

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 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 flability 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 Submission Date of Accident

Exact Location of Accident Additional Location Information

Country/State of Loss

18/12/2020 15:30 (SGT) 17/12/2020 15:00 (SGT)

Singapore

EAST COAST PARKWAY, KNS RESTAURANT

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMV7170B

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address Mobile Phone No

Alternative Phone No

No

NG WEIHUA RODNEY

SXXXX098F

RODNEYNGWH@GMAIL.COM

(Phone) +65-90611238

+65-90611238

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Volkswagen

Golf

Private use

No - Claiming third party

Private car

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number Cover Note Number NTUC

Comprehensive

No

5119894615 DRIVO CLASSIC

DRIVER

Name of Driver

NRIC No Date Of Birth

Occupation

NG WEIHUA RODNEY

SXXXX098F

30/06/1987 Indoor



Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address complement

Postcode

Is the driver the policyholder? If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

Hit and run / Vandalism / Damaged whilst parked

Wet

12/11/2020

1 MONTH

+65-90611238

(Phone) +65-90611238

RODNEYNGWH@GMAIL.COM

BLK 403 FAJAR RD #08-247

Male

670403

Yes

No

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) 0 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

DETAILS OF POLICE ACTION

Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?

River Valley Neighbourhood Police Post (Phone) +65-18002789999 (Fax) +65-62786427

Blk 4 Delta Avenue #01-02 Singapore 161004

No

CIRCUMSTANCES OF ACCIDENT

SEE ATTACHED POLICE REPORT NO : T/20201217/2111

ATTACHMENT(S)

Are accident photos available for attachment? No Was there any video captured by Car Camera? Yes No Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SLH6587A Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver Contact Number

Accident report SK0M20Cl0002

Page 2 of 21

Address	
Address complement	
Postcode	
Insurance Company Name	-
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

WITNESS DETAILS

WITNESS 1

Name MICHELLE

Phone (Phone) +65-91184091

Email

SKETCH PLAN

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- 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.
- 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
- (ii) investigating the accident and/or my claims
- (ii) 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

18/12/2020 12:40 pm

Policyholder's Signature / Date &

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

See attal	hed Police	Report	No 'T	T1210 404	2111
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	English Charles Commission				
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627	rticulars are true in every	respect			
18/12/2	ocu				0
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Valdada Diagrafia (S.)	8 Property Owners	. (M. obrigance in some the	nolovholder) / F	Date Mileana	d by Reporting Centre
Molder's Signature / Date	& Driver's Signature & Time	e (If driver is not the	s policy holder) / L	Personne	





Police Station Of Origin: River Valley NPP 4 Delta Avenue #01-02 SINGAPORE 161004 Tel No: 1800-2789999

1 of 3 Report No. T/20201217/2111

Date/Time Report Made: 17/12/2020 19:26			Vide Report No.	Station Diary No. 26
Informa	nt's Partic	ulars	SCHOOL SECTION	
	f Informant: IHUA, ROD		Address APT BLK 403 FAJAR ROAD	#08-247 SINGAPORE 670403
	/ ID No.: O / S87190	98F	Contact No.: Home/Office Mobile: 90611238	
National SINGAP	lity: PORE CITIZ	ŒN	Email:	
Sex: Age: Date of Birth: Male 33 30/06/1987			Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupat AVP CO	tion: MMUNICA	TION	Driving Licence Information: Class: 3A	Date of Expiry:

Type of Accident: Accident: Accident Accident Accident Accident		Drink Drive; No	Date/Time of Accident: 17/12/2020 15:00	Type of Location Car Park	
Location: EAST COAS	T PARKWAY				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit: 30 Km/h	
Traffic Flow: Two Way		Traffic Control:		Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SMV7170B	Car	VOLKSWAGO N	GOLF 1.4 TSI AT 5G13HZ HID SR	Blue	Slightly Damaged	0

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
	NTUC Income Insurance Co-Operative	5119894615	21/11/2020	22/12/2021



2 of 3

Report No. T/20201217/2111

Date of Expiry: NIL

Police Station Of Origin: River Valley NPP

4 Delta Avenue #01-02 SINGAPORE 161004

Tel No: 1800-2789999

CONTINUATION OF REPORT

Details of Perso	n Involved			A CONTRACT OF THE PARTY OF THE
Any Pedestrian I	nvolved: No			
No. of Pedestrian	s Injured: NIL	Use of P	edestrian Cross	sing: NA
Driver		1		
Name	NG WEIHUA, RODNEY		ID No.	S8719098F
Related Vehicle	SMV7170B (Car)		Contact No.	90611238
112-1/00	AVII		Class of	Class: 3A

Driving

Date Discharge | NIL

Degree of Injury NIL

Licence & **Expiry Date**

Brief Details.

Hospital/Clinic

Date Treatment NIL

No. of Days granted Medical Leave

On 17/12/2020, at about 1500hrs I parked my Blue GOLF 1.4 TSI AT 5G13HZ HID SR bearing SMV7170B at the said parking lot 77 of East Coast Park carpark 3.

NIL

When about 1700hrs I went back to the carpark to retrieved my vehicle I discovered a notes was left behind mentioning that she witnessed a Grey Mercedes bearing SLH6587A knock onto my left door .

Subsequently I went to check and discovered there is scratches and dented on my left side of the car door.

The witness also send me a video captured by her in car camera of the incident

And the incident happened around between 1545 - 1605hrs

I am also have a in car camera

Witness details Michelle 91184091





Police Station Of Origin: River Valley NPP

Report No T/20201217/2111

3 of 3

4 Delta Avenue #01-02 SINGAPORE 161004

Tel No: 1800-2789999

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: E / Sgt 2 LUI CHONGLU	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 17/12/2020 19:26
Officer In Charge Of Case: TP / HRT / SI NOR AFFENDY BIN JAFFAR Contact No.: 65476368	Classification Of Case.
Authentication Stamp NP168	STGNA 41

Hi,
I withhoused a car knocking
the left door of your cor.
H is a Grey Merz Shit 6587 At
You may call me at 91184091
Michelle I can provide you the
Video Thanks!