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	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
D	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?	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	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

BLK 333 HOUGANG AVE 5 Address

#02-244 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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

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

2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by NO

ambulance?

YES Was any other material or property damaged?

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

NO 0

NO

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 **HOGANG N.P.C**

ROAD: 60 HOUGANG AVE 9 SINGAPORE 538775, POSTCODE: 538775, Police Station Address

COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

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

SMQ467P Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

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.
- 2. 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

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

KETCH PLAN	LOT 138 OPEN CARPARK	
	135 136 137 138 139 140 141 142	
	135 136 157 156 151 140 141 142	
	A	
SKF5439Z SMQ467P		
CMO 467P		
Singran		
DESCRIBE CIRCUMSTA	ANCES OF THE ACCIDENT	
0/ /	1 11 1 20001. 7/2020007/	2
Pls repu	to the police report. 7/20200807/	OF
0		_
		_
DECLARATION		
	going particulars are true in every respect.	
	0	
	0	٥٥٥
	8/8/20 Sym 08/08/	

Individual Statement



CONTINUATION OF REPORT

Police Station Of Origin: Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

Report No. T/20200807/2037

Details of Perso	n Involved					
Any Pedestrian Ir	rvolved: No				_	
No. of Pedestrian	s Injured: NIL		Use of Ped	estrian	Cross	ing: NA
Driver			A STATE OF STREET			011010051
Name	ONG BOON KIAT			ID No.		S1121805I
Related Vehicle	SKF5439Z (Car)			Conta	ct No.	97826692
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL		Date Disch	and the same of th	NIL	
No of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

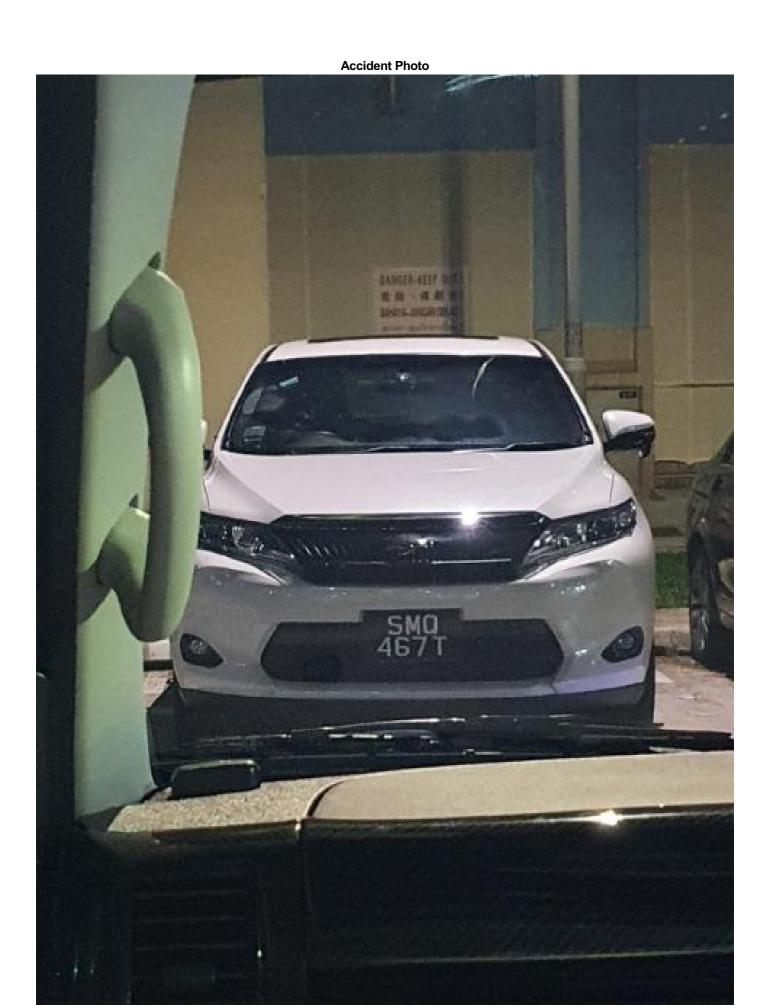
Brief Details.

No. of Days granted Medical Leave

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.

















Police Report



Details of Vehicle Insurance

SKF5439Z

Vehicle No. Insurance Company

Limited

NTUC Income Insurance Co-Operative



Effective

13/12/2019

Insurance No

5093154954-02

Expiry Date

12/12/2020

Police Station Of Origin Hougang N.P.C 80 Hougang Avenue 9 SINGAPORE 538775 Tel No. 1800-4850999

1 of 3.5 Report No. T/20200807/2037

Date/Time 07/08/2020		lade.	Vic	le Report No.:			St: 34	ation Diary No.:	
Informant's	a Partion	ulars						MERCH	
Name of Informant ONG BOON KIAT		AP	dress: T BLK 333 HOU! 2333	GANG AV	/ENUE 5	¥02-244	4 SINGAPORE		
D Type / ID No.: NRIC NO / 811218051		Co Ho	Centact No Home/Office			Mobile: 97828692			
Nationality: SINGAPORE CITIZEN			100	rail:		1-10000			
Sex. Male	Age: 65	Date of Birt 20/03/1965	100	pe of informant: ver					
Race Chinese			1000	nguage:		Institut	Institution / School Name:		
Occupation RETIRED	Occupation:			ving Licence Info ass: 28,2A.2,3	ormation:	Date o	e of Expiry:		
Accident Location	TANKS OF THE PARTY			Drive: No	Accider 02/08/2	020 06:45		Car Park	
		n of the Accid	lent	Drink	Date/Ti	me of		Type of Location:	
Along Rosi HOUGANO	d 1 3 AVEN	JE 5							
OPEN CAP	RPARK	OF BLK 333 H	OUGANO	AVENUE 5 (LO	T 138)				
Weather:				Road Surface: Dry			Road Speed Limit:		
A-1			100	raffic Control: et Controlled			Traffic Volume: No Traffic		
Clear Traffic Flor	MC.		1 1 1 1 1 1 1	et Controlled			No Tr		
Traffic Flow Two Way	dision	ainst - Parked	Ne	et Controlled			100000000000000000000000000000000000000	affic ne conveyed by	
Treffic Flow Two Way Type of Co Moving Ve	itision; hicle Ag	r salasa	Ne	et Controlled			Anyor	affic ne conveyed by	
Traffic Flow Two Way Type of Co Moving Ve Details of	olision: nicle Ag Vehicle	Involved	Netwicke			Ta	Anyor ambu No	affic ne conveyed by lance	
Treffic Flor Two Way Type of Co Moving Ve	vehicle	Involved Make	Netwicke	Model	Color		Anyor ambu No	affic ne conveyed by	

_		_	
Page	16	ot	18

Police Report



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

Report No. T/20200607/2037

CONTINUATION OF REPORT

Details of Perso					-	
Any Pedestrian Involved: No No. of Pedestrians Injured: NIL.			Use of Pedestrian Crossing: NA			
Driver		STATE OF THE PARTY	1	-		
Name	ONG BOON KIAT			ID No	21.1	S1121805I
Related Vehicle	SKF5439Z (Car)			Conta	ot No.	97826692
Hospita/Clinic	NIL			Class Drivin Licen Expin	g Se &	Class: 28,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran	ted Medical Leave	NL	Degree of	Inquiry	NIL	

Brief Details.

On 08/08/2020 at about 2130hrs, I have parked my vehicle bearing plate number: SKF5439Z at open carpank of Bik 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 carmera 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





Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No. 1800-4890989 3 of 3. Report No. 11/20200807/2037

ODNITINUATION OF REPORT

70000000	DOM: NO	1940 LTR 878	
ACCRESS TO	COLUMN TO SERVICE	Plan	

Informant is not able to provide sketch plan-

IMPORTANT: Please attach a copy of your vehicle's insurance Cartificate to this report. If you don't have the cartificate with you now, please fax a copy to 65474985 stating the **report number** as reference.

Signature Of Officer Recording The Report F / Sgr 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	