

# **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 witholding of material facts may allow insurance companies to repudiate
- 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 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

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

accident 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

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 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

Raining 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

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)

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

(Phone) +65-18002789999

(Fax) +65-62786427

Police Station Address

Blk 4 Delta Avenue #01-02 Singapore 161004

Was notice of intended Prosecution given?

If yes, against whom?

#### CIRCUMSTANCES OF ACCIDENT

SEE ATTACHED POLICE REPORT NO: T/20201217/2111

# ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Yes
Was there any audio recorded?

No

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

Contact Number

SLH6587A

Private car



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

# WITNESS DETAILS

WITNESS 1

Name

Phone (Phone) +65-91184091

Email

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 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 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' law yers/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' 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

Witnessed by Reporting Centre

Sketch Plan

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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

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/12/2020 19:26			Vide Report No.: Station Diary 26				
Informa	nt's Partic	ulars					
Name of Informant: NG WEIHUA, RODNEY			Address: APT BLK 403 FAJAR ROAD #08-247 SINGAPORE 670403				
ID Type / ID No.: NRIC NO / S8719098F			Contact No.: Home/Office: Mobile: 90611238				
Nationality: SINGAPORE CITIZEN  Sex: Age: Date of Birth: Male 33 30/06/1987  Race: Chinese			Email:				
			Type of Informant: Driver				
			Language:	Institution / School Name:			
Occupation: AVP COMMUNICATION			Driving Licence Information: Class: 3A	Date of Expiry:			

	Non-Injury	Drink	Date/Time of	Type of Location
Type of Accident:	Hit and Run	Drive:	Accident: 17/12/2020 15:0	Car Park
Location:				
EAST COAST	T PARKWAY			
		Road Surface: Wet		Road Speed Limit: 30 Km/h
Weather: Drizzling Traffic Flow: Two Way				

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
SMV7170B	NTUC Income Insurance Co-Operative	5119894615	21/11/2020	22/12/2021



T/20201217/2111

Police Station Of Origin: River Valley NPP 2 of 3 Report No. T/20201217/2111

4 Delta Avenue #01-02 SINGAPORE 161004

Tel No: 1800-2789999 CONTINUATION OF REPORT

Any Pedestrian Ir	rvolved: No					
No. of Pedestrian	Use of Pedestrian Crossing: NA					
Driver	Section 2 to 1 to 1	10000000000000000000000000000000000000	- Topic		1454	
Name	NG WEIHUA, RODNEY			ID No		S8719098F
Related Vehicle	SMV7170B (Car)			Conta	ct No.	90611238
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: 3A Date of Expiry: NIL
Date Treatment	NIL Da			harge	NIL	
No. of Days gran	Degree o	f Injury	NIL			

#### Brief Details.

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.

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
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999 CONTINUATION OF REPORT

3 of 3 Report No. T/20201217/2111

# 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 11 E / Sgt 2 LUI CHONGLU	ne Report:	Signature of Informant.
Signature Of Interpreter:		Date/Time:
Not applicable		17/12/2020 19:26
Officer In Charge Of Case: TP / HRT /		Classification Of Case.
SI NOR AFFENDY BIN JAFFAR Contact No.: 65476368	SINCAPORE POLICE FOR	5× 649
Authentication Stamp NP168	/(	
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Hi,
I wirnessed a car knocking
the left door of your car.
His a Grey Merz SLH 6587A
You may cell me at 91184091
Michelle: I can provide you the
video: Thanks!