

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	01/03/2023 15:15 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	28/02/2023 17:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	INSTITUTE OF MENTAL HEALTH CAR PARK B , 10 BUANGKOK VIEW S(539747)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNB5320S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG SHI WEI
NRIC No	SXXXXX184H
Email Address	SHIWEI.ONG@GMAIL.COM
Mobile Phone No	(Phone) +65-97576984
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	CN7 AVANTE 1.6 DOHC CVT S
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	1598

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01011340

DRIVER

Name of Driver	ONG SHI WEI
NRIC No	SXXXXX184H
Date Of Birth	31/10/1975

Occupation	Indoor
Date Of Driving Pass	02/03/2001
Driving experience	21 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97576984
Alt. Phone Number	-
Email Address	SHIWEI.ONG@GMAIL.COM
Address	606 ANG MO KIO AVE 5 #08-2751
Address complement	-
Postcode	560606
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	Raining
Road Surface	Wet

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 North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004849999
Alt. Police Station Phone No	(Fax) +65-62181399
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACHED SKETCH PLAN BY DRIVER.

ATTACHMENT(S)

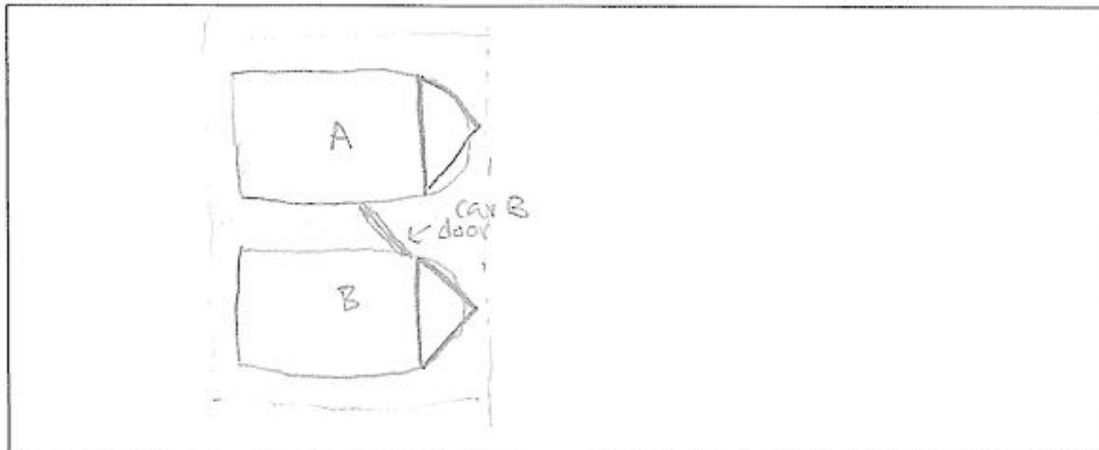
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	QX508A
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
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



I parked my car at IMH carpark B at about 0745hrs. on 28/02/2023.
When I went to retrieve my car at about 1750hrs on the same day, a police car was parked next to my car. The police officer sitting inside the police car asked if I was ~~the~~^{my} car's owner, then proceeded to inform me that he had accidentally opened the passenger door too wide, causing it to hit against my driver's ~~side~~^{door} door, causing a huge dent with some scratches, and white paint transfer from the police car.

Attached Police Report No.
P/20230228/2107

ALLIUM MOTOR COMPANY

SKETCH PLAN**IMPORTANT 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: 1/3/2023
 1315h

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

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

Accident Report Form (Form 1)



**SINGAPORE
POLICE FORCE**



F/20230228/2107

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POLICE REPORT (NP299)

Report No. F/20230228/2107

Police Station Of Origin
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

Date/Time Report Made 28/02/2023 21:50	Vide Report No. E/20230228/0163	Station Diary No. 54
Name Of Informant ONG SHI WEI	Address APT BLK 606 ANG MO KIO AVE 5 #08-2751 SINGAPORE 560606	
ID Type / ID No. NRIC NO / S7532184H	Contact No. Home/Office	Mobile 97576984
Nationality SINGAPORE CITIZEN	Email Address shiwei.ong@gmail.com	
Occupation Psychiatrist	Sex Female	Age 47
Institution/School Name	Date of Birth 31/10/1975	Race Chinese
Date/Time Of Incident 28/02/2023 17:40	Location Of Incident 10 BUANGKOK VIEW BUANGKOK GREEN MEDICAL PARK SINGAPORE 539747	

Brief details.

On 28th February 2023 at about 1750hrs, I came back to my car, a blue Hyundai Avante bearing registration plate number SNB5320S which was parked in lot number 107 at the open carpark in front of the emergency main entrance of Institute of Mental Health.

I was approached by Police Officers who came out from their vehicle bearing registration plate number QX508A which was parked on the right side of my car. I was then informed that one of the officer had

Signature Of Officer Recording The Report: F / STAFF SGT KARTINA BINTE ZUHRI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 28/02/2023 21:50
Officer In-Charge Of Case: F / Ang Mo Kio Police Divisional Investigation Branch / SR STAFF SGT RUSSEL TONG JUN KAI Contact No.: 62181343	Classification Of Case:



**SINGAPORE
POLICE FORCE**



F/20230228/2107

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POLICE REPORT (NP299)



CONTINUATION OF REPORT

Report No. F/20230228/2107

accidentally opened the front passenger door too wide that it hit onto my driver's door causing a dent with some mild scratches and white paint transfer from the Police car.

I was advised to lodge this Police report before making any claims to the repair done to my damaged door.

This is the first time such incident happened.

Signature Of Officer Recording The Report: F / STAFF SGT KARTINA BINTE ZUHRI 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 28/02/2023 21:50
Officer In-Charge Of Case: F / Ang Mo Kio Police Divisional Investigation Branch / SR STAFF SGT RUSSEL TONG JUN KAI Contact No.: 62181343	Classification Of Case: