

# 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 ..... 04/02/2021 17:35 (SGT)  
Date of Accident ..... 04/02/2021 10:20 (SGT)  
Exact Location of Accident ..... 96 Marine Parade Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMW9589J

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... DING HOCK ENG  
NRIC No ..... SXXXX999F  
Email Address ..... avclaims@mycarworkshop.com.sg  
Mobile Phone No ..... (Phone) +65-96736235  
Alternative Phone No ..... +65-96736235

### VEHICLE PARTICULARS

Manufacturer ..... Audi  
Model ..... A5  
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 ..... NTUC  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5120844541  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... DING HOCK ENG  
NRIC No ..... SXXXX999F  
Date Of Birth ..... 10/05/1962  
Occupation ..... Indoor

|  |                                  |
|--|----------------------------------|
| Date Of Driving Pass .....   | 29/11/1979                       |
| Driving experience .....   | 41 YEARS AND 3 MONTHS            |
| Gender .....   | Male                             |
| Mobile Number .....  | (Phone) +65-96736235             |
| Alt. Phone Number .....  | +65-96736235                     |
| Email Address .....  | avclaims@mycarworkshop.com.sg    |
| Address .....  | 562 UPPER EAST COAST ROAD #02-09 |
| Address complement .....   | -                                |
| Postcode .....   | 466581                           |
| 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 .....   | 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? .....  | Yes                                  |
| Police Station Name .....                       | Bedok Division Headquarters          |
| Police Station Phone No .....                   | (Phone) +65-18002440000              |
| Alt. Police Station Phone No .....              | (Fax) +65-64443009                   |
| Police Station Address .....                    | 30 Bedok North Road Singapore 469676 |
| Was notice of intended Prosecution given? ..... | No                                   |
| If yes, against whom? .....                     | -                                    |

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT G/20210204/7021

#### 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 ..... | GBF7912S           |
| Vehicle Manufacturer .....        | -                  |
| Vehicle Model .....               | -                  |
| Vehicle Variant .....             | -                  |
| Vehicle Colour .....              | -                  |
| Vehicle Category .....            | Commercial vehicle |
| 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 ..... MR. TAN  
Phone ..... (Phone) +65-82999369  
Email ..... -

SKETCH PLAN

Veh A: 9MW 9589J

Veh B: GBF 74125

IMPORTANT NOTICE


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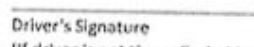
8. Consent under the Personal Data Protection Act (PDPA)


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.
- (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.

\*\* I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

  
 Policyholder's Signature  
 Date & Time:

  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

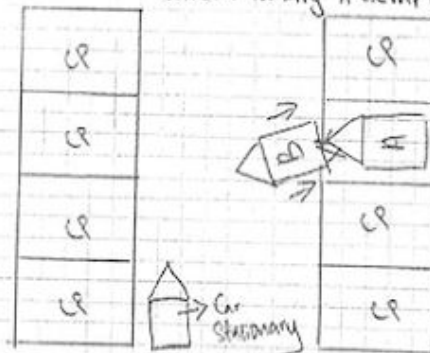
SKETCH PLAN

Veh A: SMW 9581 J

Veh B: GBF 7912 S

Marine Parade Rd

Wilson Parking # GEMP15



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer To The Police Report No. G/20210204/7021.

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:

Reporting Centre Personnel's Signature  
Name:  
NBC/FIN No.:

Google Maps 96 Marine Parade Rd

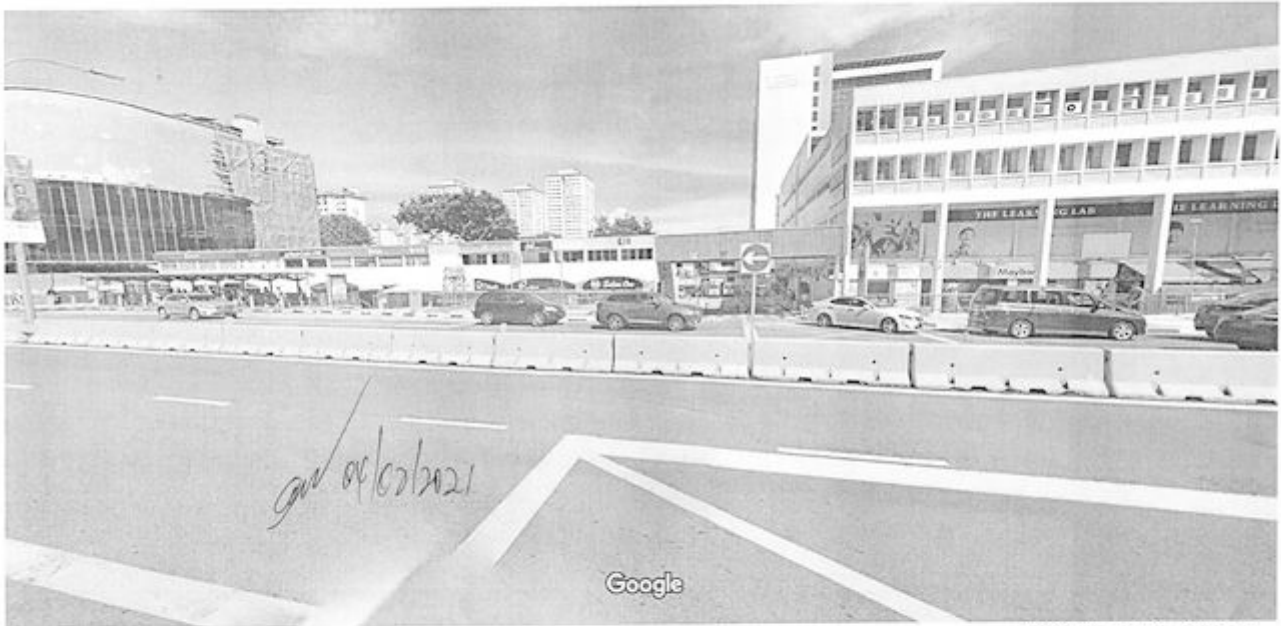


Image capture: Aug 2020 © 2021 Google

Singapore  
Google  
Street View

































**SINGAPORE  
POLICE FORCE**



G/20210204/7021

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**POLICE REPORT (NP299)**

Report No. G/20210204/7021

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

|  |  |                   |
|--|--|-------------------|
| Date/Time Report Made<br>04/02/2021 11:13                    | Video Report No.   | Station Diary No. |
| Name Of Informant<br>DING HOCK ENG                           | Address<br>582 UPPER EAST COAST ROAD #02-09 SINGAPORE 466581 |                   |
| ID Type / ID No.<br>NRIC NO / S1539999F                      | Contact No.<br>Home/Office: Mobile:<br>96736235              |                   |
| Nationality<br>SINGAPORE CITIZEN                             | Email Address<br>christopher.ding@eberspaecher.com           |                   |
| Occupation<br>Director (stage, film, television and radio)   | Sex<br>Male  | Age<br>58         |
| Institution/School Name                                      | Date of Birth<br>10/05/1962                                  | Race<br>Chinese   |
| Date/Time Of Incident<br>04/02/2021 10:20 - 04/02/2021 10:37 | Location Of Incident<br>Wilson Parking # GEMP15              |                   |

**Brief details.**

I parked my car there and when to Parkway Parade to buy something. When I returned at ~ 10:37am, I noticed my car was hit-and-run. A nice guy named himself Mr. Tan had witness the incident and approached me immediately. He provided my 2 video clips of the vehicle that hit my car during reversing and second video capture its number plate when exiting the car park. This vehicle is with registration #: GBF7912S. My car is with reg. #: SMW9589J. The witness is Mr. Tan with contact #: 82999369. I can provide the video clips when required

|  |  |
|--|--|
| Signature Of Officer Recording The Report:<br>Not applicable | Signature Of Informant:<br>The identity of the person making this report has been authenticated by SingPass. No signature is required. |
| Signature Of Interpreter:<br>Not applicable                  | Date/Time:<br>04/02/2021 11:13   |
| Officer In-Charge Of Case:                                   | Classification Of Case:  |

Authentication Stamp



**SINGAPORE  
POLICE FORCE**



G/20210204/7021

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20210204/7021

|                          |  |                        |   |
|--------------------------|--|------------------------|---|
| <b>Subjects Involved</b> |  |                        |   |
| <b>Victim</b>            |  |                        |   |
| Person Name              | DING HOCK ENG                                |                        |   |
| ID Type                  | NRIC NO                                      | ID No                  | S1539999F   |
| Gender                   | Male   | Age                    | 58  |
| Race                     | Chinese                                      | Language               | English   |
| Occupation               | Director (stage, film, television and radio) | Address                | 562 UPPER EAST COAST ROAD #02-09 SINGAPORE 466581 |
| Mobile No                | 96736235                                     | Is Informant A Victim? | Yes   |
| Person Name              | DING HOCK ENG (Informant)                    |                        |   |

|  |  |
|--|--|
| Signature Of Officer Recording The Report:<br>Not applicable | Signature Of Informant:<br>The identity of the person making this report has been authenticated by SingPass. No signature is required. |
| Signature Of Interpreter:<br>Not applicable                  | Date/Time:<br>04/02/2021 11:13   |
| Officer In-Charge Of Case:                                   | Classification Of Case:  |
| Authentication Stamp   |  |