NIL	
Driver		plicate				
Name	FONG WENG WOH			ID No.	0	S1178549B
Related Vehicle	SLJ6315H (Car)			Conta	ct No.	90273450
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL Dat			harge	NIL	
No. of Days gran	ted Medical Leave NII		Degree of	Injury	NIL	

Brief Details.

On 28/12/2019 at about 1830hrs, I parked my vehicle bearing the registration plate SLJ6315H at B/288 Bukit Batok ST 25 MSCP Deck 1 Lot 3. Everything was intact. At that point of time, I notice a silver van bearing the registration plate GBF1877A parked beside my car at Lot 4 and the head of the van was inside the parking lot. I took a photo of the van as I estimated that the van might hit onto my car while reversing out given that it is a long vehicle.

On 29/12/2019 at about 0800hrs, I went down to the MSCP to collect my car and realized that there was some scratches and dents at the bumper above the left front wheel. However the silver van was no longer parked beside; a white car bearing the registration plate SJL3231Z was parked beside instead. I went to inspect the white car however there was no damages or scratches seen on the car. I then decided to contact a number on the silver van (65650002) and spoke to the person over the phone who informed that the driver of the van is her boss namely Mr Wong, HP: 82801177. I called Mr Wong and he informed that he shifted his car in the morning about 5 plus and he mentioned that he might have accidentally knocked onto my car while reversing out as he was in a rush. As I will be at work today, therefore I liaised a timing with him to meet him.





Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 659840 3 of 4 Report No. T/20191229/2085

Tel No: 1800-6659999

CONTINUATION OF REPORT

At about 1900hrs, I met Mr Wong at the carpark. He denied to be the one who accidentally grazed onto my car. When I inspect the van, I observed that there was some scratches on the left frontal side of the van which was at the same height to the scratches seen on my car. However Mr Wong informed that the scratches was an incident last year. I also asked if he remember how he reversed out however he do not remember. We did not reached to a personal settlement therefore I decided to make a Police report. My in camera was switched off when my engine is off.





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Report No. T/20191229/2085

Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE

Tel No: 1800-6659999

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 J / Sgt 2 YEO YULIN	The Report:	Signature Of Informant:	
Signature Of Interpreter: Not applicable		Date/Time: 29/12/2019 20:54	
Officer In Charge Of Case:		Classification Of Case:	
TP / HRT / SI KALESWARI PALANI / Contact No.: 65476902 /	SINGUICAL STREET		
Authentication Stamp NP168			
		GNATURE	















