

# 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 ..... 17/12/2021 12:27 (SGT)  
Date of Accident ..... 16/12/2021 12:50 (SGT)  
Exact Location of Accident ..... 80 Marine Parade Rd, Singapore 449269  
Additional Location Information ..... LEVEL 4 MSCP  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMT1533M

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... NG KOK CHONG  
NRIC No ..... SXXXX644H  
Email Address ..... shawn369sg@yahoo.com  
Mobile Phone No ..... (Phone) +65-93666145  
Alternative Phone No ..... +65-93666145

### VEHICLE PARTICULARS

Manufacturer ..... BMW  
Model ..... 520i  
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 ..... 1997

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMPCSNW00218012100  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... NG KOK CHONG  
NRIC No ..... SXXXX644H

Date Of Birth .....	14/12/1975
Occupation .....	Indoor
Date Of Driving Pass .....	14/10/2002
Driving experience .....	19 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93666145
Alt. Phone Number .....	+65-93666145
Email Address .....	shawn369sg@yahoo.com
Address .....	188 JOO CHIAT TERRACE #05-11
Address complement .....	-
Postcode .....	427334
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 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 .....	Marine Parade Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18004428999
Alt. Police Station Phone No .....	(Fax) +65-62447678
Police Station Address .....	300 Marine Parade Road Singapore 449296
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20211216/2059

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SDQ6023H
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

Name of Driver .....	DAVID LEONG
Contact Number .....	(Phone) +65-98533665
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	NTUC Income Insurance Co-operative Ltd
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

# SKETCH PLAN

## IMPORTANT NOTICE

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6. 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)**  
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 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.

<p><i>[Signature]</i></p> <p>Policyholder's Signature / Date &amp; Time</p>	<p><i>[Signature]</i></p> <p>Driver's Signature (If driver is not the policyholder) / Date &amp; Time</p>	<p><i>[Signature]</i> 17/18/2021</p> <p>Witnessed by Reporting Centre Personnel</p>
<p>Sketch Plan <i>PARKWAY PARADE SHOPPING CENTRE LAUNDY MSCP</i></p> <div style="border: 1px solid black; width: 100px; height: 100px; position: relative;"> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; background: repeating-linear-gradient(45deg, transparent, transparent 2px, black 2px, black 4px);"></div> <div style="position: absolute; top: 10px; left: 10px;"> <p>X</p> <p>A</p> <p>A</p> </div> </div> <div style="position: absolute; top: 10px; right: 10px;"> <p>A: SMT1533M</p> <p>B: SDQ 6023H</p> </div>		


**Describe Circumstances of the Accident**

Please refer to the police report (T/20211216/2059).

**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

 17/12/2021  
Witnessed by Reporting Centre Personnel

























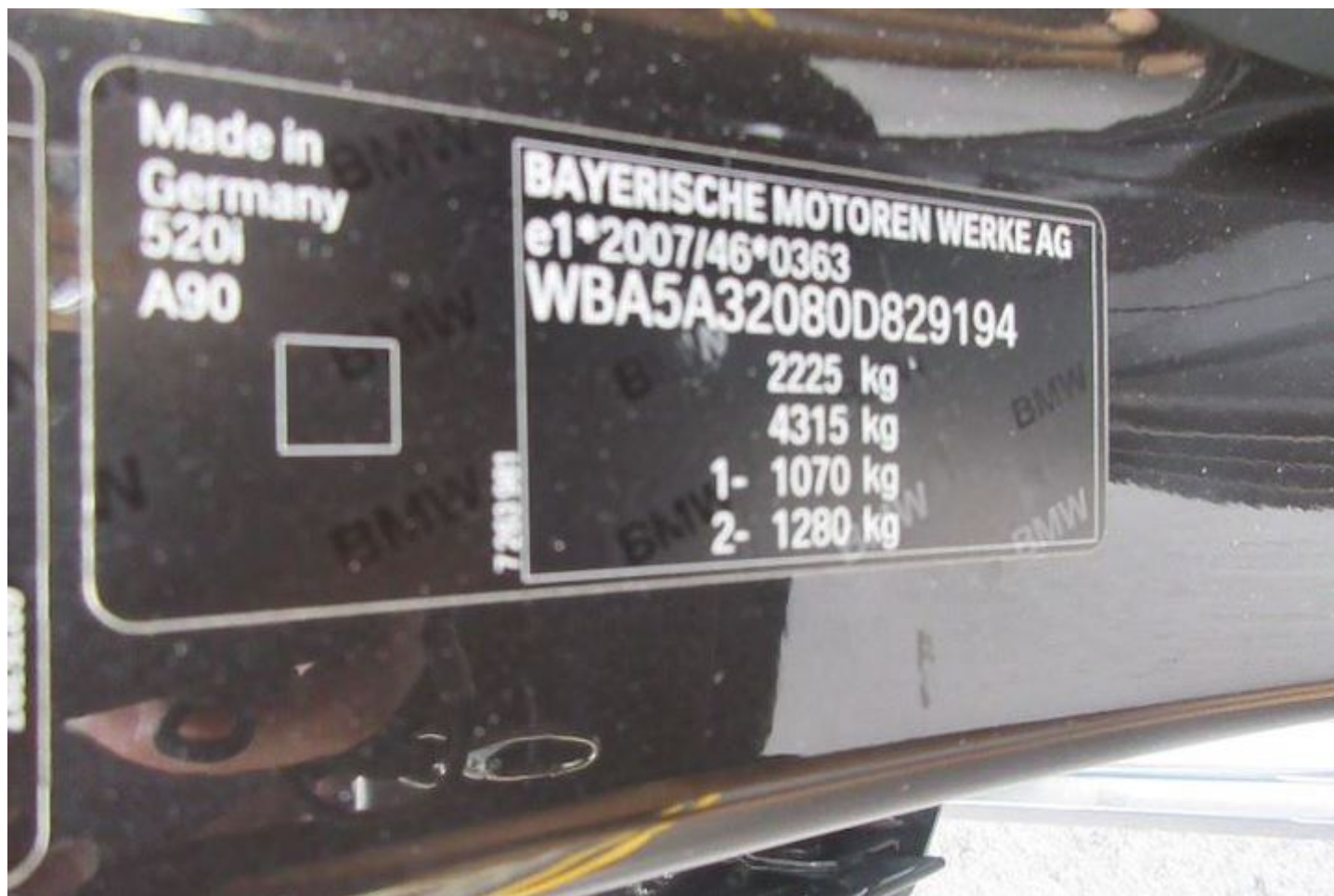














**SINGAPORE  
POLICE FORCE**



T/20211216/2059

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

1 of 3

Report No. T/20211216/2059

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/12/2021 15:20		Vide Report No.: G/20211216/0102	Station Diary No.: 63
<b>Informant's Particulars</b>			
Name of Informant: NG KOK CHONG		Address: 188 JOO CHIAT TERRACE #05-11 SINGAPORE 427334	
ID Type / ID No.: NRIC NO / S7537644H		Contact No.: Home/Office: Mobile: 93666145	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 46	Date of Birth: 14/12/1975	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Chief operating officer/General Manager		Driving Licence Information: Class: 3 Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 16/12/2021 12:50	Type of Location: Car Park
Location:  MARINE PARADE ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDQ6023H	Car					0
SMT1533M	Car	BMW	520i AT 2WD 4DR HID NAV	Grey	Slightly Damaged	1

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE  
POLICE FORCE**



T/20211216/2059

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

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Report No. T/20211216/2059

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMT1533M	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW002180 12100	20/10/2021	19/10/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG KOK CHONG		ID No. S7537644H
Related Vehicle	NIL		Contact No. 93666145
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 16/12/2021 between 1110hrs-1115hrs, I parked my car bearing registration number SMT1533M at the multi-storey carpark of Parkway Parade Shopping Centre (Level 4). After parking my car, I then left and everything was in order.

On the same day at about 1250hrs, I came back to my car and realized that there were some damages to the front bumper of my car. Subsequently, 2 witnesses came forward to inform me that earlier on, one car bearing registration number SDQ6023H had earlier on hit my car and drove off. They showed me a photo of the car and the car was parked at Level 5 of the said location.

I then called up the police and was attended to by Traffic Police officers (reference number G/20211216/0102). The car was still there when police came. I was then advised to lodge a police report.



# SINGAPORE POLICE FORCE

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999



T/20211216/2059

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Report No. T/20211216/2059

## 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  
G /

Sr Staff Sgt MUHAMMAD  
FARHAN BIN SAFARUAN

Signature Of Informant:

*Sip*

Signature Of Interpreter:  
Not applicable

Date/Time:  
16/12/2021 15:20

Officer In Charge Of Case:  
TP / HRT /

Sr Staff Sgt IRMAN BIN MOHAMAD SAID  
Contact No.: 65476145

Classification Of Case:

Authentication Stamp  
NP168



SINGAPORE  
POLICE FORCE

SIGNATURE