

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
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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 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	

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 9589 J
Veh B: GBE 7912 S

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7. By the lodgment 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.
- (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.:

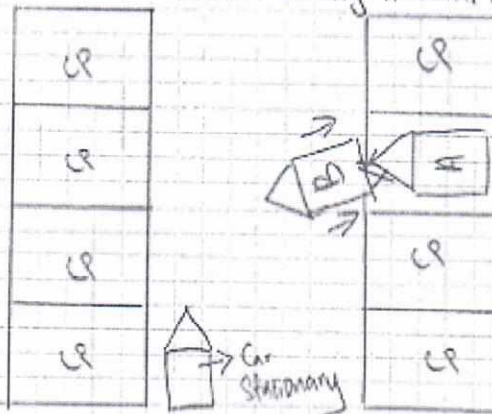
SKETCH PLAN

Veh A: SMW 9581J

Veh B: GBE 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:
NR/C/FIN No.:

Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com

Particular Of Insured/Driver & Details Of The Accident

Motor Accident Report

*Date of Accident: 4/2/2021 *Time of Accident: 1020 am
*Accident Location: Wilson Parking # Comp 15 (Marine Parade Rd)

Vehicle Details

*Vehicle Number: SMW 9589J *Make & Model: Audi A5 Cabriolet 2.0 TFSI

Insured / Policyholder

*Owner Name: Ding Hock Eng *NRIC: S1539999F
*Address: 562 Upper East Coast Rd #02-09 S466581
*Email: _____ *HP: 96736235
*Occupation: _____ (Indoor / Outdoor) *Tel / H / Other: _____

Driver ☒ same as above

*Driver Name: _____ *NRIC: _____
*Address: _____
*Date of Birth: 10/5/1962 *Driving Pass Date: 29/11/1999 *HP: _____
*Email: _____ *Gender: Male / Female
*Occupation: _____ (Indoor / Outdoor) *Tel / H / Other: _____
*Driver an employee: Yes / No (*If no, what is relationship with the policyholder: _____)

Passengers Details

*P/Name: _____ (Male/Female) *P/Name: _____ (Male/Female)
*P/Name: _____ (Male/Female) *P/Name: _____ (Male/Female)

Insurance Company

*Insurer: NTUC *Coverage: C / TPFT / TPO *Policy No: _____

Detail of other vehicle / Property 1

Vehicle No.: GBF 7912S
Make & Model: _____
Vehicle Category: _____
Name of Driver: _____
NRIC : _____
HP : _____
No. of Passengers (Including Driver): _____

Detail of other vehicle / Property 2

Vehicle No.: _____
Make & Model: _____
Vehicle Category: _____
Name of Driver: _____
NRIC : _____
HP : _____
No. of Passengers (Including Driver): _____

For Official Use Only

*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims)

General Information of the accident

*Type of accident: Head-Rear / Side swipe / others: Hit & Run
*Weather conditions: Clear / Raining / others: _____ *Any video cam: Yes / No
*Road Surface: Dry / Wet / others: _____
*Witness: Yes / No (Name: _____ NRIC: _____ HP: _____)
*Accident reported to police: Yes / No *Summon against whom: _____
*Injured party: Yes / No *No. of passengers (include driver): _____
-I/Name: _____ *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No
-I/Name: _____ *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No



**SINGAPORE
POLICE FORCE**



G/20210204/7021

1 of 2

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

Authentication Stamp



**SINGAPORE
POLICE FORCE**



G/20210204/7021

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20210204/7021

Subjects Involved			
Victim			
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:

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:

04/02/2021 11:13

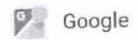
Classification Of Case:

Google Maps 96 Marine Parade Rd



Image capture: Aug 2020 © 2021 Google

Singapore



Street View



Claim Handling

Accident MT/1120033

Policy No.	5120844541	Vehicle No.	SMW9589J	GST Registration No.
Certificate No.				
Policyholder Name	DING HOCK ENG			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	96736235	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	04/02/2021 17:37	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	04/02/2021	Time of Accident hh:mm	10:20	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	96 MARINE PARADE ROAD			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0			
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00	

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	562 UPPER EAST COAST ROAD	Address 2	#02-09 BLEU @ EAST COAST	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	02-09	Related Policy Number	5120844541	

▼ OI Driver Info

Driver Name	Ding Hock Eng	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S1539999F	Driver DOB
Register Date of Driver License	01/01/1980	Driver Age	58	Driving Experience
Contact No.(Mobile)	96736235	Contact No.(Office)		Contact No.(Home)
Address 1	562 UPPER EAST COAST ROAD	Address 2	#02-09 BLEU @ EAST COAST	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	02-09			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SMW9589J	Driver Insurer Comp.

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	DING HO
Contact No.(Mobile)	96736235	Contact No. (Home)	6913030
Email Address	christopher.ding@eberspaecher	OI Vehicle Number	SMW9589J
Claim Description	SMW9589J / GBF7912S ON 4 Feb 2021		
Preferred Workshop	Insured Liability	Not at Fault	
Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	04/02/2021 17:39	Claim Close Date	

Report Taken By

ROS LI WAHAB

 Print AK letter

Save Submit

Attachment

Accident No.	MT/1120033	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	04/02/2021 17:40

Path *

Category *

Confidential

Choose File No file chosen

Clear

Please Select

NO ▼

Choose File No file chosen

Clear

Please Select

NO

Choose File No file chosen


Clear

Please Select

NO 

Choose File No file chosen

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Please Select 

NO ▼

Choose File No file chosen

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NO 














Choose File No file chosen

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Please Select 

NO

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Descr
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Feb 2021 17:40	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Feb 2021 17:40	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Feb 2021 17:40	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Feb 2021 17:40	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Feb 2021 17:40	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Feb 2021 17:40	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Feb 2021 17:39	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Feb 2021 17:39	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Feb 2021 17:39	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Feb 2021 17:39	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Feb 2021 17:39	NRIC/ Driving License	Y	Normal	NRIC/ Driving L
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Feb 2021 17:39	SAS		Normal	SAS 20

▼ Video List

Uploaded By/Date	Folder Date	File Name	
		<div> <div>Display in New Window</div> <div>Scan and uploading</div> </div>	

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5120844541

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : 5MW9589J
Chassis Number : WAUZZZ8F08NO25428
2. Name of Policyholder : DING HOCK ENG
3. Effective Date of Insurance : 29 Jan 2021
4. Expiry Date of Insurance : 08 Feb 2022
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
(b) Use for racing, pace-making, reliability trial or speed-testing.
(c) Use for the carriage of goods (other than samples) in connection with any trade or business.
(d) Use for any purpose in connection with the Motor Trade.

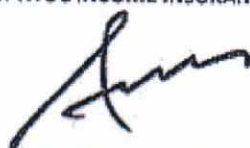
Limitations rendered Inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$500
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: DING HOCK ENG
NAMED DRIVER (1)	: ZHENG XIAOLIN
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : INSUREMYCAR.COM.SG (00000615275)
Date of Issue : 29 Jan 2021 14:31 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive