

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 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

Vehicle Registration Number SJV171E

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 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 Liberty Insurance
Type of Coverage Comprehensive
Fleet Policy No
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	Male
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	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	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	SHC7175Y
Vehicle Manufacturer	-
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) -

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 firms/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 firms/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 firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Vehicle A - SUV/HIE
Vehicle B - 7175

Brangtok Green
Blk 582
Open Space Carpark

Describe Circumstances of the Accident

Pls refer to police report.

REPORT No. T/20210315/7011

Declaration

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





















**SINGAPORE
POLICE FORCE**



T/20210315/7011

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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.:	
Informant's Particulars					
Name of Informant: ONG ZU YAO			Address: 602C PUNGGOL CENTRAL #13-652 SINGAPORE 823602		
ID Type / ID No.: NRIC NO / S8400828A			Contact No.: Home/Office: Mobile: 91475330		
Nationality: SINGAPORE CITIZEN			Email: jerryongzy@hotmail.com		
Sex: Male	Age: 37	Date of Birth: 04/01/1984	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Sales supervisor			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

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				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 30 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	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



**SINGAPORE
POLICE FORCE**



T/20210315/7011

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20210315/7011

CONTINUATION OF REPORT

Driver			
Name	ONG ZU YAO	ID No.	S8400828A
Related Vehicle	SJV171E (Car)	Contact No.	91475330
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree 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 provide me the full number plate. I hope the police able to help resolve this matter.



**SINGAPORE
POLICE FORCE**



T/20210315/7011

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 REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
GOH GEOK LYE
Contact No.: 65476148

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
15/03/2021 13:17

Classification Of Case:



11 Raffles Quay #10-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S66550020G / 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 : SN09213F000J Vehicle Registration No: 5JVI71E
Name (as shown in NRIC) : ONG ZU YAO NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 602C PUNNITOK CENTRAL #13-652 Singapore (23602)
Contact (Tel) : _____ Mobile No. : 91475330
Email Address : jeffjerryongzy@hotmail.com
Date of Accident : 14/03/2021 Time of Accident : 2030 hrs
Place of Accident : 582 PUNNITOK GREEN (530582)
Insurance Company : LIBERTY INSURANCE

(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:

3rd Party full carplate detail : SHC7175Y



Policyholder / Driver's Signature
Date: _____



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

18/3/21

LIBERTY addendum form V1