

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 First Submission	03/09/2024 16:51 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	02/09/2024 16:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	HANDICAP LOT AT 621 SENJA ROAD SINGAPORE 670621
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM8880M
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOH CHEE KEONG DAVID
NRIC No	SXXXX032G
Email Address	DKOOL@SINGNET.COM.SG
Mobile Phone No	(Phone) +65-96656695
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A4
Variant	A4 1.8 TFSI MU (EU6)
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1800
Vehicle Fuel	Petrol
First Registration Date	28/04/2015
Chassis no	WAUZZZ8K2FA088783
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	20100410483-09

DRIVER

Name of Driver	KOH CHEE KEONG DAVID
NRIC No	SXXXX032G
Date Of Birth	10/09/1973
Occupation	Indoor
Driving Pass Date	01/03/1994
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	30 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96656695
Alt. Phone Number	-
Email Address	DKOOL@SINGNET.COM.SG
Address	29 JURONG WEST ST 41
Address complement	#16-04
Postcode	649411
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 by fallen tree / Other objects
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	No
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	Bukit Panjang Neighbourhood Police Centre
Police Station Address	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE SKETCH PLAN & POLIC REPORT NO. J /20240902/2080

ATTACHMENT(S)

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

SKETCH PLAN

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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

[Handwritten Signature]
03/09/2024

Policyholder's Signature / Date & Time

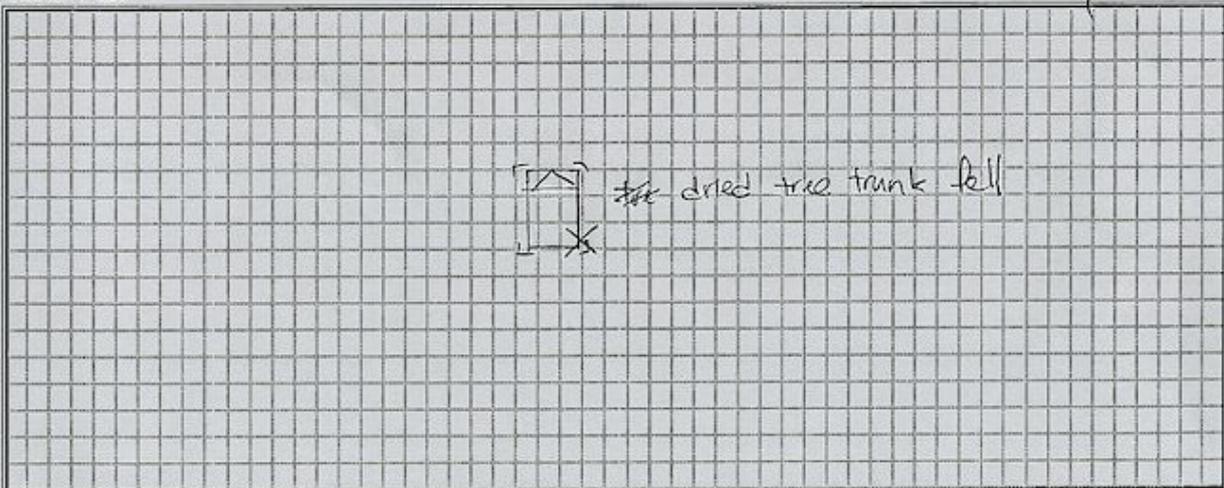
[Handwritten Signature]
03/09/2024

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

[Handwritten Signature]
5/9/24 @ 15:44

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

Sketch Plan



Describe Circumstance of the Accident

Please refer to the sketch plan & police report 2/20240902/2080

Declaration

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


03/09/2024

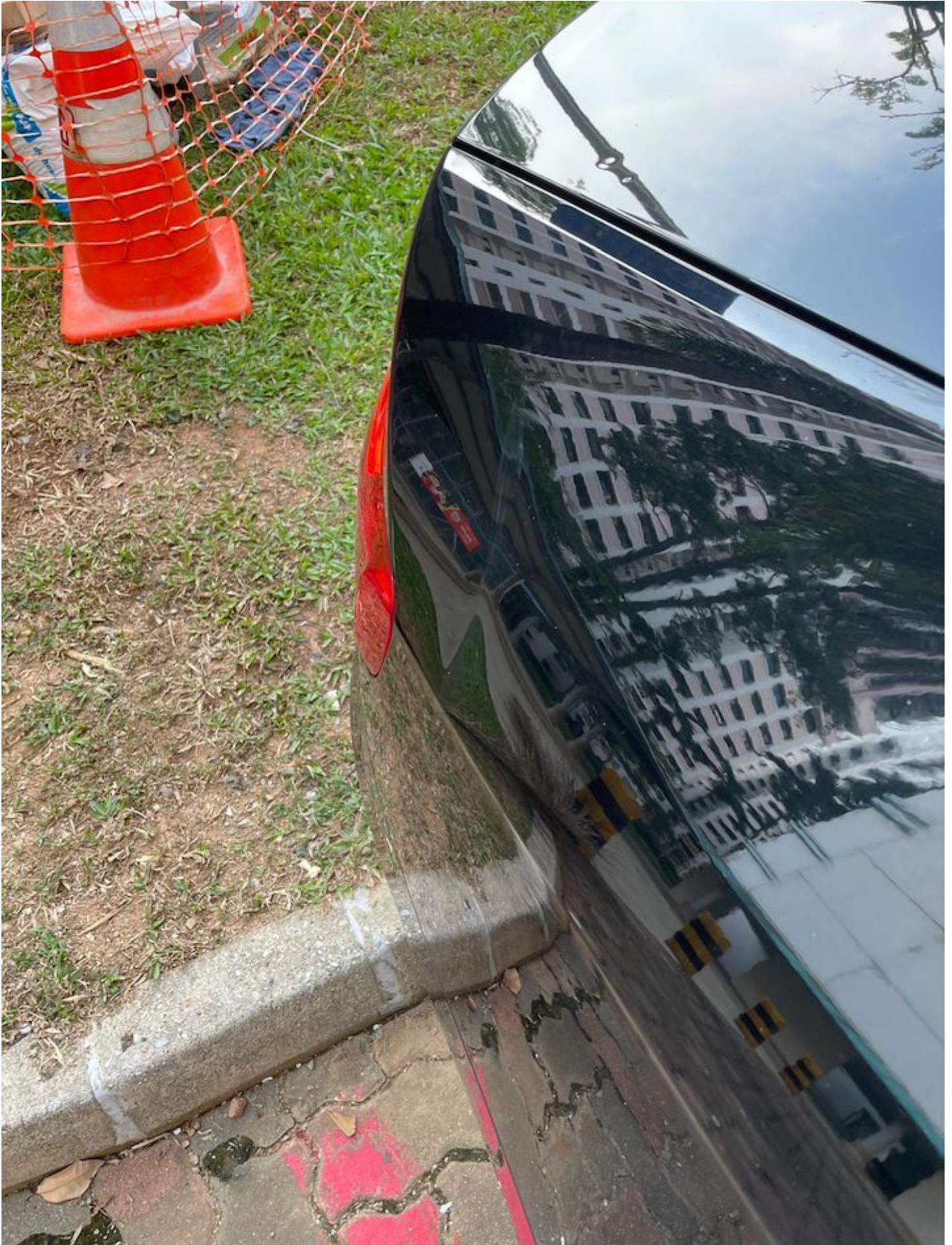
Policyholder's Signature / Date & Time

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



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

3/9/24 @ 15:44





























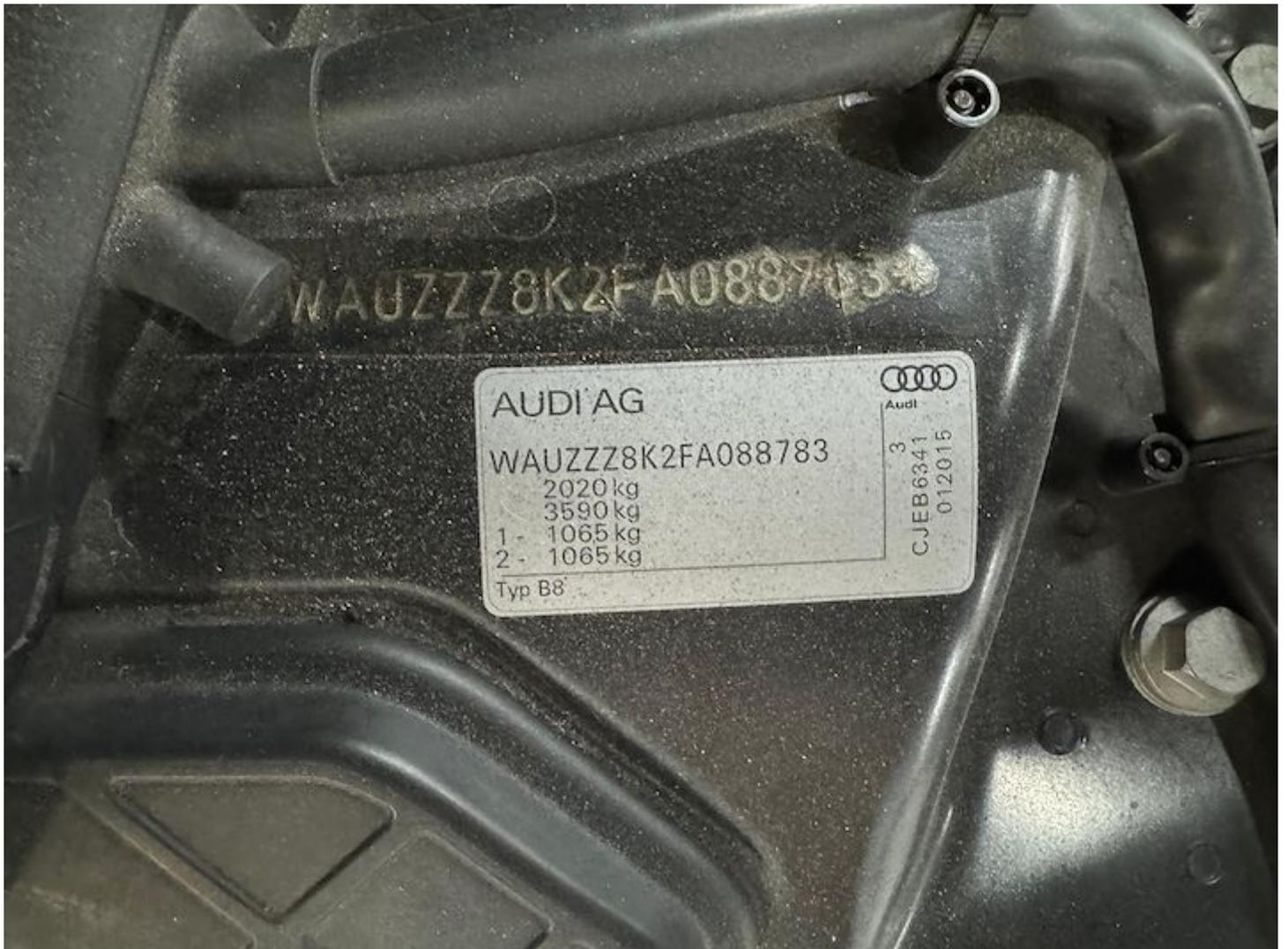
















**SINGAPORE
POLICE FORCE**



J/20240902/2080

1 of 2

POLICE REPORT (NP299)

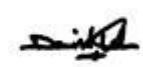
Report No. J/20240902/2080

Police Station Of Origin
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Date/Time Report Made 02/09/2024 18:55	Vide Report No. J/20240902/0083	Station Diary No. 77
Name Of Informant KOH CHEE KEONG DAVID	Address 29 JURONG WEST STREET 41 #16-04 SINGAPORE 649411	
ID Type / ID No. NRIC NO / S7333032G	Contact No. Home/Office	Mobile 96656695
Nationality SINGAPORE CITIZEN	Email Address dkool@singnet.com.sg	
Occupation Logistics	Sex Male	Age 50
Institution/School Name	Date of Birth 10/09/1973	Race Chinese
Date/Time Of Incident 02/09/2024 16:40	Location Of Incident 621 SENJA ROAD UNNAMED SINGAPORE 670621 Handicap lot	

Brief details.

On 02/09/2024 at about 4pm, I parked my vehicle bearing SLM8880M at a handicap lot near Blk 621 Senja road to transport my dad who is handicap. At about 4:40pm, I went back to my vehicle and discovered that one dried tree trunk had fell and landed on my car boot. I took a closer look and discovered that there is a dent and some scratches on the rear right side of my boot cover and the top right side of my boot. I then called the Town Council but was informed that a property officer will be giving me a call. I waited till 5pm but I did not receive any call, as such I called for the police. I am lodging this

Signature Of Officer Recording The Report: J / SGT 3 ZOEN LEE WEN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 02/09/2024 18:55
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / SR STAFF SGT CHAY KIAT HOW, DANIEL Contact No.: 67910000	Classification Of Case:



**SINGAPORE
POLICE FORCE**



J/20240902/2080

2 of 2

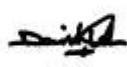
POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20240902/2080

report for my insurance claims.

Signature Of Officer Recording The Report: J / SGT 3 ZOEN LEE WEN 
Signature Of Interpreter: Not applicable
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / SR STAFF SGT CHAY KIAT HOW, DANIEL Contact No.: 67910000

Signature Of Informant: 
Date/Time: 02/09/2024 18:55
Classification Of Case:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SP1424930001 Vehicle Registration No: SLM8880M
Name (as shown in NRIC) : KOH CHEE KEONG DAVID NRIC/FIN/Passport No : SXXXX032G
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 29 JURONG WEST ST 41 #16-04 Singapore (649411)
Contact (Tel) : 96656695 Mobile No. : _____
Email Address : DKOOL@SINGNET.COM.SG
Date of Accident : 02/09/2024 Time of Accident : 16:40
Place of Accident : HANDICAP LOT AT 621 SENJA ROAD SINGAPORE 670621
Insurance Company: AIG Asia Pacific Insurance Pte. Ltd.

(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:

To upload the correct police report.

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name: WONG HONG SENG, GEORGE
NRIC/FIN No.: XXXX143X
Date: 3/9/24