

## 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             | 21/02/2020 18:10                  |
| Date Of Accident           | 20/02/2020 13:15                  |
| Exact Location Of Accident | 25 CLAYMORE ROAD BASEMENT CARPARK |
| Country/State of Loss      | SINGAPORE                         |

### DETAILS OF OWN VEHICLE

|                                 |                      |
|---------------------------------|----------------------|
| Vehicle Registration Number     | SJE2218G             |
| <del>Insured/Policyholder</del> |                      |
| Name Of Registered Owner        | NG SER MIANG         |
| NRIC No                         | SXXXX251A            |
| Email Address                   | NOEMAIL              |
| Mobile Phone No                 | (LOCAL) +65-90000000 |
| Alternative Phone No            | OFFICE-90000000      |

### Vehicle Particulars

|              |               |
|--------------|---------------|
| Manufacturer | BMW           |
| Model        | 730LI-3.0 (A) |

Exact Purpose for which vehicle was being used at time of accident

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 | INDIA INTERNATIONAL INSURANCE PTE LTD |
| Type Of Coverage          | COMPREHENSIVE                         |
| Fleet Policy              | NO                                    |
| Policy Number             | D18MPC0003169_01                      |
| Cover Note Number         |                                       |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | NG SER CHEK           |
| NRIC No              | SXXXX216A             |
| Date Of Birth        | 14/04/1951            |
| Occupation           | INDOOR                |
| Date Of Driving Pass | 29/09/1976            |
| Driving Experience   | 43 YEARS AND 4 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-96775828  |
| Fax Number           |                       |
| Contact Number       |                       |
| Email Address        | NSC4545@YAHOO.COM     |

Address 25 CLAYMORE ROAD #02-01  
 Postcode 229543  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured SIBLING  
 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? NO  
 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 ORCHARD NEIGHBOURHOOD POLICE CENTRE  
 Police Station Address ROAD: 51 KILLINEY ROAD, POSTCODE: 239572, COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: 1800-7359999 - FAX NO: 67331934  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND 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

Vehicle Registration Number SCX9168D  
 Vehicle Make/Model/Colour MERCEDES BENZ  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage

**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 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 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 lodging 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:

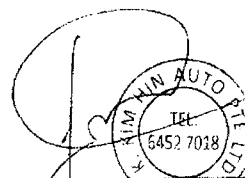
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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/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:

21/02/2020 @ 5:30pm

Reporting Centre Person's Signature  
Name  
NRIC/FIN No.



No. Of Passenger (Including Driver)

SKETCH PLAN

No sketch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report No. E/20200220/2078

Photography damage to car cannot be taken  
and report filed today as car cannot  
be driven to reporting centre and will be  
towed in tomorrow morning for photo to  
be taken.

\* Third Party Claims other workshop \*

DECLARATION

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

Policyholder's Signature

Date & Time:

Company Chop (if applicable)

Driver's Signature

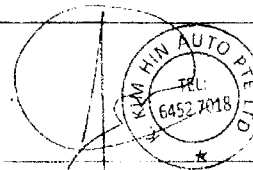
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name

NRIC/FIN No.





**SINGAPORE  
POLICE FORCE**



E/20200220/2078

1 of 2

**POLICE REPORT (NP299)**

Report No. E/20200220/2078

Police Station Of Origin  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

|   |  |  |           |                             |                 |
|---|--|--|-----------|-----------------------------|-----------------|
| Date/Time Report Made<br>20/02/2020 20:00 |  | Vide Report No.  |           | Station Diary No.<br>176    |                 |
| Name Of Informant<br>NG SER CHEK          |  | Address<br>25 CLAYMORE ROAD #02-01 SINGAPORE 229543  |           |                             |                 |
| ID Type / ID No.<br>NRIC NO / S0195216A   |  | Contact No.<br>Home/Office   |           | Mobile<br>96775828          |                 |
| Nationality<br>SINGAPORE CITIZEN          |  | Email Address  |           |                             |                 |
| Occupation<br>Retiree                     |  | Sex<br>Male  | Age<br>68 | Date of Birth<br>14/04/1951 | Race<br>Chinese |
| Institution/School Name.                  |  | Language<br>English  |           |                             |                 |
| Date/Time Of Incident<br>20/02/2020 13:15 |  | Location Of Incident<br>25 CLAYMORE ROAD THE CLAYMORE SINGAPORE 229543<br>Basement 1 Car Park Lot 30 |           |                             |                 |

**Brief details.**

On 20/02/2020 at 1.15pm I was informed by the management office that the car (SJE2218G, dark blue, BMW 730) which I had parked at the basement carpark, lot 30, had been hit by another car (SCX9168D) driven by another resident of the condominium. My car, which I had parked straight in the lot, next to the pillar. The impact had caused my car to shift to the right, causing it to collide into pillar next to my car. The management told me that there is CCTV in the area and that the accident was captured on their CCTV recording. My car sustained damages on the front part of the car (left and right). The left was

|   |                                |
|---|--------------------------------|
| Signature Of Officer Recording The Report<br>E / Sgt 2 NURFARRAH ADTIQAH BINTE ADNAN  | Signature Of Informant<br>     |
| Signature Of Interpreter:<br>Not applicable   | Date/Time:<br>20/02/2020 20:00 |
| Officer In-Charge Of Case:<br>E / Tanglin Police Divisional Investigation Branch<br>Insp HO LUP KERN<br>Contact No.: 63918466 | Classification Of Case:        |

Authentication Stamp

P4



**SINGAPORE  
POLICE FORCE**



E/20200220/2078

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20200220/2078

sustained through direct impact while the right side was caused due to the collision against the pillar caused by the impact from the left. I am unsure on the extent of the damage internally  
At about 2.15pm, the driver of the said car (Mr. Johnny Franslay FIN: F2243984R) contacted me regarding the accident and exchange particulars with me. He informed me that the registered owner and policy owner of the car is Ms Wu Hsiu Chu (AIG Policy number: 1800044446, vehicle SCX9168D, Mercedes Benz 350L). We both agreed to settle the matter through insurance claims.

I am lodging this matter for record and insurance claims purposes.

Signature Of Officer Recording The Report:

E / Sgt 2 NURFARRAH ADTIQAH BINTE ADNAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicableDate/Time:  
20/02/2020 20:00Officer In-Charge Of Case:  
E / Tanglin Police Divisional Investigation Branch /  
Insp HO LUP KERN  
Contact No.: 63918466

Classification Of Case:

Authentication Stamp