ENTRY DATE & TIME: 13/03/2020 16:33 SUBMITTED BY: Sharifah Nusaybah Binte Syed Jamil Binshahab

#### 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 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.

aloresalu.	
	ACCIDENT STATEMENT
Date Of Report	13/03/2020 16:33
Date Of Accident	13/03/2020 10:30
Exact Location Of Accident	TAMPINES STREET 93
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKZ8378R
Insured/Policyholder	
Name Of Registered Owner	DOMENIC ONG YUE REN
NRIC No	SXXXX328I
Email Address	DOMENICONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93268919
Alternative Phone No	OFFICE-NOPHONE
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X HYBRID CVT ABS D/AIRBAG 2WD
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101941310-01
Cover Note Number	
Driver	

Name of Driver DOMENIC ONG YUE REN

NRIC No SXXXX328I Date Of Birth 26/12/1986 Occupation **INDOOR Date Of Driving Pass** 02/06/2006

**Driving Experience** 13 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93268919

Fax Number

OFFICE-NOPHONE Contact Number

**EMail Address** DOMENICONG@GMAIL.COM Address BLK 217C SUMANG WALK

#09-224 823217

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

1

**General Information of the Accident** 

Type Of Accident COLLIDED INTO PARKED VEHICLE

Weather Conditions CLEAR
Road Surface DRY

**Other Information** 

Postcode

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?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? NO

I have been approached by unknown person(s) 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 TRAFFIC POLICE HEADQUARTERS

Police Station Address ROAD: 10 UBI AVENUE 3 SINGAPORE, POSTCODE: 408865,

COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera?

YES

NO

Remarks/ Reasons:

NOT UPLOADED

Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SDF9168L

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Page 2 of 18

Insurance Company Name 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.
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  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.
- 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 erchiving 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)

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 invoive 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
- (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 agericles as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder'\Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

13/03/2020

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# **Accident Sketch Plan**

AST	SAD . The	Total	Reverse A	
SKETCH PLAN	PAID!	हे से व	图 香 粉	
73			9 90	
PANO <				
DESCRIBE CIRCUMSTANCES OF	THE ACCIDENT			
A+	tacle Police	report T/	120000313/70	280
		1	,	
				-
				-
			1	
DECLARATION				
/We declare the foregoing particular	are true in every respect.			
iolicyholder's Signature liste & Time: 1500H (3/03/2020)	Driver's Signature (If driver is not the policyho Date & Time:	(der) No	eparting Centre Personnel's Sign eme: RIC/FIN No.:	sture

## **Police Report**





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20200313/7008

## REPORT OF A TRAFFIC ACCIDENT

	ne Report N 020 12:47	face:	Vide Report No.: G/20200313/0080	Station Diary No.:		
Informa	nt's Partici	ulars				
DOMEN	f Informant: IIC ONG YI,	JE REN	Address: APT BLK 217C SUMANG WA 823217	ALK #09-224 SINGAPORE		
D Type / ID No.: NRIC NO / \$8637328I		281	Contact No.: Home/Office:	Mobile: 93268919		
National SINGAF	lity: YORE CITIZ	EN	Email: domenicong@gmail.com			
Sex: Male	Age: 33	Date of Birth: 26/12/1986	Type of Informant: Vehicle Owner			
Race: Chinese			Language: English	Institution / School Name;		
Occupation: PROJECT EXECUTIVE		ΓΙVΕ	Driving Licence Information: Class:	Date of Expiry:		

Type of Accident:	Non-Injury Attended by Police	Non-Injury Drink Date/Time of Attended by Police Drive: Accident: 13/03/2020 10:3		Type of Location Car Park
Location: Tampines St :	93			
Weather:		Road Surface:		Road Speed Limit:
		Dry		60 Km/h
Clear Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDF9168L	Car	TOYOTA	Toyota Camry	Silver		1
SKZ8378R	Car	HONDA	Vezel	Black	Slightly Damaged	0

Details of Vehicle Insurance					
Vehiale No.	Insurance Company	Insurance No	Effective	Expiry Date	
SKZ8378R	NTUC income insurance Co-Operative Limited	5101941310-01	13/03/2020	03/08/2020	

### Police Report





Police Station Of Origin: Traffic Police

Report No. 7/20200313/7908

2 cd 3

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

#### CONTINUATION OF REPORT

Details of Perso	n involved				THE STREET	
Any Pedestrian I	rvolved: No		Lord San		4.500	2.1 (2.20.00)
No. of Pedestrian	s Injured: NIL		Use of Pe	destriar	n Cross	ing: NA
Vehicle Owner						
Name	DOMENIC ONG YO	JE REN		ID No		S8637328
Related Vehicle	SKZ8378R (Car)			Contact No.		93268919
Hospital/Clinic	NIL			Class Drivin Licens Expln	9 ce &	Class; NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	led Medical Leave	NIL	Degree of			

Brief Details.

Hi IO.

I wish to report hit and run.

[Dash cam shows the whole incident]

srrived and parked at carpark 9008 tampines at 93, SDF9168L driver inversed into my parked vehicle while I was in it.

[Smart phone video shows]

Driver applopizing said that this happens alot, tells me to let it go.

I refuse seeing that car was damaged

He offers me in the video that this damage costs \$60 and can be agray painted. The cracked plastic bumper repair is not spray paintable!

He offers me "\$100 to settle"

I refuse, asking him to give details to claim insurance.

He leaves the scene without providing any contact details or commitment to settle.

I report to the police as hit and run.

TP officer Sofia, was dispatched to assist, Blke Plate Number TP136X Incident Number: G/20200313/0080 was provided

IO Joff, HP:+65 9737 5843, has received all videos.

Please see attached link for all videos and photos as the upload limit of 2mb is too small for any media https://www.drepbox.com/transfer/AAAAAORISUI6NfA1Yx5CbnHJq-LJ6gi16oD8qt3wDtHozE\_oXIXtCoM

## **Police Report**





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20200313/7008

CONTINUATION OF REPORT

Sketch	展制を作品
CORNEL OF THE	F 103 (1)

Authentication Stamp

NF168

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report Not applicable	Signature Of Informant: The Identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 13/03/2020 12:47
Officer in Charge Of Case: TP / TPHO / MARIAH BINTE ZAKARIA Contact No.: 65476433	Classification Of Case:

# **Driving License**











# **Accident Photo**



# **Accident Photo**









