

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	13/10/2022 16:50 (SGT)
Reported by	Driver
Date of Accident	10/10/2022 18:55 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 8, Singapore
Additional Location Information	INFRONT OF BLOCK 505 CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ4520M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SECURITAS ELECTRONIC SECURITY SINGAPORE PTE. LTD.
Company Reg No	2XXXXX059C
Email Address	ooinick@yahoo.com
Mobile Phone No	(Phone) +65-92330098
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Fiat
Model	Doblo
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	1598

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	-

DRIVER

Name of Driver	OOI UI CHENG
NRIC No	SXXXX914C
Date Of Birth	22/07/1973
Occupation	Outdoor

Date Of Driving Pass	08/08/1991
Driving experience	31 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92330098
Alt. Phone Number	-
Email Address	ooinick@yahoo.com
Address	BLK 507 ANG MO KIO AVENUE 8 #05-2714
Address complement	-
Postcode	560507
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004519999
Alt. Police Station Phone No	(Fax) +65-65535679
Police Station Address	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/2022/1012/2088

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLT9444X
Vehicle Manufacturer	BMW
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)	-

WITNESS DETAILS

WITNESS 1

Name	UNKNOWN
Phone	(Phone) +65-90670629
Email	-

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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.

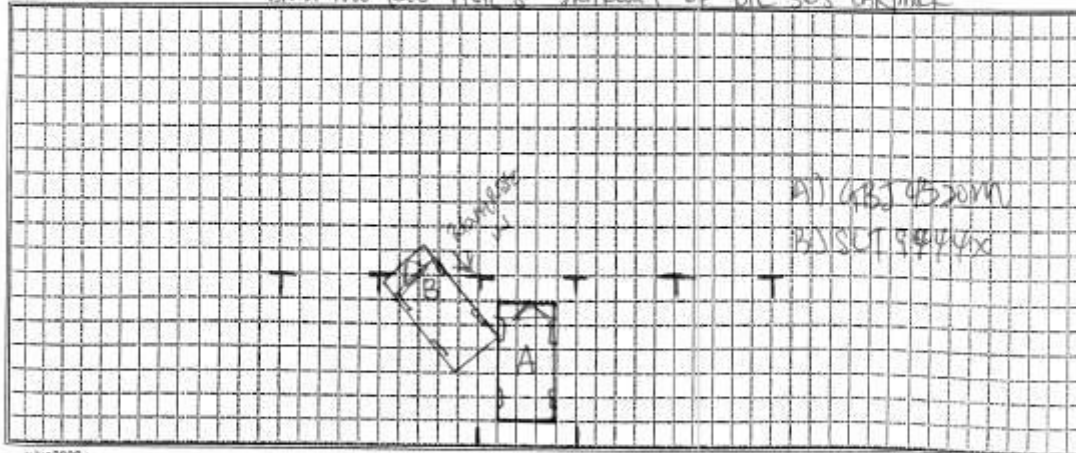

Policyholder's Signature / Date & Time

 13 OCT 2022
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

 13/10/2022
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

AKA MW KIO AVE & INTERSECT OF BLK 505 CAR PARK



v.jun2022

Describe Circumstance of the Accident


REFER TO POLICE REPORT T/2022/012/2088

Declaration

I/We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time

 13 OCT 2022.
Actual Driver's Signature (if driver is not the policyholder)
/ Date & Time

 13/10/2022
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)















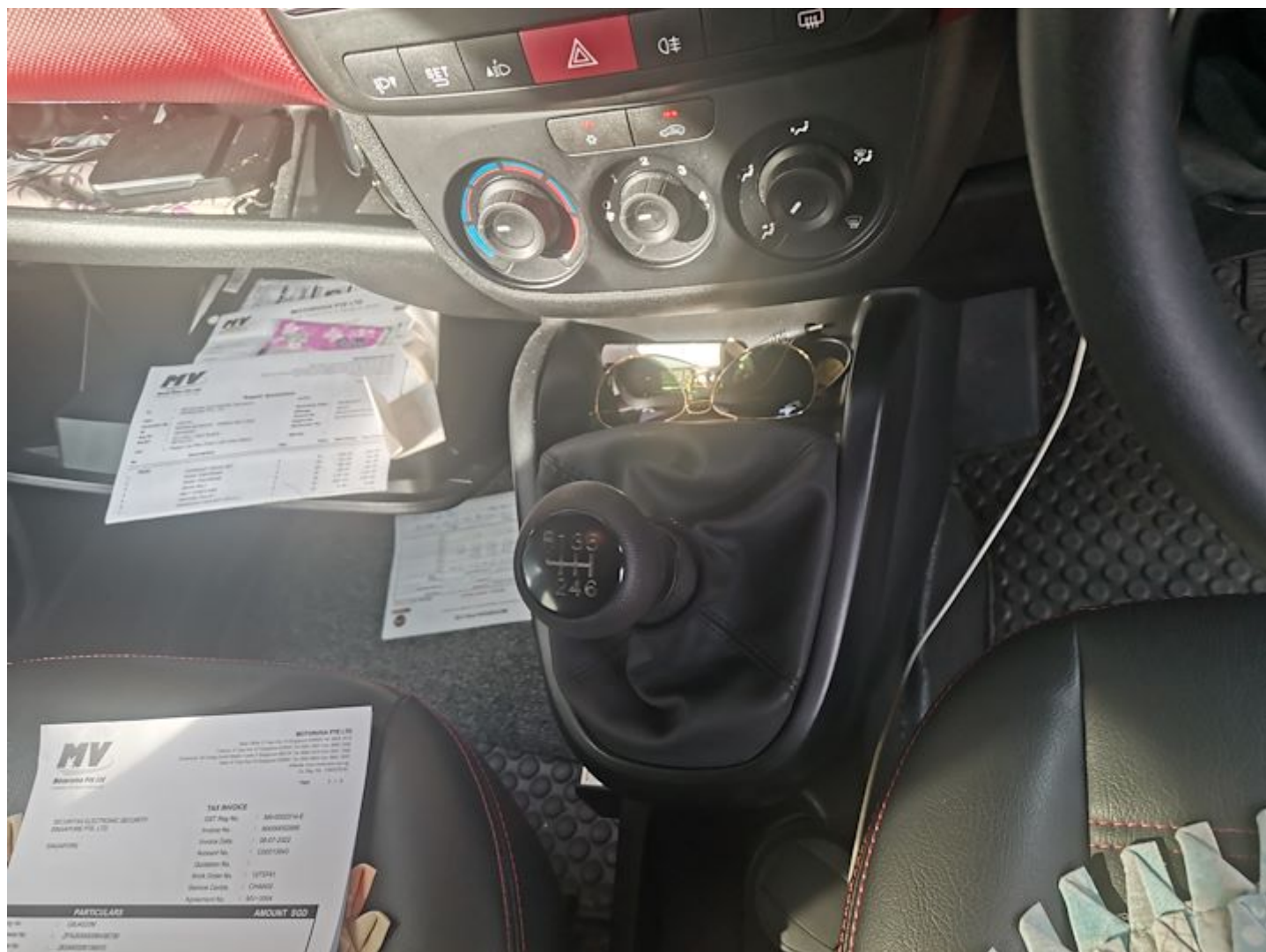

















**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999



T/20221012/2088

1 of 3

Report No. T/20221012/2088

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/10/2022 17:31		Vide Report No.:		Station Diary No.: 76	
Informant's Particulars					
Name of Informant: OOI UI CHENG		Address: APT BLK 507 ANG MO KIO AVENUE 8 #05-2714 SINGAPORE 560507			
ID Type / ID No.: NRIC NO / S7371914C		Contact No.:		Mobile: 92330098	
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 49	Date of Birth: 22/07/1973	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name:	
Occupation: SERVICE MANAGER		Driving Licence Information: Class: 2B,3		Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 09/10/2022 18:00	Type of Location: Car Park
Location: ANG MO KIO AVENUE 8				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ4520M						0
SLT9444X						0

Details of Person Involved

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


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Report No. T/20221012/2088

CONTINUATION OF REPORT

Driver				
Name	OOI UI CHENG		ID No.	S7371914C
Related Vehicle	GBJ4520M		Contact No.	92330098
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B.3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	Unknown		ID No.	NIL
Related Vehicle	SLT9444X		Contact No.	NIL
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 09/10/2022 at about 1800hours, I parked my vehicle (GBJ4520M) at the open carpark of in front Blk 505 Ang Mo Kio Avenue 8. Everything is all intact and no damages before I left for home.

On 12/10/2022 at about 1400hours, I went to retrieve my vehicle and discovered my vehicle passenger's left mirror was closed. I walked over to the left side and discovered dent and scratches at my left passenger door area. I realized there was a note left on my windscreen, I look at the note and a contact number was written on it.

I contacted the number (H/P: 90670629), a witness saw the incident and took photo of the incident. 2 photos were sent to me. I was informed by the witness that a lady driving vehicle (SLT9444X - grey BMW) tried to reverse into the lot on my left, but she misjudges it and collided on to my vehicle. She came down of her vehicle, take a look and subsequently left the place. The incident happened on 10/10/2022 at about 1855hrs.

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POLICE FORCE**

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999



T/20221012/2088

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Report No. T/20221012/2088

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 ELAINE ONG EE LING

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
STAFF SGT SUFIYAN BIN KHAIRI
Contact No.: 65476148

Signature Of Informant:

Date/Time:
12/10/2022 17:31

Classification Of Case:

NP168

WITNESS

Hi, Saw SET 9444 X
WITNESS
12th St
I got photo contact
date 90670629


13/10/2022