

## 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 .....	25/04/2022 18:39 (SGT)
Date of Accident .....	24/04/2022 00:47 (SGT)
Exact Location of Accident .....	Marine Cres, Singapore
Additional Location Information .....	CAR PARK AT MARINE CRESCENT
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMF7703Z
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	NG CHIA LIANG, BENJAMIN (HUANG JIALIANG, BENJAMIN)
NRIC No .....	SXXXX016A
Email Address .....	BENJAMIN.CL@GMAIL.COM
Mobile Phone No .....	(Phone) +65-97894277
Alternative Phone No .....	(Office) +65-97894277

#### VEHICLE PARTICULARS

Manufacturer .....	Audi
Model .....	Q7
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 .....	2000

#### INSURANCE COMPANY

Name of Insurance Company .....	Allianz Insurance Singapore Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	SP200142001
Cover Note Number .....	-

#### DRIVER

Name of Driver .....	NG CHIA LIANG, BENJAMIN (HUANG JIALIANG, BENJAMIN)
NRIC No .....	SXXXX016A

Date Of Birth .....	28/01/1982
Occupation .....	Indoor
Date Of Driving Pass .....	17/10/2002
Driving experience .....	19 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97894277
Alt. Phone Number .....	(Office) +65-97894277
Email Address .....	BENJAMIN.CL@GMAIL.COM
Address .....	29 MARINE CRESCENT
Address complement .....	#09-25
Postcode .....	440029
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 THE POLICE REPORT (T/20220424/2078) & SKETCH PLAN

#### 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 .....	SND5791E
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) .....	-

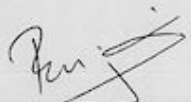
# **SKETCH PLAN**

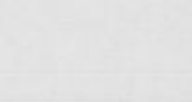
## **IMPORTANT NOTICE**


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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 :

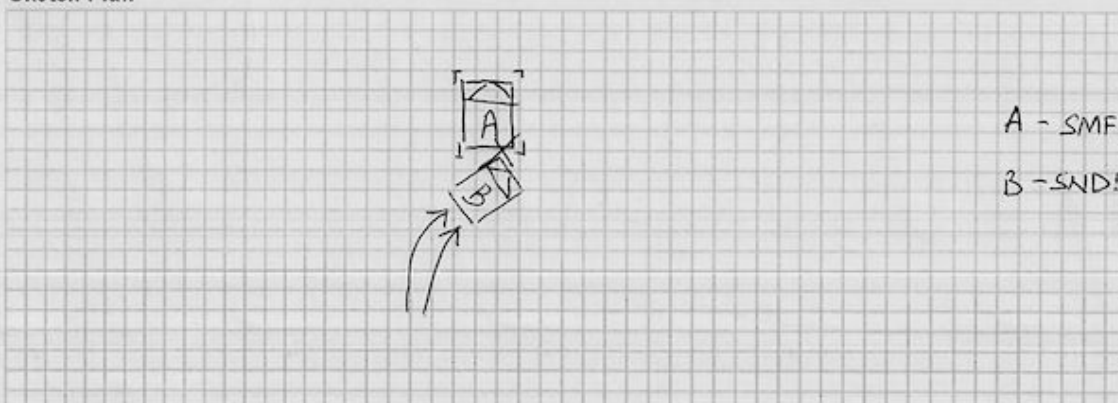
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' 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.

  
 Policyholder's Signature / Date & Time

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

  
 Witnessed by Reporting Centre Personnel

## **Sketch Plan**



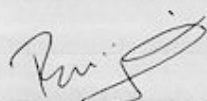
**Describe Circumstances of the Accident**

T/20220424/2078

Please refer to the police report & Sketch plan.

**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

































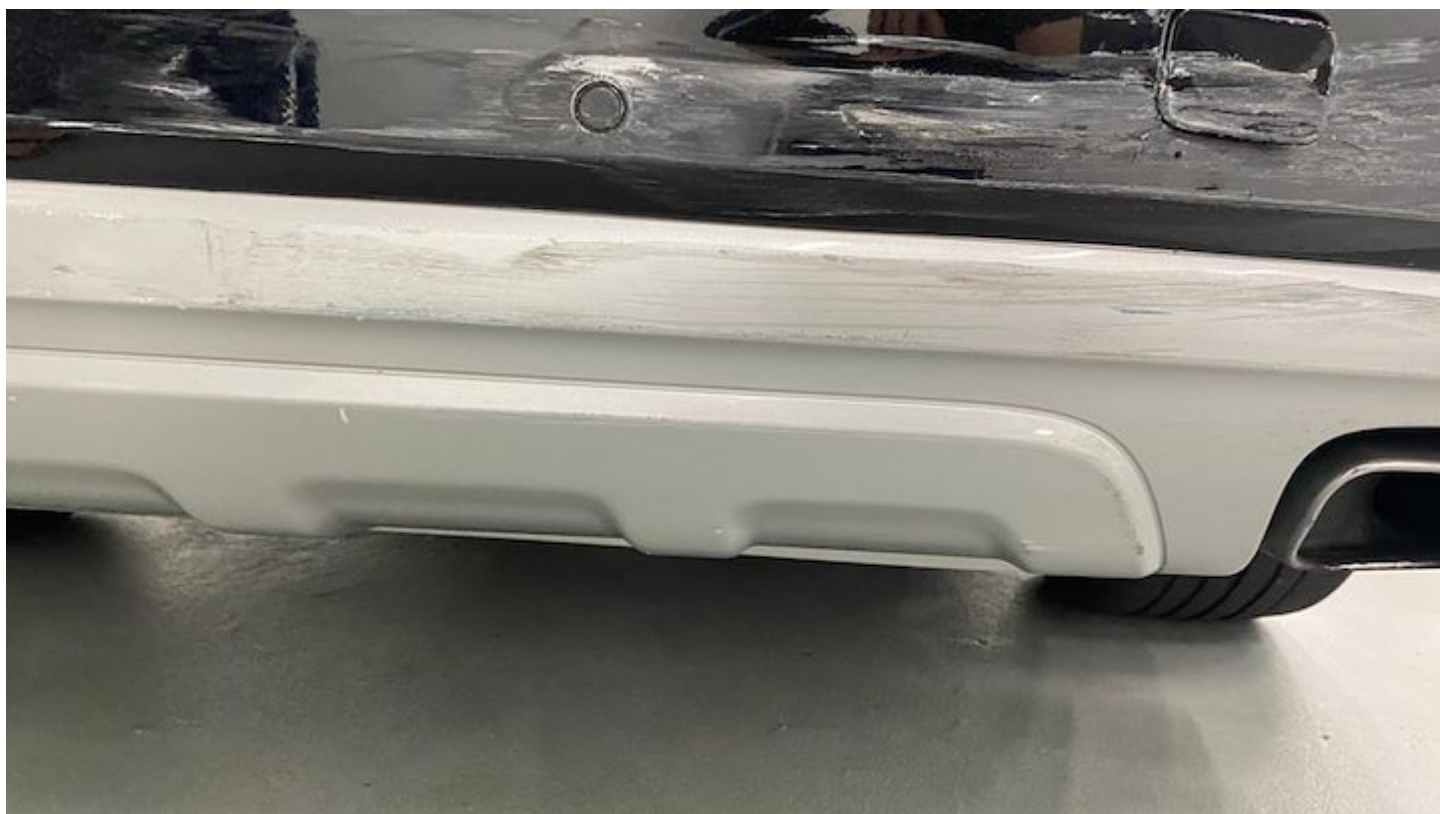
























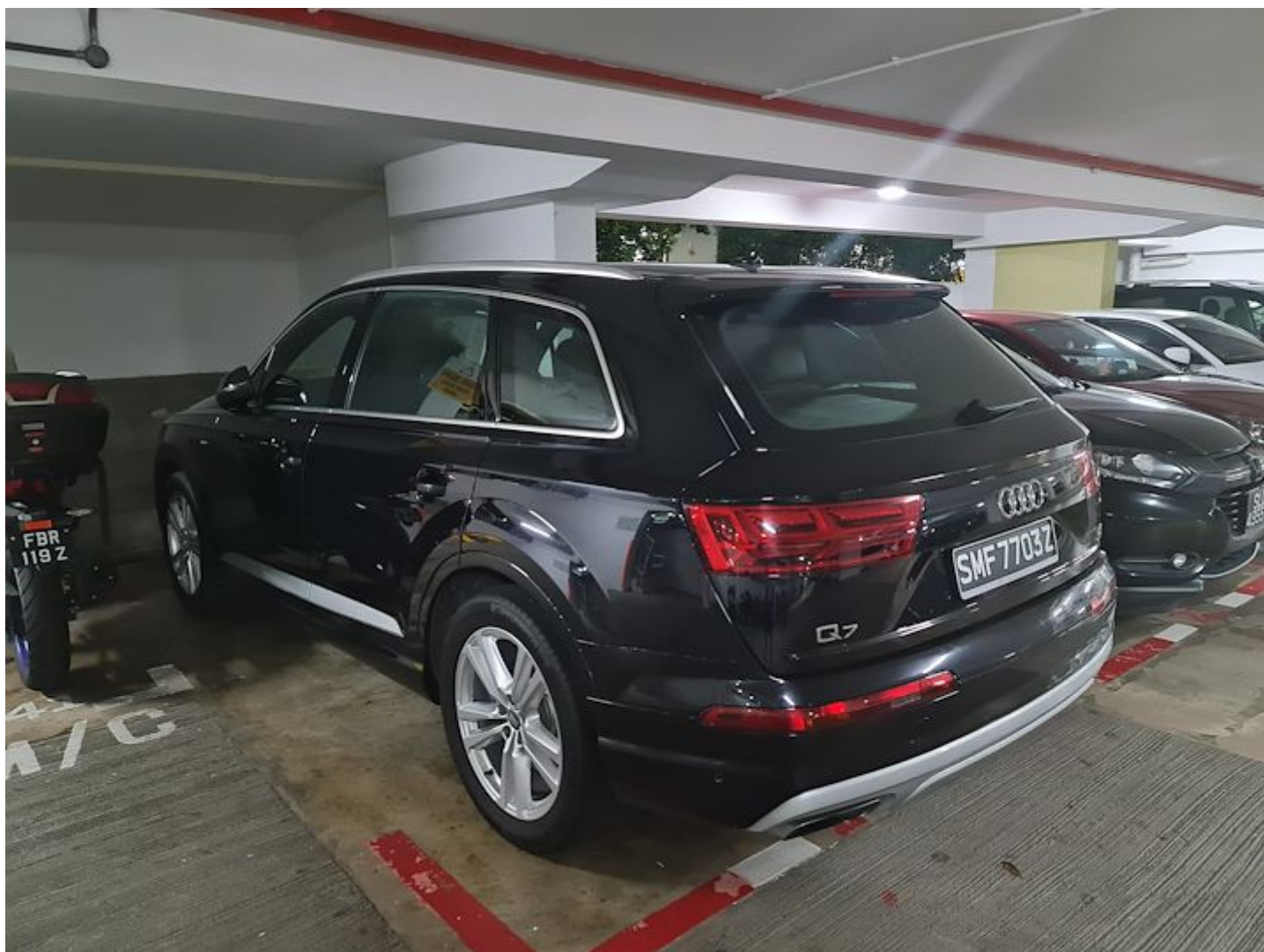




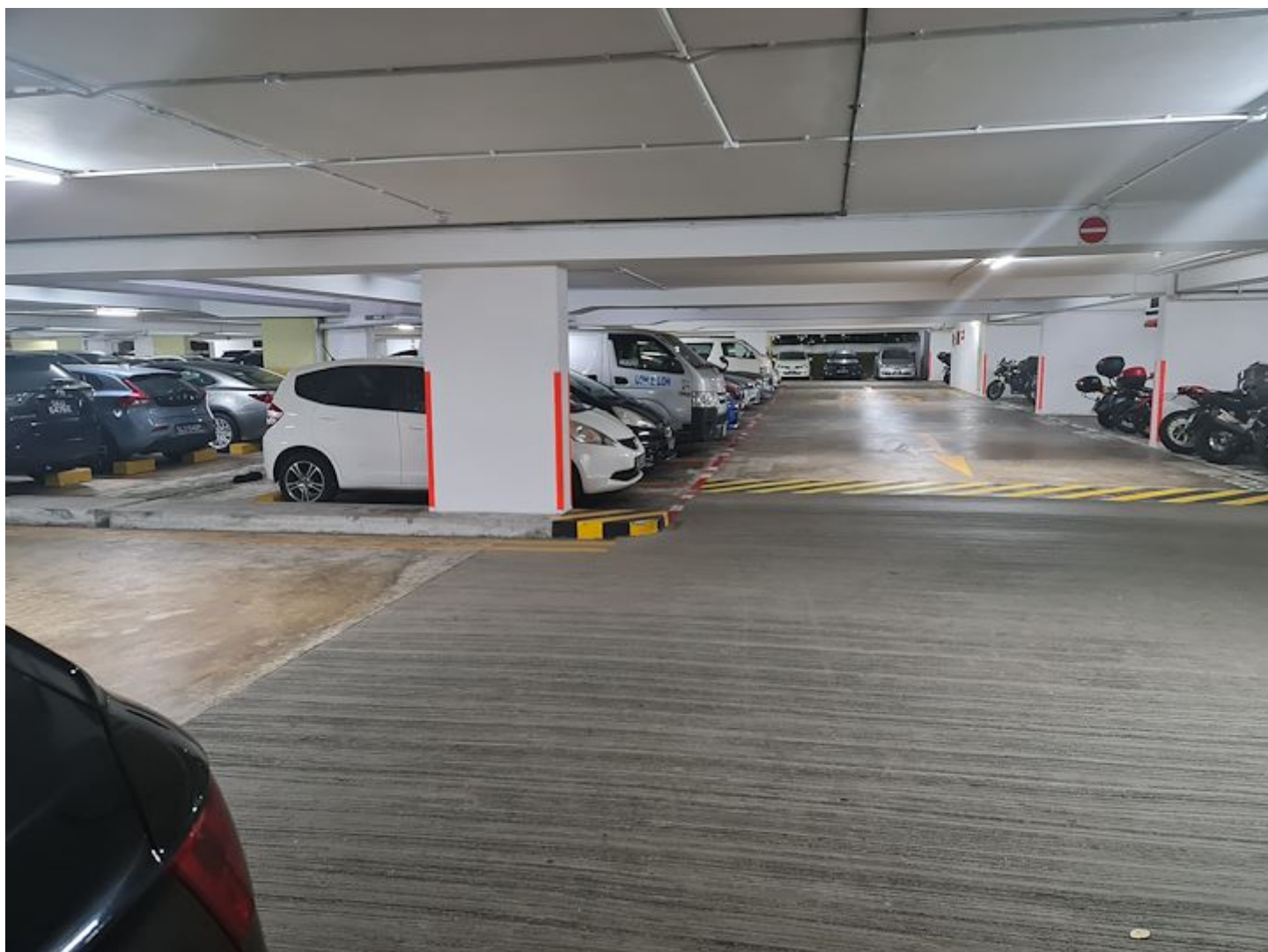








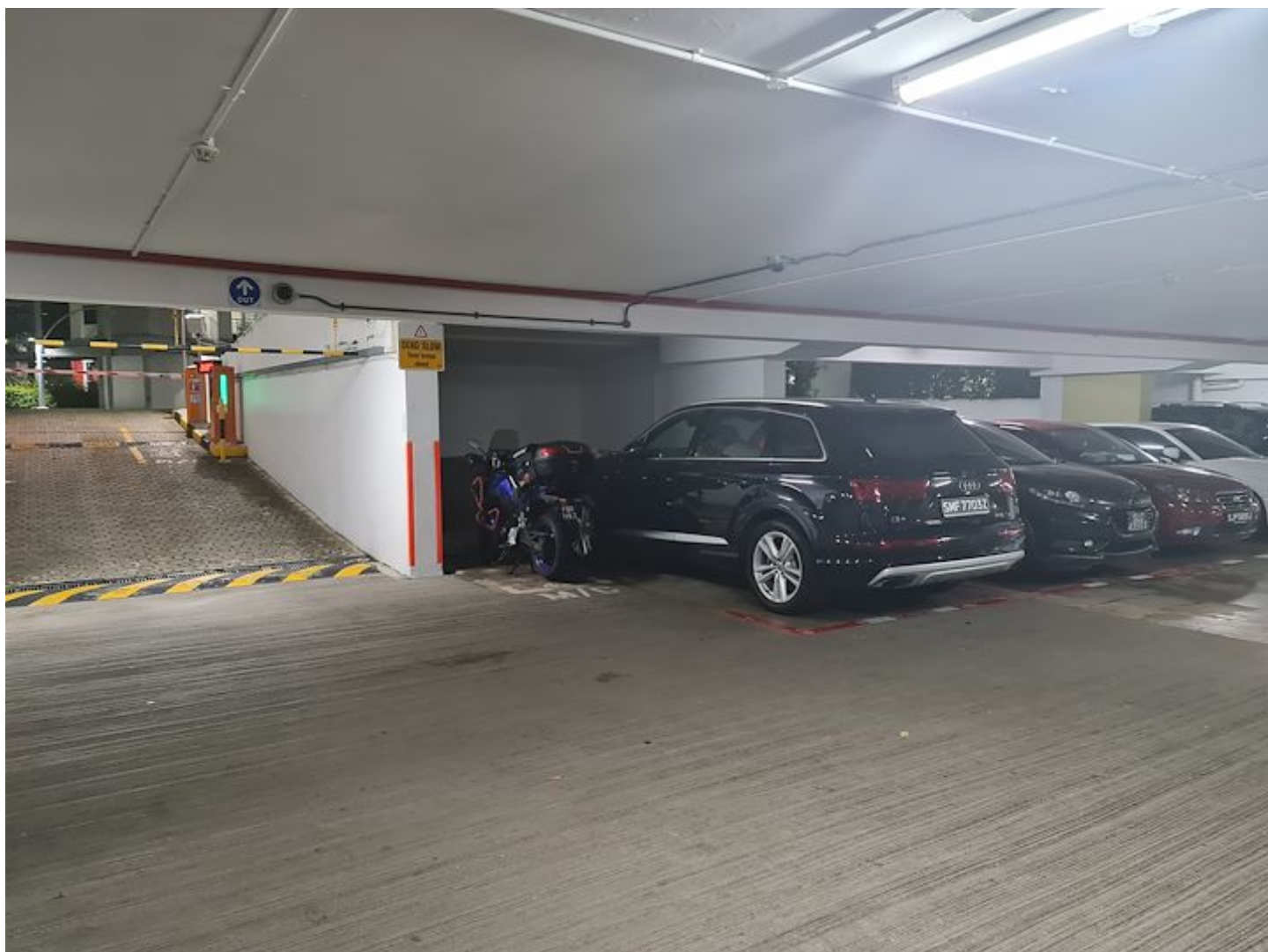






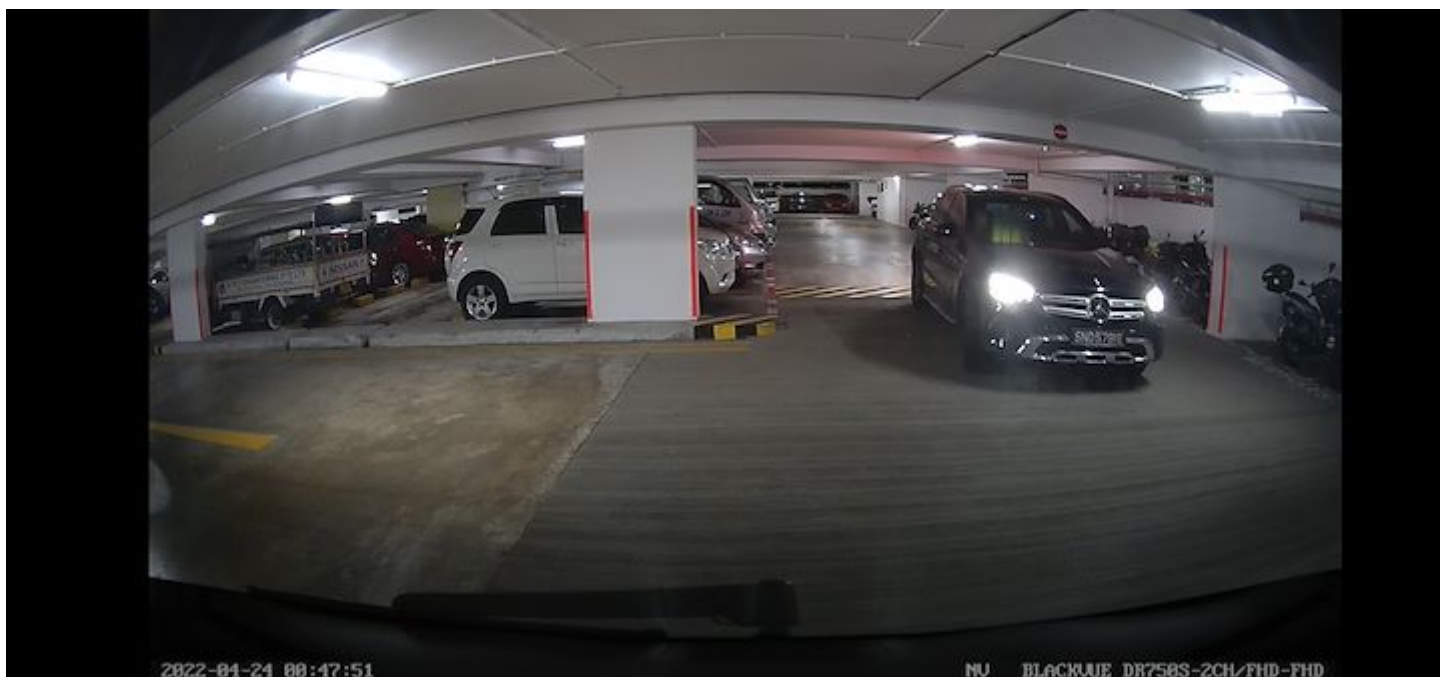
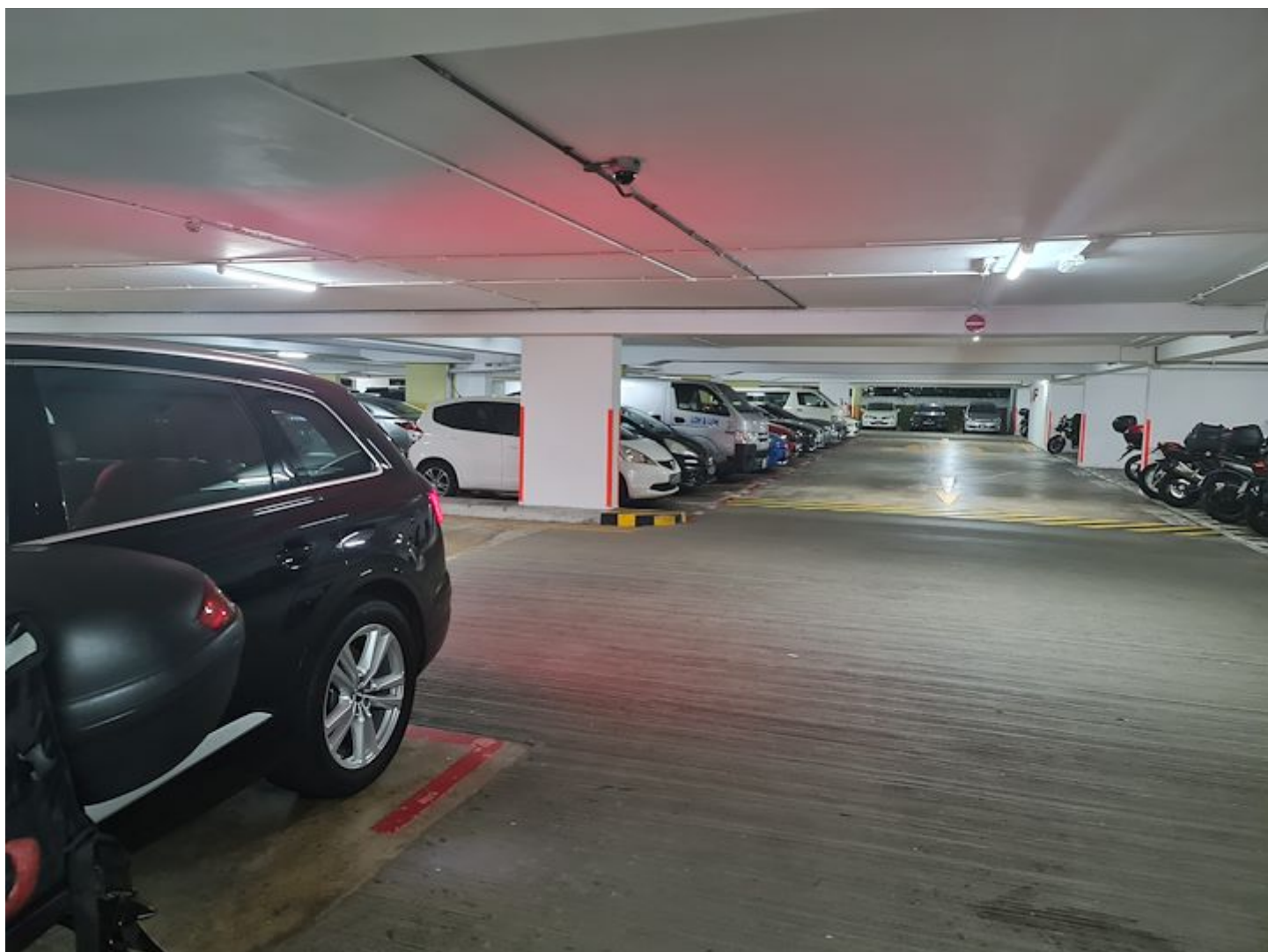

















**SINGAPORE  
POLICE FORCE**


T/20220424/2078

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/20220424/2078

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/04/2022 21:06	Vide Report No.:	Station Diary No.: 65
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**Informant's Particulars**

Name of Informant: NG CHIA LIANG, BENJAMIN			Address: APT BLK 29 MARINE CRESCENT #09-25 SINGAPORE 440029		
ID Type / ID No.: NRIC NO / S8204016A			Contact No.: Home/Office: Mobile: 97894277		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 40	Date of Birth: 28/01/1982	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: TECH MANAGER			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: 24/04/2022 00:50	Type of Location: Car Park
Location:  MARINE CRESCENT				
Weather: Clear		Road Surface: Dry		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
SMF7703Z	Car	AUDI	Q7 3.0 TFSI QU (333 BHP)	Black	Slightly Damaged	0
SND5791E	Car					0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**


T/20220424/2078

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/20220424/2078

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMF7703Z	ALLIANZ INSURANCE SINGAPORE PTE. LTD.	SP2001420001	16/04/2022	15/04/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG CHIA LIANG, BENJAMIN		ID No. S8204016A
Related Vehicle	NIL		Contact No. 97894277
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 24/04/2022 at about 7pm, I went to retrieve my vehicle bearing registration number SMF7703Z which was parked at 35A Marine Crescent carpark lot 20. I then discovered that there are some damages to my right rear bumper. I then went back home to retrieve the in-car camera footages. When I made a check on the footages, I discovered that on 24/04/2022 at about 0048hrs, there was a vehicle bearing registration number SND5791E had apparently drove past my car and hit the rear of my car. I then realized that the driver of the said car did not stop or leave a note.

I then decided to proceed to the nearest police centre to make a police report.

**SINGAPORE  
POLICE FORCE**

T/20220424/2078

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

3 of 3

Report No. T/20220424/2078

**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 /

Other TOH XIN LE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

24/04/2022 21:06

Officer In Charge Of Case:

TP / HRT /

Other KASMAWATI BTE SAMIAN

Contact No.: 65476368

Classification Of Case:

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: S66S00020G / 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 : SP0P224P0002 Vehicle Registration No: SMF 7703 Z

Name(as shown in NRIC) : NG CHIA LIANG, BENJAMIN (HUANG JIALIANG, BENJAMIN) NRIC/FIN/Passport No : SXXXX016A

(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate

Address : 29 MARINE CRESCENT, #09-25 Singapore( 440029 )

Contact (Tel) : 97894277 Mobile No.:

Email Address : BENJAMIN.CL@GMAIL.COM

Date of Accident : 24/04/2022 Time of Accident : 00:47

Place of Accident : CAR PARK AT MARINE CRESCENT

Insurance Company: Allianz Insurance Singapore Pte. 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 CORRECT THE NUMBER PLATE OF OWN VEHICLE.

Blank lined paper with a circular stamp in the bottom right corner that reads "LES PTE L".

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature

Name: INGVH KHONG ~~SEAN~~

NRIC/FIN No.: G2000143X

Date: 26/4/2022

GIAEMC addendum form V3