

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	01/09/2020 15:57
Date Of Accident	31/08/2020 10:00
Exact Location Of Accident	BINJAI PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDN8988B
-----------------------------	----------

Insured/Policyholder

Name Of Registered Owner	NG KANG YANG
NRIC No	SXXXX405F
Email Address	TED.NGKY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96931990
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	SPORTSVAN 1.4 AT AM13HZ CL
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	REPORTING ONLY
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	5098881894-02
Cover Note Number	

Driver

Name of Driver	NG KANG YANG
NRIC No	SXXXX405F
Date Of Birth	08/09/1990
Occupation	INDOOR
Date Of Driving Pass	17/01/2013
Driving Experience	7 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96931990
Fax Number	
Contact Number	OFFICE-NOPHONE
Email Address	TED.NGKY@GMAIL.COM

Address	9 HONG SAN WALK
Postcode	689000
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	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-6659999 - FAX NO: 66655793
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO THE SKETCH PLAN

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKF2868M
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)

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)**

(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.

NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN



A : SDN 8988B
B : SKF 2868M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE:	SDN8988B	ACCIDENT DATE & TIME:	10 am - 11.30 am
CONTACT NUMBER:	9693 1990	E-MAIL ADDRESS:	ted.hgky@gmail.com
LOCATION:			
Please refer to police report			
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION			
Please state:			
() Claim Own Policy	() Claim Third Party	() Claim OD/TP at other workshop	X Reporting Only

DECLARATION

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

Policyholder's Signature

Date & Time: 1/9/2020

4 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20200901/2011

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

1 of 3

Report No. T/20200901/2011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/09/2020 09:15		Vide Report No.:		Station Diary No.: 19	
Informant's Particulars					
Name of Informant: NG KANG YANG			Address: 9 HONG SAN WALK SINGAPORE 689000		
ID Type / ID No.: NRIC NO / S9034405F			Contact No.: Home/Office: Mobile: 96931990		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 29	Date of Birth: 08/09/1990	Type of Informant: Vehicle Owner		
Race: Chinese		Language:		Institution / School Name:	
Occupation: PROJECT COORDINATOR			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: 31/08/2020 10:00	Type of Location: Car Park	
Location: BINJAI PARK					
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One 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
SDN8988B	Car	VOLKSWAGO	Sportsvan	Blue	Slightly Damaged	0
SKF2868M	Car	MERCEDES BENZ		Grey	No Damage	0



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

CONTINUATION OF REPORT



T/20200901/2011

2 of

Report No. T/20200901/2011

Brief Details.

On 31/08/2020 at about 1030hrs, I parked my car SDN8988B Blue Volkswagen Sportsvan along Binjai Park near to Ivins Peranakan Restaurent , Parallel parking lot.

On 31/08/2020 at about 1130hrs, I returned to my car and discovered some scratches on the rear right bumper area and slight dislodge on bumper. I viewed my rear view camera recording and discovered one car SKF2868M (Mercedez Benz Grey colour) had collided onto my car. The said car was parking behind my car and while reversing into the parallel lot, the front left of his car knocked onto my car. The driver one male subject waited awhile , and hence drove off from there.



**SINGAPORE
POLICE FORCE**



T/20200901/2011

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

3 of 3

Report No. T/20200901/2011

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:
J /
Staff Sgt SURENTHAR S/O LATCHMANAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
01/09/2020 09:15

Officer In Charge Of Case:
TP / HRT /
Sr Staff Sgt NEO ZH YUAN
Contact No.: 65476079

Classification Of Case:

Authentication Stamp
NP168



SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

