

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 28/09/2021 17:44 (SGT)
Date of Accident 27/09/2021 14:40 (SGT)
Exact Location of Accident 105 Buangkok Cres, Singapore
Additional Location Information BLK 105 MULTI-STOREY CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMR8345D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner FOO MEI LIAN
NRIC No SXXXX346Z
Email Address DENNIS_WINTER21@HOTMAIL.COM
Mobile Phone No (Phone) +65-92315486
Alternative Phone No (Home) +65-62827517

VEHICLE PARTICULARS

Manufacturer Audi
Model A6
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
Transmission Auto
CC 1800

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5118056175-01
Cover Note Number -

DRIVER

Name of Driver FOO KOK KWANG
NRIC No SXXXX837J

Date Of Birth	20/03/1961
Occupation	Indoor
Date Of Driving Pass	12/04/1983
Driving experience	38 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83425050
Alt. Phone Number	-
Email Address	DENNIS_WINTER21@HOTMAIL.COM
Address	BLK 997B BUANGKOK CRESCENT
Address complement	#12-863
Postcode	532997
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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 vehicle 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	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLA9271C
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)	-

IMPORTANT NOTICE

- 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 law yers/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 28/9/21 - 1203 pr

Witnessed by Reporting Centre
Personnel Tony Fuong

Sketch Plan

Describe Circumstances of the Accident

Please Refer to the Police Report

NO: T/20210927/2112

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



[Signature] 28/09/21 1203 PM

Tony Foong
































**SINGAPORE
POLICE FORCE**


T/20210927/2112

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20210927/2112

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/09/2021 21:50	Vide Report No.:	Station Diary No.: 116
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Informant's Particulars

Name of Informant: FOO KOK KWANG			Address: APT BLK 997B BUANGKOK CRESCENT #12-863 SINGAPORE 532997		
ID Type / ID No.: NRIC NO / S1460837J			Contact No.: Home/Office: Mobile: 83425050		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 60	Date of Birth: 20/03/1961	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SELF-EMPLOYED			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 27/09/2021 14:40	Type of Location:
Location: HOUGANG AVENUE 1				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLA9271C	Car					0
SMR8345D	Car					0

Details of Person Involved

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



**SINGAPORE
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T/20210927/2112

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20210927/2112

CONTINUATION OF REPORT

Driver			
Name	FOO KOK KWANG	ID No.	S1460837J
Related Vehicle	SMR8345D (Car)	Contact No.	83425050
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 27/09/2021 at about 1255hrs, I left my house and drove my vehicle (bearing registration plate number: SMR8345D) and parked my vehicle at the multistorey carpark of Blk 105 Hougang Avenue 1, level 3, HG45 at about 1310hrs.

On the same day at about 1440hrs, I left the carpark and drove my vehicle back home at about 1450hrs.

Subsequently at 1540hrs, I left my house and drove to Punggol 21 and arrived at about 1600hrs. After which, I left about 1645hrs and made my way to Compass One. About 15 - 20 minutes later, I came back to retrieve my vehicle and my wife noticed that there are scratches on the front left side of my vehicle.

My son assisted to retrieve the vehicle dash cam footage which revealed that on 27/09/2021 at 1443hrs while my vehicle was parked at the aforesaid multistorey carpark, there was one vehicle (bearing registration plate number: SLA9271C) tried to reverse into an empty lot on the left side of my vehicle, while reversing, the aforesaid vehicle's rear right came into contact with the front left side of my vehicle. The vehicle did not manage to park into the lot and drove off without leaving any note or contact number.



**SINGAPORE
POLICE FORCE**



T/20210927/2112

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Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20210927/2112

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report
F /
Sgt 3 LEE LI TING, JOLYNE

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
27/09/2021 21:50

Officer In Charge Of Case:
TP / HRT /
SSI KASMAWATI BTE SAMIAN
Contact No.: 65476368

Classification Of Case:

Authentication Stamp
NP168





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: 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 : SP0R21S0004 Vehicle Registration No: SMR 8345 D
Name (as shown in NRIC) : FOO MEI LIAN NRIC/FIN/Passport No : SXXXX837J
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 997B BUANGKOK CRESCENT Singapore (532997)
Contact (Tel) : 8342 5050 Mobile No. : _____
Email Address : DENNIS_WINTER21@GMAIL.COM
Date of Accident : 27/9/2021 Time of Accident : 1440
Place of Accident : BLK 105 MULTI-STOREY CARPARK
Insurance Company : NTUC Income Insurance Co-operative Ltd

(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:

TO CHANGE VEHICLE PHOTO



Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature

Name: Tomy Foo
NRIC/FIN No.: SXXXX948E
Date: 1/10/21

GIARMC addendumform_V3