

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	13/04/2022 17:18 (SGT)
Date of Accident	12/04/2022 21:51 (SGT)
Exact Location of Accident	2 Venture Dr, VISION EXCHANGE, Singapore 608526
Additional Location Information	VISION EXCHANGE@VENTURE DR MULTISTOREY CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNC9523S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOH DANWEY VALERIE
NRIC No	SXXXX667J
Email Address	MELVIN_NG89@HOTMAIL.COM
Mobile Phone No	(Phone) +65-96777229
Alternative Phone No	(Home) +65-96777229

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A4
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	0

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5125227666
Cover Note Number	-

DRIVER

Name of Driver	MELVIN NG JIAN SHENG
NRIC No	SXXXX097H

Date Of Birth	22/04/1989
Occupation	Indoor
Date Of Driving Pass	05/11/2009
Driving experience	12 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96777229
Alt. Phone Number	-
Email Address	MELVIN_NG89@HOTMAIL.COM
Address	APT BLK 931 JURONG WEST ST 92 #07-215
Address complement	-
Postcode	640931
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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	Clementi Division Headquarters
Police Station Phone No	(Phone) +65-18007740000
Alt. Police Station Phone No	(Fax) +65-67741705
Police Station Address	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

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	SLM8180A
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MELVIN NG JIAN SHENG
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNC9523S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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' 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.

[Signature]

Policyholder's Signature / Date & Time

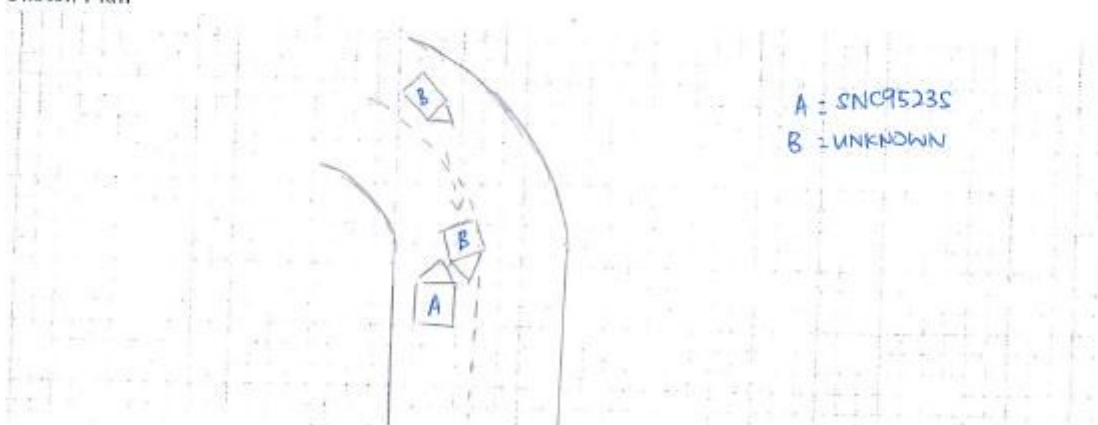
[Signature]

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

[Signature]

Witnessed by Reporting Centre Personnel

Sketch Plan



* Describe Circumstances of the Accident

REFER TO POLICE REPORT

Declaration

We declare the foregoing particulars are true in every respect.

[Signature]

Policyholder's Signature / Date & Time

[Signature]

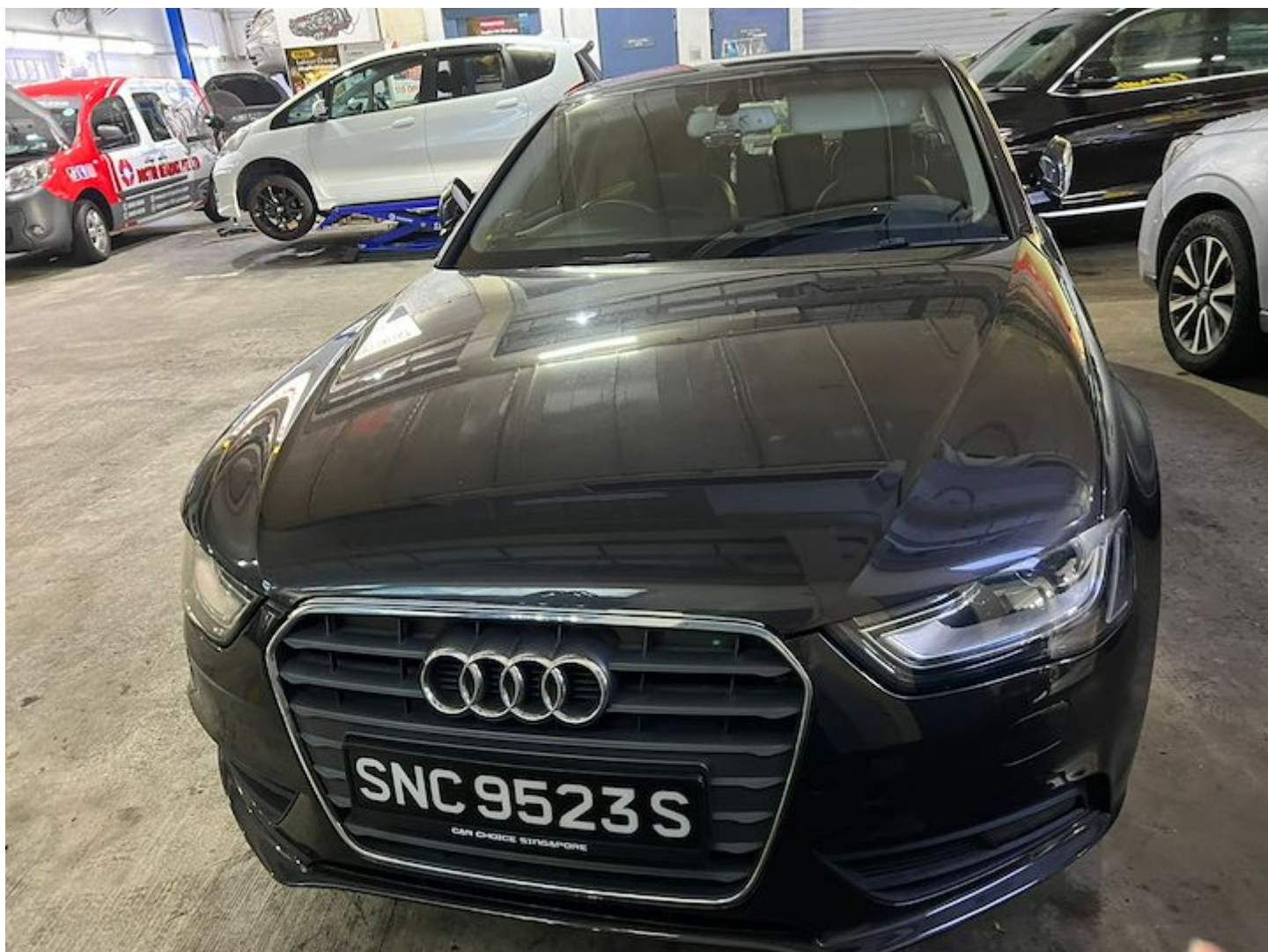
Driver's Signature (If driver is not the policyholder) / Date & Time

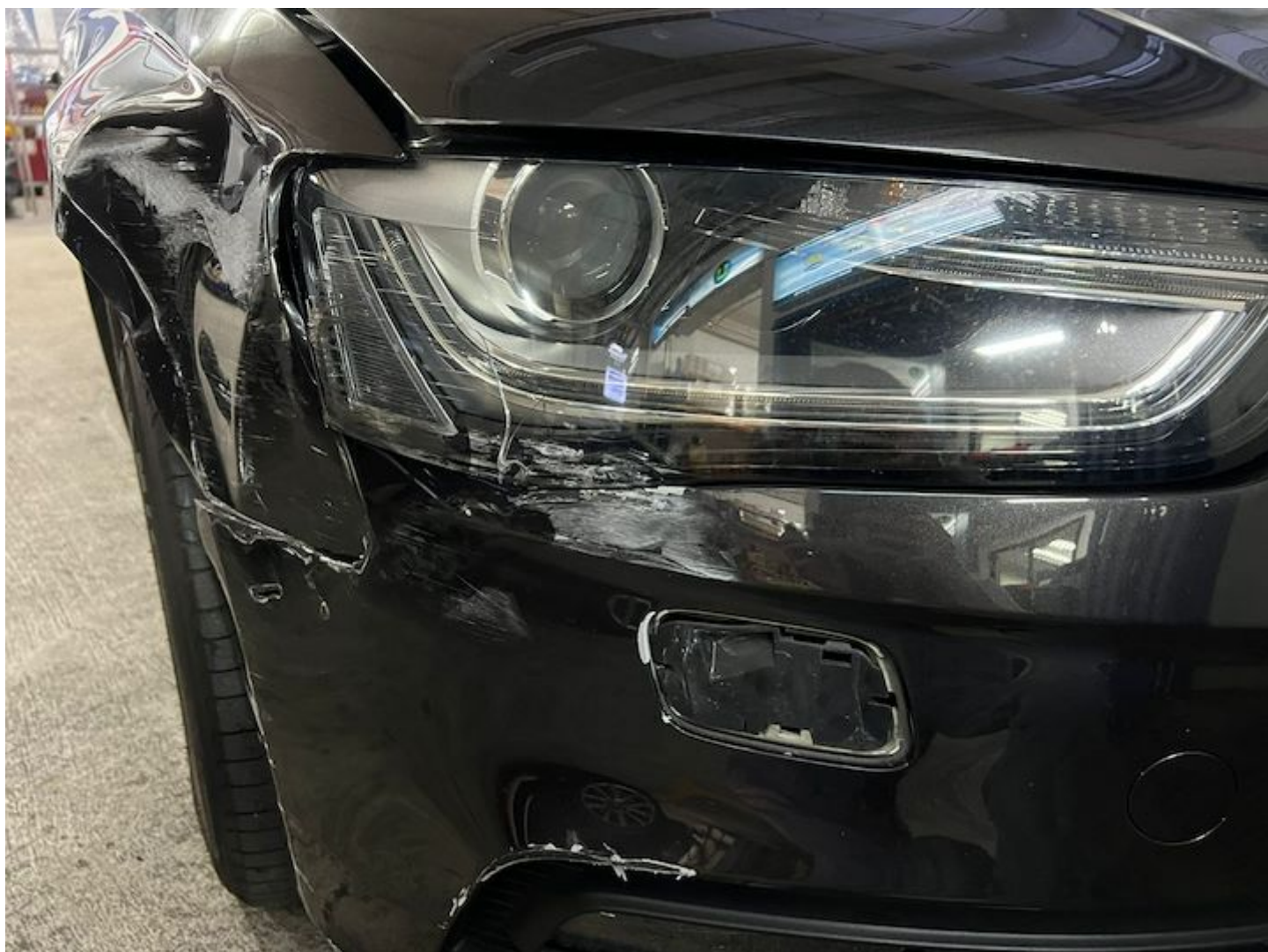
[Signature]

Witnessed by Reporting Centre Personnel











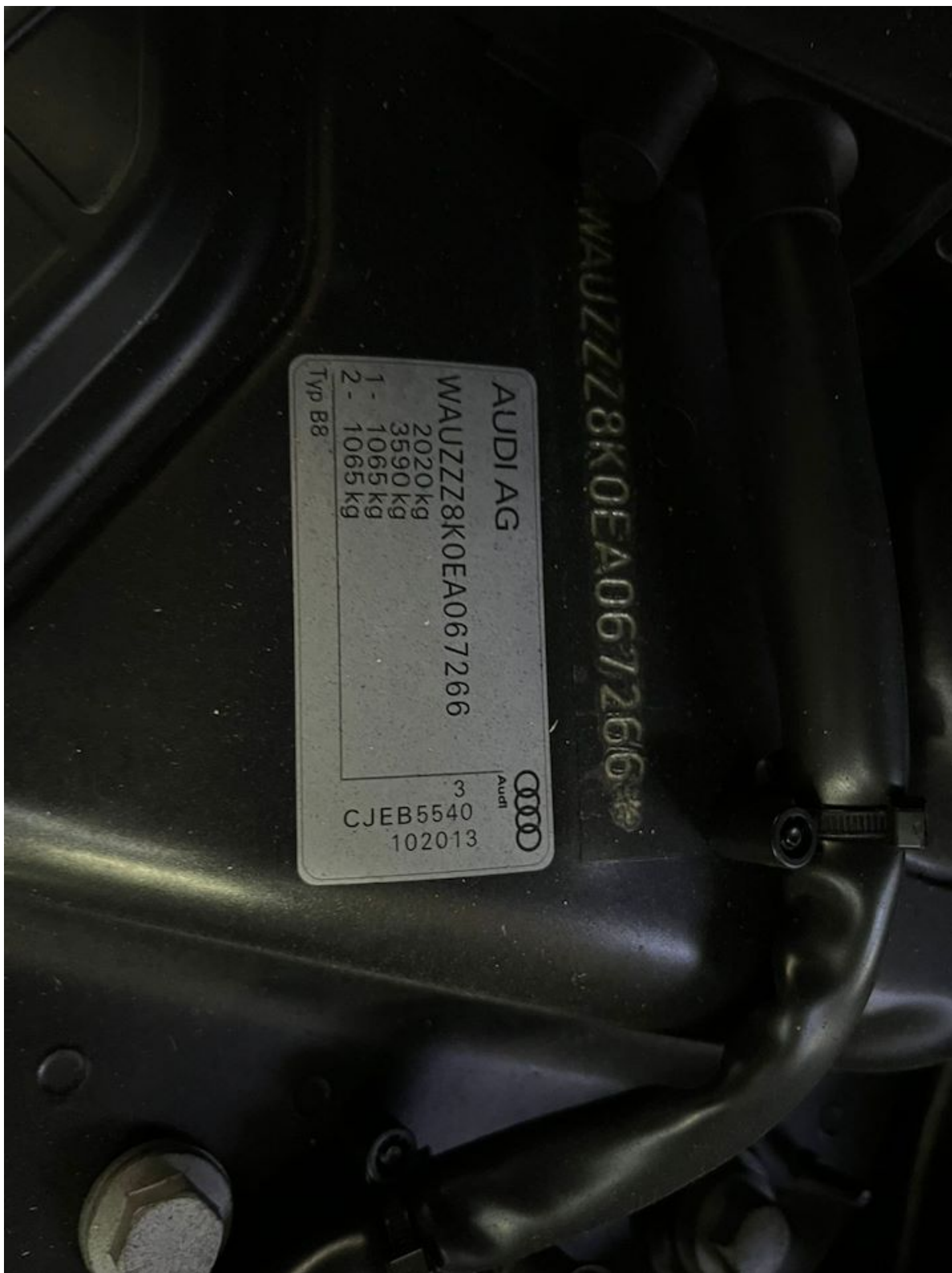














**SINGAPORE
POLICE FORCE**



D/20220413/7003

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20220413/7003

tried driving up to level 3 mscp and make a u-turn but when i left the mscp and reached level 1 i don't see him anymore. I have made a police report onsite and was told i will be contacted by the IO benz tay from clementi division. My wife loh danwei valerie is the policyholder of the insurance and i am the named driver for it. Policy number 5125227666

Subjects Involved			
Suspect			
Person Name	No idea		
Gender	Male	Race	Chinese.
Victim			
Person Name	MELVIN NG JIAN SHENG		
ID Type	NRIC NO	ID No	S8914097H
Gender	Male	Age	32
Race	Chinese	Language	English
Occupation	Sales supervisor	Address	931 JURONG WEST STREET 92 #07-215 SINGAPORE 640931
Mobile No	96777229	Is Informant A Victim?	Yes
Person Name	MELVIN NG JIAN SHENG (Informant)		

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: 13/04/2022 09:30
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



D/20220413/7003

1 of 2

POLICE REPORT (NP299)

Report No. D/20220413/7003

Police Station Of Origin
Clementi Division HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No:1800-7740000

Date/Time Report Made 13/04/2022 09:30	Vide Report No.	Station Diary No.
Name Of Informant MELVIN NG JIAN SHENG	Address 931 JURONG WEST STREET 92 #07-215 SINGAPORE 640931	
ID Type / ID No. NRIC NO / S8914097H	Contact No. Home/Office:	Mobile: 96777229
Nationality SINGAPORE CITIZEN	Email Address MELVIN_NG89@HOTMAIL.COM	
Occupation Sales supervisor	Sex Male	Age 32
Institution/School Name	Date of Birth 22/04/1989	Race Chinese
Date/Time Of Incident 12/04/2022 21:50 - 12/04/2022 21:55	Location Of Incident 2 VENTURE DRIVE VISION EXCHANGE SINGAPORE 608526	

Brief details.

On the 12th April 2150hr i arrive at vision exchange mall planning to have dinner with my friends. I drove up the ramp roundabout which lead to their multistorey carpark. On my way up to the mscp, i saw another car light approaching me at a fast speed therefore i stopped to let him pass but instead he cross lane and hit my car right bumper, fender and headlight causing it to be damage. The time of hit was 2151hr according to my car camera. It was a black car which model i am not able to see it due to angle issue but the driver look like a chinese guy who is using his phone when he hit my car and run away after hitting. I

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: 13/04/2022 09:30
Officer In-Charge Of Case:	Classification Of Case:



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SY0A224D0008 Vehicle Registration No: SNC9523S
 Name (as shown in NRIC): MELVIN NG JIAN SHENG NRIC/FIN/Passport No: S8919097H
 (*Vehicle Driver/Vehicle-Owner) (*) Please delete as appropriate
 Address: 931 JURONG WEST STREET 92 #07-245 Singapore (640931)
 Contact (Tel): _____ Mobile No.: 9677 7229
 Email Address: MELVIN_NG89@HOTMAIL.COM
 Date of Accident: 12-04-2021 Time of Accident: 21:51
 Place of Accident: MULTI STOREY CARPARK VISION EXCHANGE
 Insurance Company: NTUC INCOME

(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 VEHICLE NO.: 5H18DA

LOCATION : VISION EXCHANGE @ VENTURE DR MULTI STOREY CARPARK



 Policyholder / Driver's Signature
 Date:



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

GIARMC Addendum Form