

## 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 11/09/2020 16:14  
Date Of Accident 11/09/2020 05:00  
Exact Location Of Accident BLK 28 KELANTAN ROAD CARPARK  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SKM4084H  
**Insured/Policyholder**  
Name Of Registered Owner ONG KAR KIANG  
NRIC No SXXXX339H  
Email Address DO4109@YAHOO.COM.SG  
Mobile Phone No (LOCAL) +65-86666446  
Alternative Phone No OTHERS-86666446

### Vehicle Particulars

Manufacturer TOYOTA  
Model ISIS-1.8 LXA (A)  
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 FWD SINGAPORE PTE. LTD.  
Type Of Coverage COMPREHENSIVE  
Fleet Policy NO  
Policy Number PNPV2018-00009818  
Cover Note Number 13/08/2020 - 12/08/2021

### Driver

Name of Driver ONG KAR KIANG  
NRIC No SXXXX339H  
Date Of Birth 09/11/1977  
Occupation INDOOR  
Date Of Driving Pass 28/10/2003  
Driving Experience 16 YEARS AND 10 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-86666446  
Fax Number  
Contact Number OTHERS-86666446  
Email Address DO4109@YAHOO.COM.SG

Address 29 KELANTAN ROAD  
#04-109  
Postcode 200029

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 FIRE, EXPLOSION OR LIGHTNING

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 1

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 ROCHOR N.P.C. 11 KAMPONG KAPOR ROAD, SINGAPORE 208678

Police Station Address ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### Circumstances of Accident

REFER TO THE POLICE REPORT & SKETCH PLAN BY DRIVER

#### Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? NO

Was there any audio recorded? NO



**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 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:

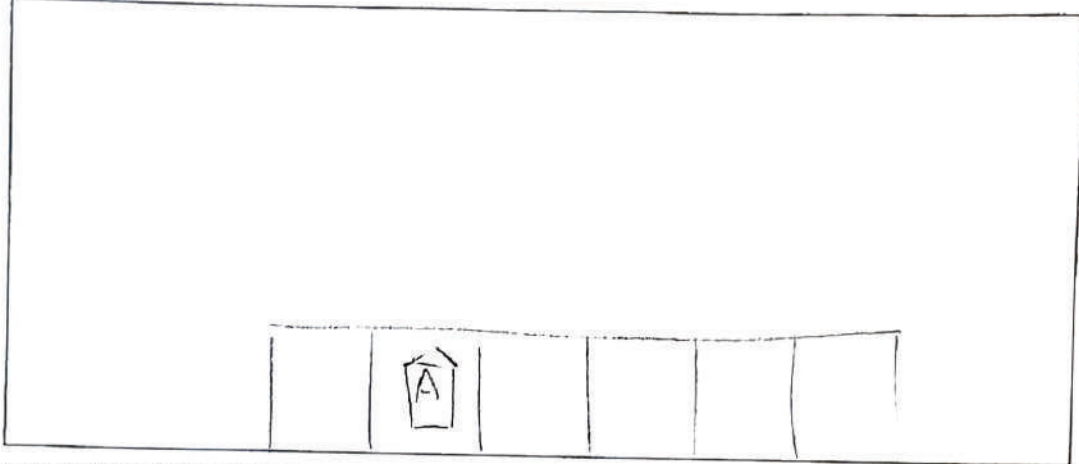
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No:



# Sketch Plan Pg. 2

Date of accident: 11/9/20 Time: 4am to 5am Location: bik 28 Kelantan RD 200029  
 My Vehicle A: SLM4084H Vehicle B: \_\_\_\_\_ Vehicle C: \_\_\_\_\_

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report

☒ Claim OD/TP at Ah Lim Motor ☐ Claim OD/TP at other workshop ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop :

Email address :

& myself :

Email address :

Note : Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

## DECLARATION

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

ey  
 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.:

AH LIM MOTOR COMPANY





**SINGAPORE  
POLICE FORCE**



A/20200911/2052

1 of 2

**POLICE REPORT (NP299)**

Report No. A/20200911/2052

Police Station Of Origin  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

Date/Time Report Made 11/09/2020 16:48	Vide Report No. A/20200911/0023	Station Diary No. 100	
Name Of Informant ONG KAR KIANG	Address APT BLK 29 KELANTAN ROAD #04-109 SINGAPORE 200029		
ID Type / ID No. NRIC NO / S7733339H	Contact No. Home/Office	Mobile 86666446	
Nationality SINGAPORE CITIZEN	Email Address		
Occupation SELF EMPLOYED	Sex Male	Age 42	Date of Birth 09/11/1977
Institution/School Name	Language English	Race Chinese	
Date/Time Of Incident 11/09/2020 05:30	Location Of Incident 28 KELANTAN ROAD KELANTAN COURT SINGAPORE 200028		

**Brief details.**

On the above date, time and location, I was at resting at home, when I suddenly received a call from the police. The police told me that my vehicle (SKM4084H) is on fire and need me to proceed down to take a look. My vehicle was parked behind block 28 Kelantan Road, the open space carpark.

From what I remember, I parked my vehicle at the carpark on 10/09/2020, at around 1700hrs. I then went back home. I received a call at around 0530hrs 11/09/2020 from the police and got to know that my

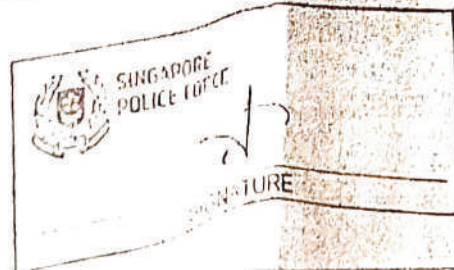
Signature Of Officer Recording The Report:

A / Sgt 1 NG WEI XIANG ALLAN

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
A / Central Police Divisional Investigation Branch /  
ASP JEROME TAN  
Contact No.: 65575076

Authentication Stamp



Signature Of Informant:

Date/Time:  
11/09/2020 16:48

Classification Of Case:

SINGAPORE  
POLICE FORCE

A/20200911/2052

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20200911/2052

vehicle caught fire. After fire has been put out, I realized several damages on my vehicle. The most serious damages is the rear right side and the rear of the vehicle. I am unsure of how much the damages will be.

I am lodging this report for the purpose of reporting to my vehicle insurance company.

Signature Of Officer Recording The Report:

A / Sgt 1 NG WEI XIANG ALLAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicableDate/Time:  
11/09/2020 16:48Officer In-Charge Of Case:  
A / Central Police Divisional Investigation Branch /  
ASP JEROME TAN  
Contact No.: 65575076

Classification Of Case:

Authentication Stamp

