

# 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 Submission ..... 26/01/2021 18:02 (SGT)  
Date of Accident ..... 25/01/2021 15:45 (SGT)  
Exact Location of Accident ..... Angullia Park, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SDL8899K

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... JOLENE NG SI YIN (JOLONE HUANG SHIYIN)  
NRIC No ..... SXXXX500B  
Email Address ..... jongsy@yahoo.com  
Mobile Phone No ..... (Phone) +65-81233206  
Alternative Phone No ..... +65-81233206

### VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... B180  
Variant ..... -  
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? ..... No - Claiming third party  
Vehicle Category ..... Private car

### INSURANCE COMPANY

Name of Insurance Company ..... AIG  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 1800054175  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... JOLENE NG SI YIN (JOLONE HUANG SHIYIN)  
NRIC No ..... SXXXX500B  
Date Of Birth ..... 29/07/1976  
Occupation ..... Indoor

Date Of Driving Pass .....	05/07/1997
Driving experience .....	23 YEARS AND 6 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-81233206
Alt. Phone Number .....	+65-81233206
Email Address .....	jongsy@yahoo.com
Address .....	31 EWE BOON ROAD #06-01
Address complement .....	-
Postcode .....	259332
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
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 .....	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	1
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? .....	Yes
Police Station Name .....	Tanglin Division Headquarters
Police Station Phone No .....	(Phone) +65-18003910000
Alt. Police Station Phone No .....	(Fax) +65-63964900
Police Station Address .....	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT E/20200125/7028

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SKW1524Y
Vehicle Manufacturer .....	Honda
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-

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

#### WITNESS DETAILS



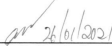

##### WITNESS 1

Name ..... DENNIS NG KHOON CHEAH  
Phone ..... (Phone) +65-91878769  
Email ..... -

SKETCH PLAN

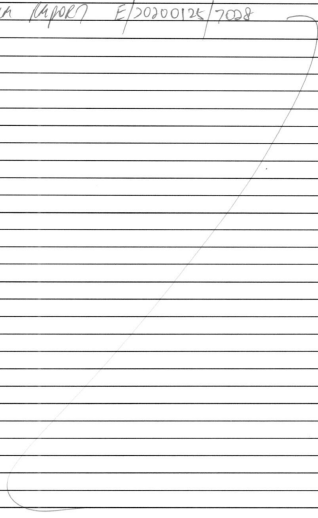
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**  
I understand, 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' 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.

26/10/2021  Policyholder's Signature / Date & Time	26/10/2021 9:15am  Driver's Signature (If driver is not the policyholder) / Date & Time	26/10/2021  Witnessed by Reporting Centre Personnel
<b>Sketch Plan</b> 		


**Describe Circumstances of the Accident**


REFRAC 20/12/2021 E/20200124/7008




**Declaration**

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

 26/01/2021  
 Policyholder's Signature / Date & Time

 26/01/2021 9:15 AM  
 Driver's Signature (If driver is not the policyholder) / Date & Time

 26/01/2021  
 Witnessed by Reporting Centre Personnel















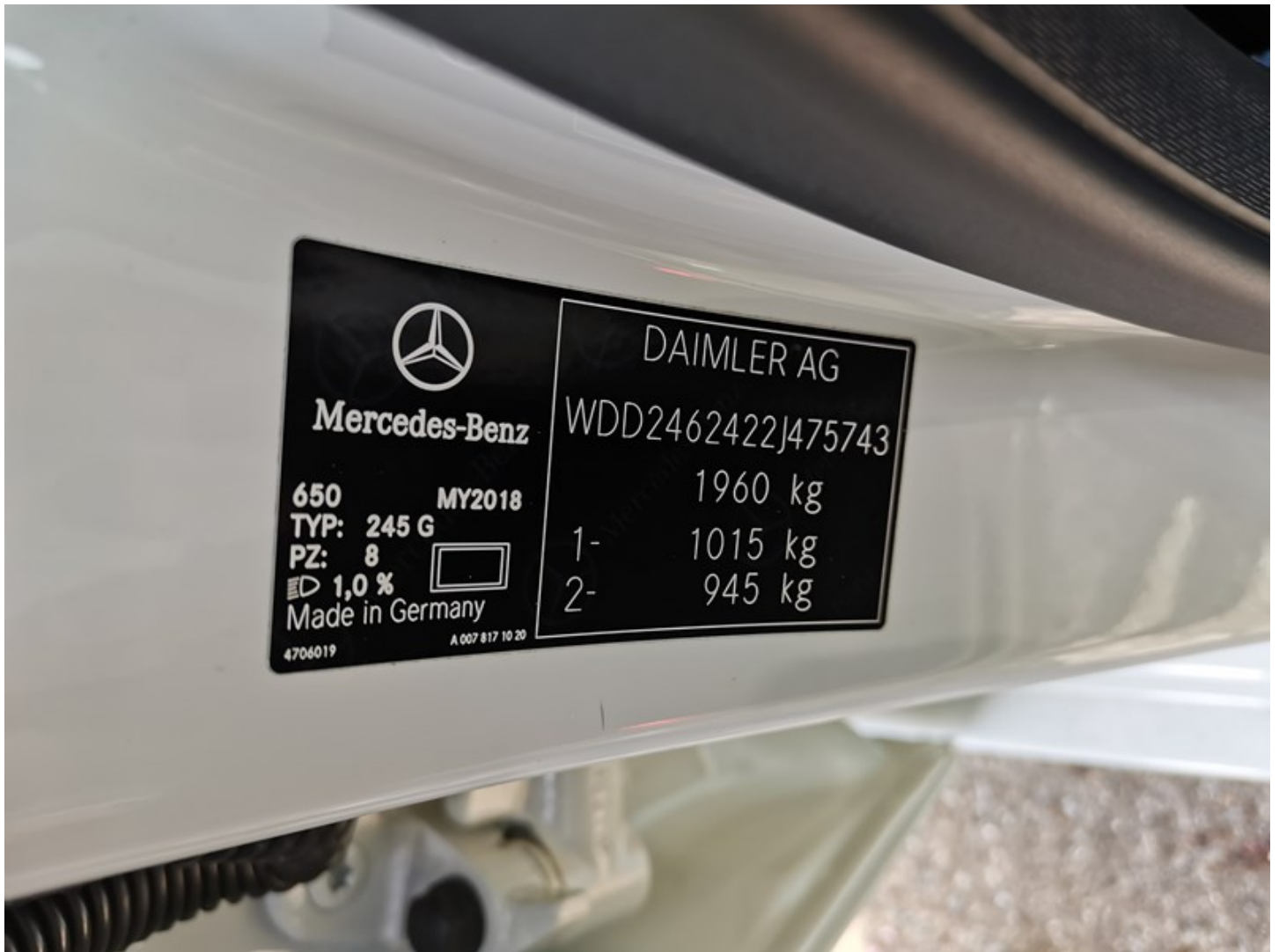














**SINGAPORE  
POLICE FORCE**



E/20210125/7028

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**POLICE REPORT (NP299)**

Report No. E/20210125/7028

Police Station Of Origin  
Tanglin Division HQ  
21 Kampong Java Road SINGAPORE  
228892  
Tel No: 1800-3910000

Date/Time Report Made 25/01/2021 21:10	Vide Report No.	Station Diary No.
Name Of Informant JOLENE NG SI YIN	Address 31 EWE BOON ROAD #06-01 SINGAPORE 259332	
ID Type / ID No. NRIC NO / S7624500B	Contact No.	Mobile: 81233206
Nationality SINGAPORE CITIZEN	Email Address JONGSY@YAHOO.COM	
Occupation Manager	Sex Female	Age 44
Institution/School Name	Date of Birth 29/07/1976	Race Chinese
Date/Time Of Incident 25/01/2021 15:45	Location Of Incident 31 EWE BOON ROAD #06-01 SINGAPORE 259332	

**Brief details.**

I parked my car SDL8899K at the open carpark next to Liat Towers/ Wheelock Place at around 3:45pm. When I returned at 7pm, I saw a note left on my windscreen with the message "Some one reversed and hit your car. I can be witness. Dennis 91878769"

When I examined my car, there were dents and a panel was loose. I called 'Dennis' and he confirmed that he caught the accident in his car camera and that he would send it to me. He also left his full name and was willing to stand witness. His name is NG KHOON CHEAH. His contact number is 9187-8769.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 25/01/2021 21:10
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



**SINGAPORE  
POLICE FORCE**

E/20210125/7028

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20210125/7028

I have the video which can be submitted as evidence separately as it cannot be uploaded in this report.

Subjects Involved			
Suspect			
Person Name	Driver/ Owner of SKW1524Y		
Gender	Male		
Victim			
Person Name	JOLENE NG SI YIN		
ID Type	NRIC NO	ID No	S7624500B
Gender	Female	Age	44
Race	Chinese	Language	English
Occupation	Manager	Address	31 EWE BOON ROAD #06-01 SINGAPORE 259332
Mobile No	81233206	Is Informant A Victim?	Yes
Person Name JOLENE NG SI YIN (Informant)			

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this  
report has been authenticated by  
SingPass. No signature is required.Date/Time:  
25/01/2021 21:10

Classification Of Case:

Some one  
reversed  
and hit your  
car.

I can be  
witness

Dennis  
918 787 69.