# **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 15/03/2021 17:23 (SGT) Date of Accident 14/03/2021 20:30 (SGT) Exact Location of Accident 582 Buangkok Green, Singapore 530582 Additional Location Information Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

No - Claiming third party

Vehicle Registration Number SJV171F

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner ONG ZU YAO NRIC No. SXXXX828A Email Address JERRYONGZY@HOTMAIL.COM Mobile Phone No (Phone) +65-91475330 Alternative Phone No +65-91475330

VEHICLE PARTICULARS

Manufacturer Infiniti Model Q50 Variant Exact purpose for which vehicle was being used at time of Private use

accident Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Type of Coverage Comprehensive Fleet Policy

Policy Number SD20V00996/VPC2/R00

Cover Note Number

DRIVER

Name of Driver ONG ZU YAO NRIC No SXXXX828A Date Of Birth 04/01/1984 Occupation Indoor

Date Of Driving Pass 30/11/2004 Driving experience 16 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-91475330 Alt. Phone Number +65-91475330 Email Address JERRYONGZY@HOTMAIL.COM Address BLK 602C PUNGGOL CENTRAL #13-652 Address complement Postcode 823602 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 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? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT T/20210315/7011 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 7175 Vehicle Manufacturer Vehicle Model

Private car

## Accident report SN09213F000J

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver
Contact Number

Address	
Address complement	
Postcode	<u>-</u>
Insurance Company Name	
Nature Of Damage	
Details of property damaged in ac	cident
No. Of Passenger (Including Drive	er)

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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.
- 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)

Lunderstand, 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.

Policyholder's Signature (If driver is not the policyholder) / Date Witners Signature (If driver is not the policyholder) / Date Person

Witnessed by Reporting Centre Personnel

Sketch Plan

Vehicle A - STUTHE

Vehicle B - 2175

Brangtok Gran

Blk 582

Open Sprice Corpork

. 100	Circumstances of the Accident	
	Pls refer to folice report.	
		West of the second second
	REPORT NO. T/20210315/7011	
_		
_		

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





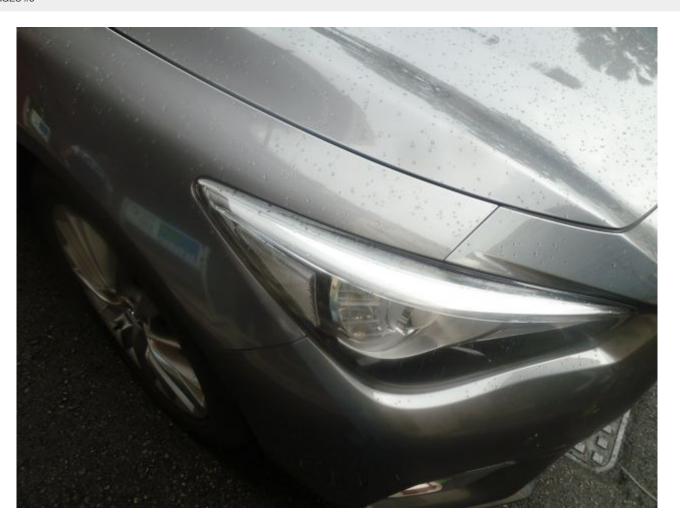


















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20210315/7011

REPORT	OF A	TRAFFIC	ACCIDENT
--------	------	---------	----------

Date/Time Report Made: 15/03/2021 13:17		Vide Report No.:	Station Diary No.		
Informa	nt's Particu	ulars			
Name of Informant: ONG ZU YAO			Address: 602C PUNGGOL CENTRAL #13-652 SINGAPORE 823602		
	/ ID No.: D / S840082	28A	Contact No.: Home/Office: Mobile: 91475330		
National SINGAP	ity: ORE CITIZ	EN	Email: jerryongzy@hotmail.co	m	
Sex: Male	Age:	Date of Birth: 04/01/1984	Type of Informant: Driver		
Race: Chinese		Language: English	Institution / School Name:		
Occupation: Sales supervisor		Driving Licence Inform Class:	ation: Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 14/03/2021 20:30	Type of Location Car Park
Location: BUANGKOK	GREEN			
		102		
Weather: Clear		Road Surface: Dry		Road Speed Limit: 30 Km/h
			3	

Details of V	ehicle Invo	lved				ALC: COL
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SJV171E	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20210315/7011

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20210315/7011

#### CONTINUATION OF REPORT

Driver			WIE STEEL		1000	
Name	ONG ZU YAO			ID No		S8400828A
Related Vehicle	SJV171E (Car)			Conta	ct No.	91475330
Hospital/Clinic	NIL			Class Drivin Licene Expire	g ce &	Class: NIL Date of Expiry: NIL
Date	NIL		Date		NIL	
	ted Medical Leave	NIL	Degree o	of	NIL	

#### Brief Details.

On the stated date and time my vehicle is park at buangkok green blk 582 open space carpark. When i went to collect my car about to leave i saw a note on my windscreen. My car front left portion was damaged. I called the Hp number left on the note and found out from a eye witness that a yellow colour citycab hyundai ioniq taxi bearing carplate 7175 had reverse and collided to my vehicle( SJV171E). The eye witness also have video footage of the accident but as it was night time he couldn't see the full carplate number. I have tried to call up comfort delgro and the customer service officer told me that is this yellow hyundai ioniq bearing this carplate number 7175 but they are not able to priovide me the full number plate. I hope the police able to help resolve this matter.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20210315/7011

CONTINUATION OF REPORT

Sketch Plan					
Informant is	not a	ble	to	provide	sketch

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: 15/03/2021 13:17
Officer In Charge Of Case: TP / TPIB / GOH GEOK LYE Contact No.: 65476148	Classification Of Case:

NP168