

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	28/05/2020 11:49
Date Of Accident	19/05/2020 09:00
Exact Location Of Accident	34 SPRINGSIDE PLACE S786437
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDF710E
Insured/Policyholder	
Name Of Registered Owner	NG SEOK LAY
NRIC No	SXXXX060I
Email Address	MIRASQSG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96715775
Alternative Phone No	HOME-64595997

Vehicle Particulars

Manufacturer	AUDI
Model	Q3 1.4 TFSI S TRONIC
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2070008660
Cover Note Number	

Driver

Name of Driver	NG SEOK LAY
NRIC No	SXXXX060I
Date Of Birth	13/03/1956
Occupation	INDOOR
Date Of Driving Pass	26/05/1977
Driving Experience	42 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96715775
Fax Number	
Contact Number	HOME-64595997
Email Address	MIRASQSG@GMAIL.COM

Address	34 SPRINGSIDE PLACE
Postcode	786437
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?	NO
Was any other material or property damaged?	NO
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	10 UBI AVENUE 3
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

CAR PARKED OVERNIGHT ON SPRINGSIDE PLACE. IN FRONT OF HOUSE NUMBER 34. ON THE MORNING OF 19TH MAY 2020 AT ABOUT 0900, SCRATCHES ON THE REAR RIGHT OF THE VEHICLE WAS OBSERVED. THERE WERE NO NOTES LEFT ON THE WINDSHIELD OR IN MY LETTER BOX GIVING DETAILS OF THE COLLISION OR ANY DRIVERS' PARTICULARS. WE DID A SURVEY OF THE VEHICLES IN THE VICINITY AND COULD NOT OBSERVE ANY SUSPICIOUS VEHICLES THAT COULD HAVE BEEN INVOLVED IN THE COLLISION. I MADE A POLICE REPORT OF THE HIT AND RUN INCIDENT ON 28TH MAY 2020

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	
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	NA/UNKNOWN
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

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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/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: 28th May 2020
0900

Car Parked. Hit and Run

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

A full-page view of a blank sheet of white graph paper. The grid consists of thin, light gray horizontal and vertical lines forming small squares across the entire page. A small portion of a purple object is visible at the top center edge.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

DECLARATION

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

Policyholder's Signature
Date & Time: 28th May 2020
0900

no driver, car was parked overnight

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



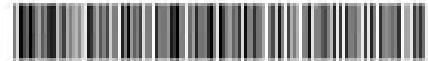
Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20200528/7001

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20200528/7001

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	NG SEOK LAY	ID No.	S12200601
Related Vehicle	NIL	Contact No.	96715775
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

My vehicle SDF710E was parked overnight on the road just outside my house at 34 Springside Place, S 786437.

On the morning on May 19th 2020, at about 9 am, my husband noticed for the first time scratches on our right rear body of the vehicle, consistent with a rear end collision. See photos attached, the left side of the car is parked against the kerbside

We made observations of the vehicles around us but could not see any indications that one may have been involved in the collision with my vehicle. White paint marks are seen, suggesting a white vehicle being involved in the collision. There were no signs of damage seen on white vehicles in the vicinity - that has matching damage on its front left (when forward drive onto my vehicle) or rear right (reversing)

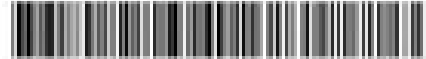
We did not get any note left on my vehicle or in my letter box with information of who the driver was at the time of the incident. As such we believe this is a hit and run incident.

Thank you.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200528/7001

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20200528/7001

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TP1B /
KALESWARI PALANI
Contact No.: 65476902

Authentication Stamp

NP168

Signature Of Informant:

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

Date/Time:
28/05/2020 00:30

Classification Of Case:

Police Report



**SINGAPORE
POLICE FORCE**



T/20200528/7001

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20200528/7001

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/05/2020 00:30		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: NG SEOK LAY			Address: 34 SPRINGSIDE PLACE SINGAPORE 786437		
ID Type / ID No.: NRIC NO / S12200601			Contact No.: Home/Office: Mobile: 96715775		
Nationality: SINGAPORE CITIZEN			Email: miraqsg@gmail.com		
Sex: Female	Age: 64	Date of Birth: 13/03/1956	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Housewife			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 19/05/2020 09:00	Type of Location: Straight Road
Location: SPRINGSIDE PLACE				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDF710E	Car	AUDI	Q3	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SDF710E	AKG ASIA PACIFIC INSURANCE PTE. LTD.	2070008660	19/05/2020	20/01/2022

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580
Tel: (65) 6224 0010 Fax: (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: S665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MPA120048282 Vehicle Registration No: SDF710E
Name (as shown in NRIC) : NG SEOK LAY NRIC/FIN/Passport No : SXXXX060I
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 34 SPRINGSIDE PLACE Singapore (786437)
Contact (Tel) : _____ Mobile No. : 96715775
Email Address : MIRAQSG@GMAIL.COM
Date of Accident : 19/05/2020 Time of Accident : 09:00
Place of Accident : 34 SPRINGSIDE PLACE S786437
Insurance Company : AIG ASIA PACIFIC INSURANCE PTE. LTD.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TO CONVERT ACCIDENT REPORT FROM THIRD PARTY CLAIM TO OWN POLICY CLAIM.

Policyholder / Driver's Signature
Date: _____


Reporting Centre Personnel's Signature
Name: Wong Khong Seng, George
NRIC/FIN No.: G2987143X
Date: 29/05/2020