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 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	1800054175-02
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 Headquaters
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

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.
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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' 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.

26/01/2021

Policyholder's Signature / Date & Time

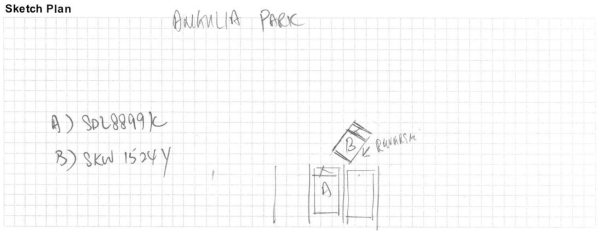
26/01/2021 9:15am

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

26/1/2021

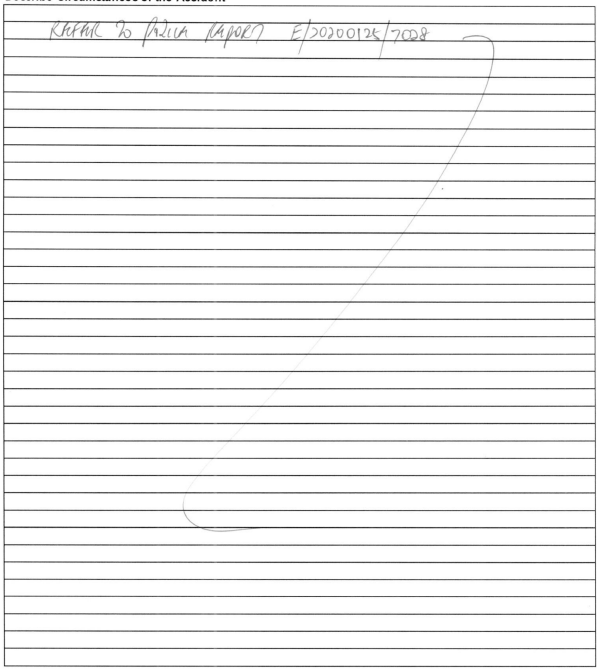
Witnessed by Reporting Centre Personnel

Sketch Plan



SKETCH PLAN #2

Describe Circumstances of the Accident



Declaration

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

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
26/01/2021	26/10/2021 9:15am	26/01/2021

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

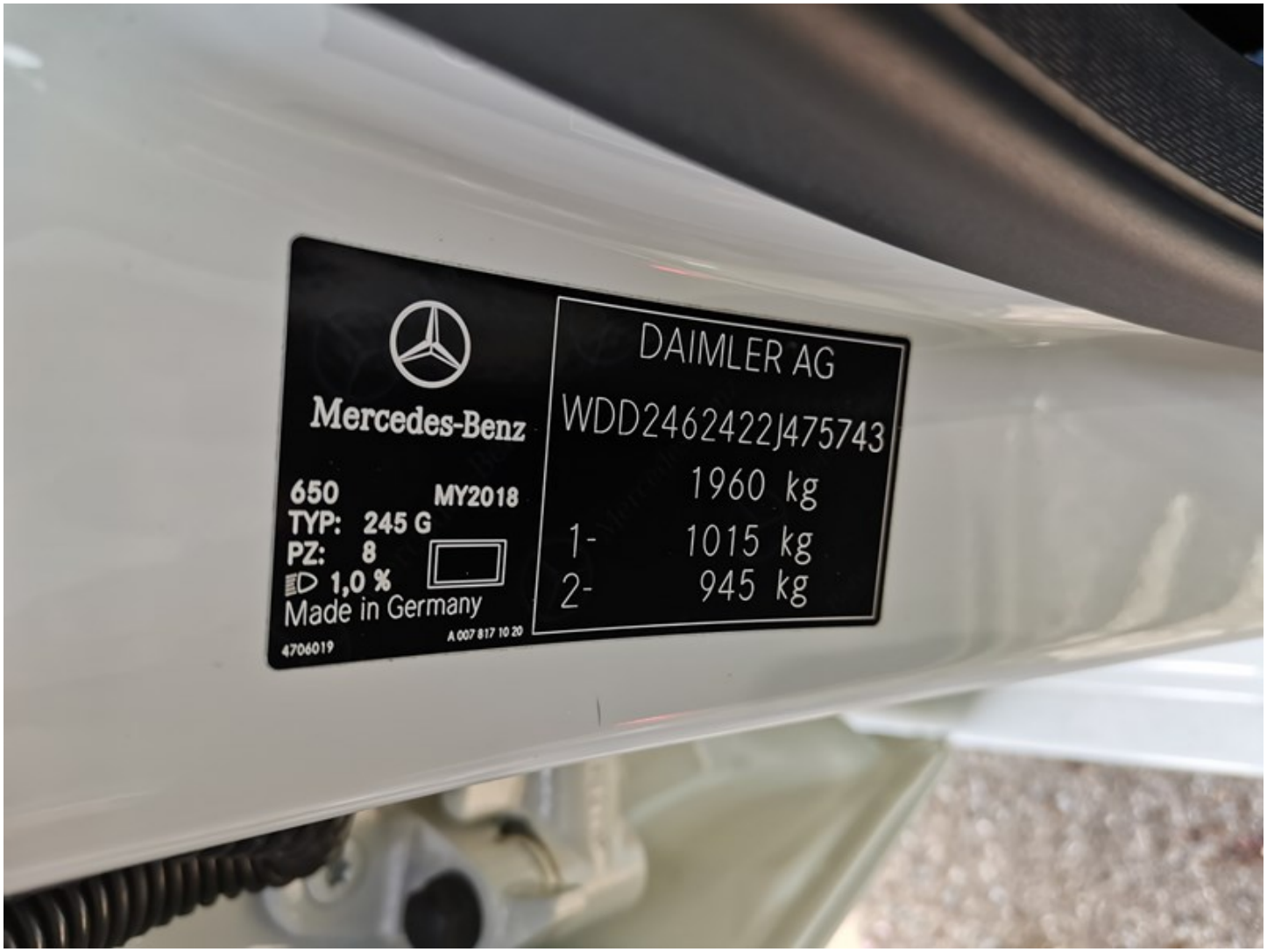
IMAGES #6

IMAGES #7

IMAGES #8

IMAGES #9

IMAGES #10


Mercedes-Benz
650
MY2018
TYP: 245 G
PZ: 8
1,0 %
Made in Germany
4706019
A 007 817 10 20
DAIMLER AG
WDD2462422J475743
1960 kg
1- 1015 kg
2- 945 kg

SINGAPORE POLICE FORCE

E/20210125/7028

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	Vide Report No.	Station Diary No.
25/01/2021 21:10		

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. Home/Office:	Mobile: 81233206		
Nationality SINGAPORE CITIZEN	Email Address JONGSY@YAHOO.COM			
Occupation	Sex	Age	Date of Birth	Race
Manager	Female	44	29/07/1976	Chinese
Institution/School Name	Language English			
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

POLICE REPORT (NP299) **CONTINUATION OF REPORT**

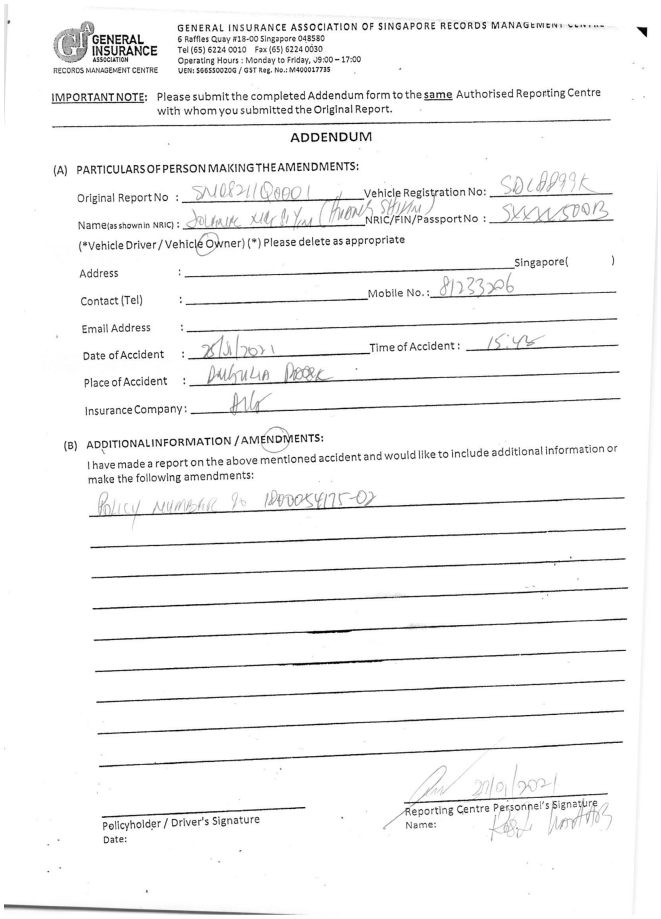
Report No. E/20210125/7028

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 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



GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SN08211Q0001 Vehicle Registration No: SDC8899K

Name(as shown in NRIC) : [illegible] NRIC/FIN/Passport No : S[illegible]

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : Singapore( )

Contact (Tel) : Mobile No.: 81733206

Email Address :

Date of Accident : 28/8/2021 Time of Accident : 15:45

Place of Accident : [illegible]

Insurance Company : [illegible]

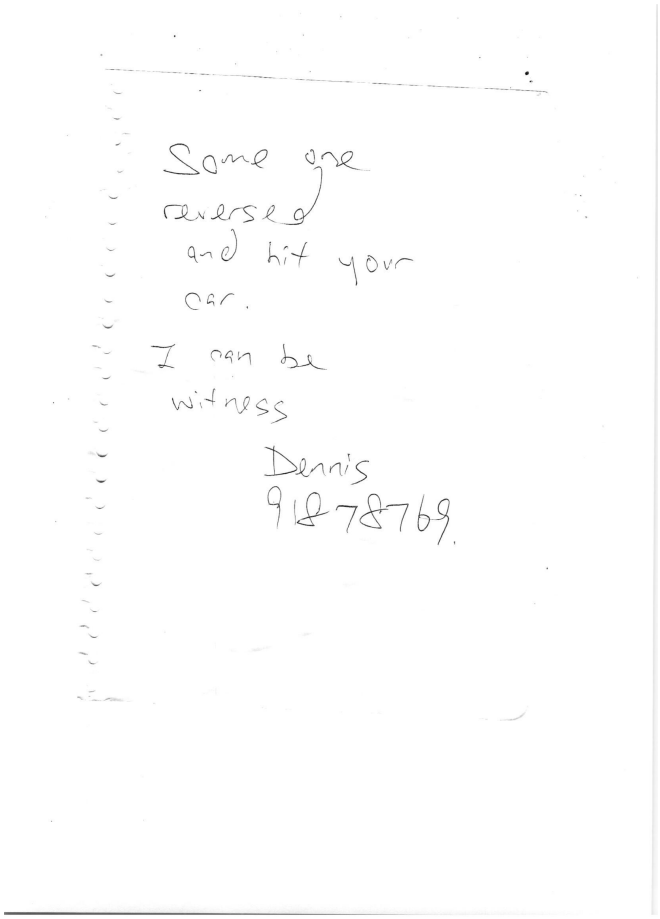
(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

[illegible]

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:


Some one
reversed
and hit your
car.
I can be
witness
Dennis
91878769