

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	08/08/2020 14:22
Date Of Accident	07/08/2020 06:45
Exact Location Of Accident	BLK 333 HOUGANG AVE 5 LOT 138 OPEN CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF5439Z
Insured/Policyholder	
Name Of Registered Owner	ONG BOON KIAT
NRIC No	SXXXX805I
Email Address	TECHFREDDO@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-97826692
Alternative Phone No	OTHERS-97826692

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180
Exact Purpose for which vehicle was being used at time of accident	PARKED VEH
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093154954-02
Cover Note Number	

Driver

Name of Driver	ONG BOON KIAT
NRIC No	SXXXX805I
Date Of Birth	20/03/1955
Occupation	INDOOR
Date Of Driving Pass	13/06/1975
Driving Experience	45 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97826692
Fax Number	
Contact Number	OTHERS-97826692
Email Address	TECHFREDDO@SINGNET.COM.SG

Address	BLK 333 HOUGANG AVE 5 #02-244
Postcode	530333
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?	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	HOGANG N.P.C
Police Station Address	ROAD: 60 HOUGANG AVE 9 SINGAPORE 538775 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20200807/2037

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WILL MAIL TO OD SUPPORT
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMQ467T
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)

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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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/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:

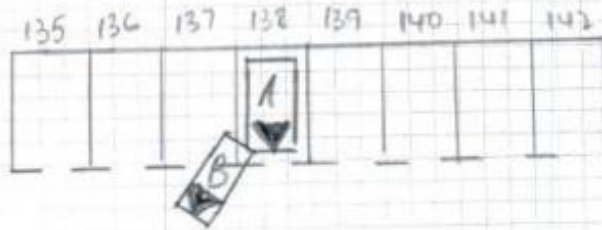

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

Accident Sketch Plan

SKETCH PLAN

BLK 333 HOUGANG AVE 5
LOT 138 OPEN CARPARK



A-SKF5439Z

B-SMQ467T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report. T/20200807/2037

DECLARATION

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

 8/8/20
Policyholder's Signature
Date & Time:

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

 08/08/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20200807/2037

2 of 3

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20200807/2037

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ONG BOON KIAT	ID No.	S1121805I
Related Vehicle	SKF5439Z (Car)	Contact No.	97826692
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 06/08/2020 at about 2130hrs, I have parked my vehicle bearing plate number: SKF5439Z at open carpark of Blk 333 (HG14) lot number: 138. Everything was intact at the point in time and there was no other vehicle around mine.

On 07/08/2020 at about 0645hrs, I went back to the same parking lot and noticed that there was scratch mark on the right head light, right front bumper, right mud guard and the right side bonnet of my car. On my vehicle windscreen there was also a note stating that 'Your car hit by a white car - SMU467, they leave a card.' The card was a business card belonging to one 'Joey Hong' HP:94555969. I made a call to check however 'Mrs. Hong' mentioned that she was not at the incident location at all and that the vehicle description is not her car. She suggested that someone might have just randomly place her card there.

I wish to inform that my in-car camera was not working as it was switched off. I am unsure if there is any police camera nearby my parking lot. I would like to add that few of my friends mentioned that they heard some loud sound coming from the carpark at about 2200hrs - 2300hrs.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T20200807/2037

1 of 3

Report No: T20200807/2037

Police Station Of Origin:
Hougang N.P.C.
50 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4850999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/08/2020 12:47	Vide Report No.:	Station Diary No: 34
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Informant's Particulars			
Name of Informant: ONG BOON KIAT		Address: APT BLK 333 HOUGANG AVENUE 5 #02-244 SINGAPORE 530333	
ID Type / ID No.: NRIC NO / S11218051		Contact No: Home/Office:	Mobile: 97828892
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 65	Date of Birth: 20/03/1955	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: RETIRED		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident					
Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 07/08/2020 09:45	Type of Location: Car Park		
Location: Along Road 1 HOUGANG AVENUE 5 OPEN CARPARK OF BLK 333 HOUGANG AVENUE 5 (LOT 138)					
Weather: Clear		Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic		
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No	

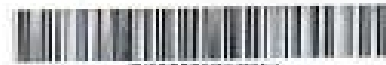
Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SKF5439Z	Car	MERCEDES BENZ	C 180 KOMPRESSOR	Black	Slightly Damaged	0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SKF5439Z	NTUC Income Insurance Co-Operative Limited	5093154854-02	13/12/2019	12/12/2020	

Police Report



**SINGAPORE
POLICE FORCE**



T/2020000/2037

2 of 3

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 530775
Tel No: 1800-4800999

Report No. T/2020000/2037

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ONG BOON KAT	ID No.	S11218051
Related Vehicle	SKF5438Z (Car)	Contact No.	97826692
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 08/08/2020 at about 2130hrs, I have parked my vehicle bearing plate number: SKF5438Z at open carpark of Bk 333 (HG14) lot number: 138. Everything was intact at the point in time and there was no other vehicle around mine.

On 07/08/2020 at about 0845hrs, I went back to the same parking lot and noticed that there was scratch mark on the right head light, right front bumper, right mud guard and the right side bonnet of my car. On my vehicle windscreen there was also a note stating that 'Your car hit by a white car - BMU467, they leave a card.' The card was a business card belonging to one 'Joey Hong' HP:94555969. I made a call to check however 'Mrs. Hong' mentioned that she was not at the incident location at all and that the vehicle description is not her car. She suggested that someone might have just randomly place her card there.

I wish to inform that my in-car camera was not working as it was switched off. I am unsure if there is any police camera nearby my parking lot. I would like to add that few of my friends mentioned that they heard some loud sound coming from the carpark at about 2200hrs - 2300hrs.

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4880989



T/20200807/2037

3 of 3

Report No: T/20200807/2037

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 The Report:
F /
Sgt 2 KOH YEW WEI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
07/08/2020 12:47

Officer In Charge Of Case:
TP / HRT /
SI TAN JEOK LENG
Contact No: 65478144

Classification Of Case:

Authentication Stamp
NP128

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: S66550020G / 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 : MNA120067114 Vehicle Registration No: SKF5439Z
Name(as shown in NRIC) : ONG BOON KIAT NRIC/FIN/Passport No : SXXXX805I
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 333 HOUGANG AVE 5 #02-244 Singapore(530333)
Contact (Tel) : _____ Mobile No. : 97826692
Email Address : _____
Date of Accident : 07/08/20 Time of Accident : 06:45
Place of Accident : BLK 333 HOUGANG AVE 5 LOT 138 OPEN CARPARK
Insurance Company: NTUC

(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:

AMEND TP VEH NO

Policyholder / Driver's Signature
Date:

lynn 08/08/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0030 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / 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 : MNA 17006714 - 01 Vehicle Registration No: SLK F5439Z
Name (as shown in NRIC) : ONG BOON IGAT NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 97 826692
Email Address : techtred@sgnet.com.sg
Date of Accident : 21/8/20 Time of Accident : 06:45
Place of Accident : Blk 333 Hengong Ave 5 lot 136 open car park.
Insurance Company : NTUC

(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:

Amend from third party claim to own damage claim.

Policyholder / Driver's Signature
Date: 21/8/2020

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