

# 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 .....	20/02/2023 18:11 (SGT)
Reported by .....	Driver
Date of Accident .....	23/01/2023 14:45 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	T3 JEWEL BASEMENT CARPARK LOT 26
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBG1056Y
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	KL CHONG SERVICES
Company Reg No .....	5XXXX302X
Email Address .....	9938kimchi@gmail.com
Mobile Phone No .....	(Phone) +65-86935665
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	Nv200
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 .....	Commercial vehicle
Transmission .....	Manual
CC .....	1461

### INSURANCE COMPANY

Name of Insurance Company .....	EQ Insurance Company Ltd
Policy Number / Cover Note Number .....	DMCPHQ22-001594

### DRIVER

Name of Driver .....	CHONG WONG KAM
NRIC No .....	SXXXX992F
Date Of Birth .....	29/07/1955
Occupation .....	Indoor

Date Of Driving Pass .....	04/06/1979
Driving experience .....	43 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-86935665
Alt. Phone Number .....	-
Email Address .....	9938kimchi@gmail.com
Address .....	APT BLK 496D TAMPINES AVENUE 9
Address complement .....	# 06-536
Postcode .....	520496
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	OWNER
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 .....	Bedok Division Headquarters
Police Station Phone No .....	(Phone) +65-18002440000
Alt. Police Station Phone No .....	(Fax) +65-64443009
Police Station Address .....	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT-G/20230123/7037

#### 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 .....	SMG3210A
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.

KL CHONG SERVICES  
BRN 52802302X  
496D TAMPINES AVE 9  
#06-536 S 520496

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BRN 52802302X  
496D TAMPINES AVE 9  
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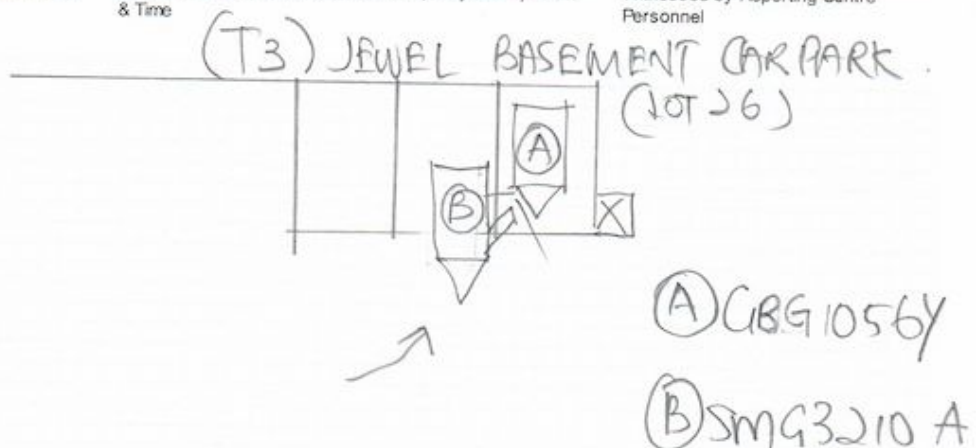
20/02/2023

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

REFER TO POLICE REPORT

- G/20230123/7037 -

Declaration

We declare the foregoing particulars are true in every respect.

**KL CHONG SERVICES**

BRN 52802302X  
496D TAMPINES AVE 9  
#06-5365 (520496)

Policyholder's Signature / Date & Time

**KL CHONG SERVICES**

BRN 52802302X  
496D TAMPINES AVE 9  
#06-5365 (520496)

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

Witnessed by Reporting Centre Personnel

02/02/2023





**SINGAPORE  
POLICE FORCE**



G/20230123/7037

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**POLICE REPORT (NP299)**

Report No. G/20230123/7037

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

Date/Time Report Made 23/01/2023 19:23	Vide Report No.	Station Diary No.
Name Of Informant CHONG WONG KAM	Address 496D TAMPINES AVENUE 9 #06-536 SINGAPORE 520496	
ID Type / ID No. NRIC NO / S1202992F	Contact No. Home/Office:                      Mobile: 86935665	
Nationality SINGAPORE CITIZEN	Email Address KLCHONGS2@GMAIL.COM	
Occupation Electrician	Sex Male	Age 67
Institution/School Name	Date of Birth 29/07/1955	Race Chinese
Date/Time Of Incident 23/01/2023 14:45 - 23/01/2023 16:50	Language English	
	Location Of Incident 496D TAMPINES AVENUE 9 #06-536 SINGAPORE 520496	

**Brief details.**

Hit and run incident at  
Changi Airport Terminal 3, carpark 3B, Basement 1, Lot 26.

My family and I were alerted to a dent on my van, license plate number GBG1056Y, which has been parked in lot 26 since 12:30pm till 6:30pm when getting ready to leave at 4:45pm.

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: 23/01/2023 19:23
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20230123/7037

The side signal light near to the driver's seat was dislodged and the protective guard was knocked out. Due to this, the driver's door is not able to open fully.

We reported this to the Terminal information counter and called in to 999 and was assisted by the traffic police around 5pm in the presence of the duty and terminal manager of changi airport.

We were given a case card by the traffic police and then reported this case to the police for insurance claim and investigation purposes.

Reference: P/20230123/0046

The terminal manager has provided the video showing the hit and run incident occurring at 2:46 PM to the traffic police.

Subjects Involved			
Suspect			
Person Name	Unknown		
Gender	Unknown		
Victim			
Person Name	CHONG WONG KAM		
ID Type	NRIC NO	ID No	S1202992F
Gender	Male	Age	67
Race	Chinese	Language	English

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: 23/01/2023 19:23
Officer In-Charge Of Case:	Classification Of Case:











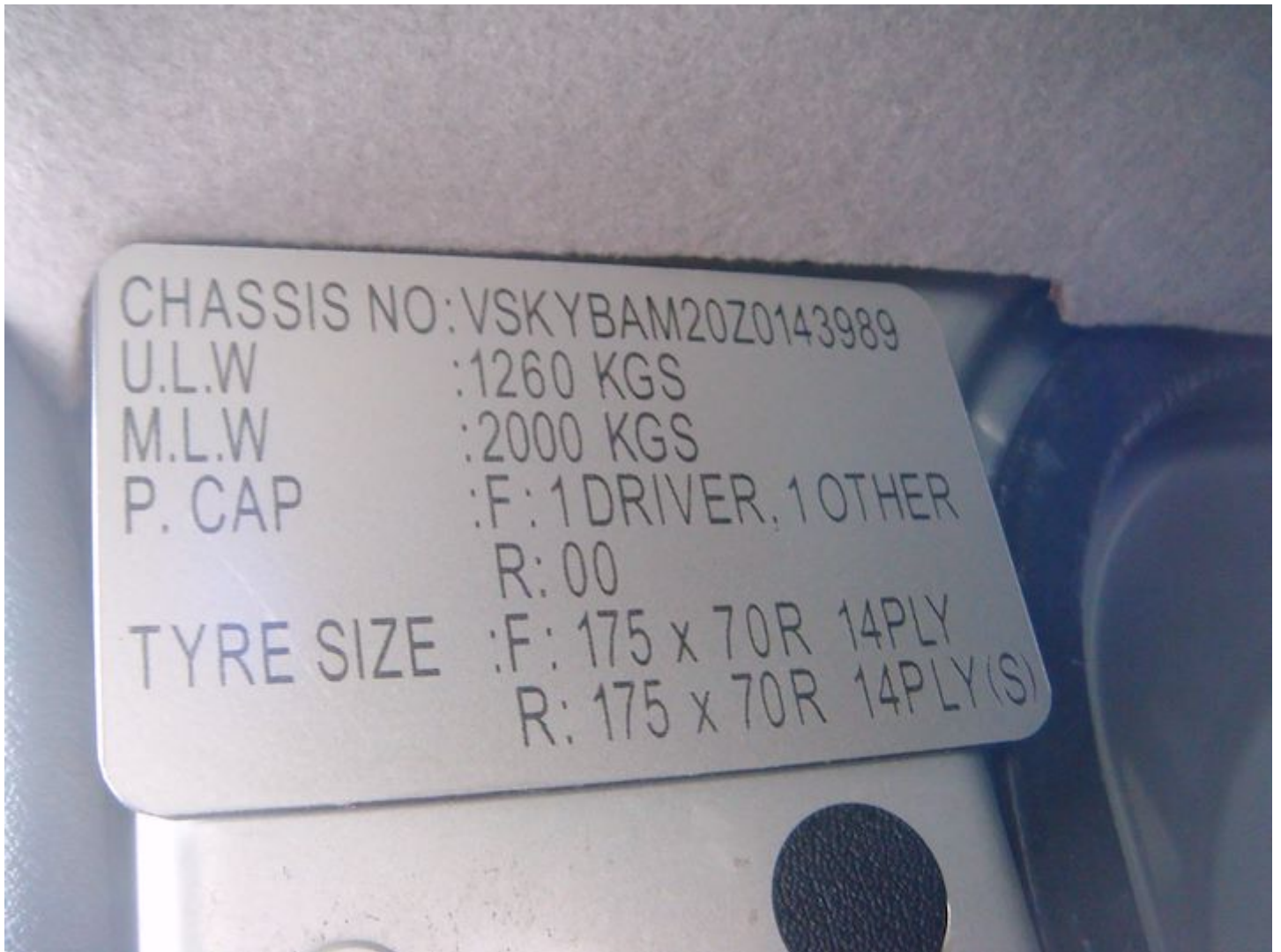
















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Name Of Informant CHONG WONG KAM	Address 496D TAMPINES AVENUE 9 #06-536 SINGAPORE 520496	
ID Type / ID No. NRIC NO / S1202992F	Contact No. Home/Office:                      Mobile: 86935665	
Nationality SINGAPORE CITIZEN	Email Address KLCHONGS2@GMAIL.COM	
Occupation Electrician	Sex Male	Age 67
Institution/School Name	Date of Birth 29/07/1955	Race Chinese
Date/Time Of Incident 23/01/2023 14:45 - 23/01/2023 16:50	Language English	
	Location Of Incident 496D TAMPINES AVENUE 9 #06-536 SINGAPORE 520496	

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Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
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G/20230123/7037

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POLICE REPORT (NP299)

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Suspect			
Person Name	Unknown		
Gender	Unknown		
Victim			
Person Name	CHONG WONG KAM		
ID Type	NRIC NO	ID No	S1202992F
Gender	Male	Age	67
Race	Chinese	Language	English

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Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20230123/7037

Occupation	Electrician	Address	496D TAMPINES AVENUE 9 #06-536 SINGAPORE 520496
Mobile No	86935665	Is Informant A Victim?	Yes
Person Name	CHONG WONG KAM (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: 23/01/2023 19:23
Officer In-Charge Of Case:	Classification Of Case: