

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 Actual 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 22/04/2022 13:07 (SGT)
Reported by -
Date of Accident 01/04/2022 16:00 (SGT)
Exact Location of Accident Thong Bee Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMG8185G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner HUANG ZHONGXIANG
NRIC No S8125707H
Email Address HUANGZHONGXIANG@GMAIL.COM
Mobile Phone No (Phone) +65-93283081
Alternative Phone No +65-93283081

VEHICLE PARTICULARS

Manufacturer Subaru
Model Forester
Variant FORESTER 2.0I-S EYESIGHT AWD CVT SR
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 1995

INSURANCE COMPANY

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number P10715655R00

DRIVER

Name of Driver NG LWEE
NRIC No S0173443A
Date Of Birth 22/05/1952
Occupation Indoor

Date Of Driving Pass	03/12/1970
Driving experience	51 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93283081
Alt. Phone Number	-
Email Address	HUANGZHONGXIANG@GMAIL.COM
Address	787 YISHUN RING RD
Address complement	#03-3490
Postcode	760787
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT & SKETCH PLAN BY DRIVER

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP4093A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
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 PLANIMPORTANT NOTICE

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

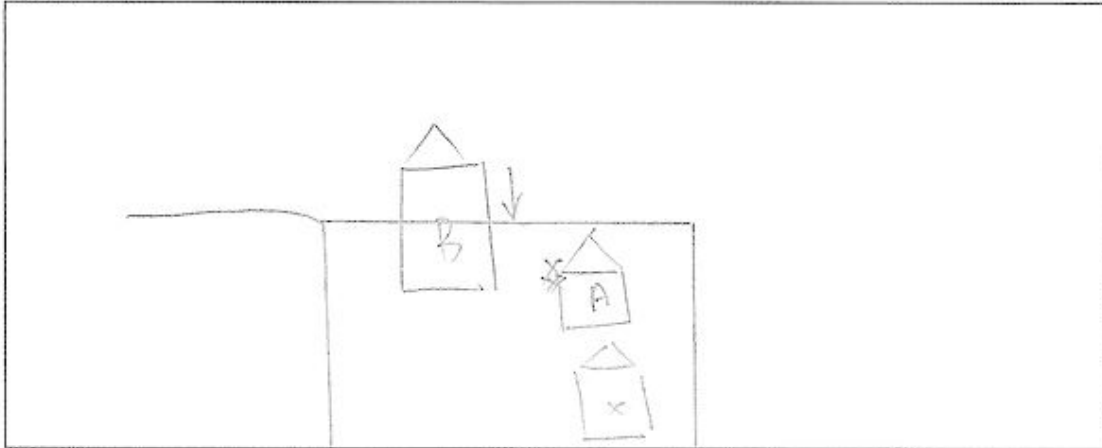
Policyholder's Signature
Date & Time:

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

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

COMPLETED 1 APR 2022

Date of accident: 01/04/22 Time: 1000 Location: THONG BEE RD
 My Vehicle A: SMG 9153G Vehicle B: YP 4093A Vehicle C: -
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the police report

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop :

Email address :

& myself :


Email address :

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

I/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:


Ah Lim Motor Company
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
COMPLETED 21 APR 2022




























**SINGAPORE
POLICE FORCE**


T/20220402/2036

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

1 of 3
Report No. T/20220402/2036

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/04/2022 10:48	Vide Report No.:	Station Diary No.: 50
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Informant's Particulars

Name of Informant: HUANG ZHONGXIANG		Address: APT BLK 317A YISHUN AVENUE 9 #14-108 SINGAPORE 761317	
ID Type / ID No.: NRIC NO / S8125707H		Contact No.: Home/Office: Mobile: 93283081	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 40	Date of Birth: 13/08/1981	Type of Informant: Vehicle Owner
Race: Chinese		Language: English	Institution / School Name:
Occupation: FINANCE		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: 01/04/2022 16:00	Type of Location: Straight Road
Location: THONG BEE ROAD				
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
SMG8185G	Car					0

Details of Person Involved

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



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31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999



T/20220402/2036

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Report No. T/20220402/2036

CONTINUATION OF REPORT

Vehicle Owner			
Name	HUANG ZHONGXIANG	ID No.	S8125707H
Related Vehicle	SMG8185G (Car)	Contact No.	93283081
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	NG LWEE	ID No.	S0173443A
Related Vehicle	SMG8185G (Car)	Contact No.	88301787
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 01/04/2022 at about 1530hrs, my father, Ng Lwee drove my vehicle bearing the registration number SMG8185G and parked it along the side road of Thong Bee Road, near to Sembawang Road. He then proceeded to the nearest coffeeshop. Later at 1630hrs, staffs of the coffeeshop spotted that a lorry had hit onto the left front side of my vehicle. The staffs then told my father about the matter. My father went over to check and realized that indeed there are damages on the left front side of my vehicle. My father then requested the CCTV at the coffeeshop and indeed there was a lorry which had hit onto my vehicle and did not stop. The lorry just drove off from the scene. The footages could not see the registration number of the lorry but lorry had details of the company that the lorry is from. The company is "ORIENT CO." I found the company's telephone number online but no one answered. My car have an in car camera installed which might had captured the incident. I have yet to check my in car camera. The collision had caused scratches and dents on the front left side of my vehicle.



SINGAPORE POLICE FORCE

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999



T/20220402/2036

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Report No. T/20220402/2036

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:

L /
SR STAFF SGT MOHAMMED
ZUFARHAN BIN BOHARI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
02/04/2022 10:48

Officer In Charge Of Case:
TP / HRT /
SI STEPHANIE, CHEUNG TSZ YING
Contact No.: 96208032

Classification Of Case:

NP168

Auto & General Insurance (Singapore) Pte. Limited (Co. Reg. No. 201626103G), trading as **Budget Direct Insurance**
150 Clemenceau Avenue, #03-01, Singapore Shopping Centre, Singapore 239924 Tel: 6221 2111 budgetdirect.com.sg

It pays to choose

**Budget
Direct
insurance**

Certificate of Insurance

Comprehensive Car Policy
Policy Number: P10715655R00

Motor Vehicles (Third Party Risks And Compensation) Act (Chapter 169) of Singapore, Motor Vehicles (Third Party Risks And Compensation) Rules of Singapore, Road Transport Act 1987 of Malaysia, Road Transport (Amendment) Act 2019 of Malaysia, Motor Vehicles (Third Party Risks) Rules, 1959 of Malaysia, or any Amendment, Act or Acts passed in substitution thereof.

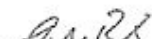
Certificate Number P10715655R00 (Comprehensive / Named Driver Plan)

1) Vehicle Registration Number	: SMO8105G
Chassis Number	: JF15K76LSNG000297
2) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	: 22/03/2022 (00:00)
3) Date / Time of Expiry of Insurance	: 21/03/2023 (23:59)
4) Excess (i) Policy	: S\$ 600.00
(ii) Windscreen	: S\$ 100.00
5) Policyholder	: HUANG ZHONGXIANG
6) Persons or Classes of Persons Entitled to Drive*	
Drivers named as a Main / Named Driver in this Certificate of Insurance only.	
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by any reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of accident or loss. Please refer to the Product Disclosure Document for full terms and conditions.	
Main Driver / Date of Birth	: Huang Zhongxiang (13/09/1981)
Named Driver(s) / Date of Birth	: Ng Lwee (22/05/1952)
7) Limitation as to use*	
Use only for social, domestic and pleasure purposes. The Policy does not cover use for hire or reward, tuition or driving tests, racing, pace making, reliability trials, speed testing or the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.	
* Limitations rendered inoperative by Section 6 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 169) of Singapore and Section 95 of the Road Transport Act 1987 of Malaysia, are not to be included under these headings.	
8) Finance Company	: N/A

I / We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 169) of Singapore and Part IV of the Road Transport Act 1987 of Malaysia or any Amendment, Act or Acts passed in substitution thereof.

Issued in Singapore on
14/03/2022

Auto & General Insurance (Singapore) Pte. Limited
Trading as Budget Direct Insurance



Simon Birch
Chief Executive Officer

Auto & General Insurance (Singapore) Pte. Limited (Co. Reg. No. 201626103G), trading as **Budget Direct Insurance**
150 Clemenceau Avenue, #03-01, Singapore Shopping Centre, Singapore 239924 Tel: 6221 2111 budgetdirect.com.sg

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Certificate of Insurance

Comprehensive Car Policy
Policy Number: P10715655R00

A step-by-step guide on what you should do if you are involved in an accident:

1. Remain calm and do not panic.
2. Check if anyone is injured - if there is personal injury, call 995 for ambulance or 999 for police assistance.
3. Do not move your vehicle unless necessary, especially if there are personal injuries involved.
4. Take photographs/video footages of the accident scene and damaged vehicles/property.
5. Exchange information and particulars (eg: vehicle registration number, name, address, NRIC, contact number).