

## 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 .....	02/09/2024 17:45 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	31/08/2024 12:15 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	446 AMK AVE 10 OPEN CAR PARK
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SGA11E
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	FOO TOK CHIN
NRIC No .....	S1378292Z
Email Address .....	CLARA_BLUE12@HOTMAIL.COM
Mobile Phone No .....	(Phone) +65-83339443
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Porsche
Model .....	Panamera
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 .....	3605
Vehicle Fuel .....	Petrol
First Registration Date .....	13/11/2013
Chassis no .....	WP0ZZZ97ZDL000615
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number .....	7240124515

#### DRIVER

Name of Driver .....	FOO TOK CHIN
NRIC No .....	S1378292Z
Date Of Birth .....	06/11/1959
Occupation .....	Indoor
Driving Pass Date .....	23/06/1999
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	25 YEARS AND 2 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-83339443
Alt. Phone Number .....	-
Email Address .....	CLARA_BLUE12@HOTMAIL.COM
Address .....	11 MARYLAND DRIVE MARYLAND ESTATE
Address complement .....	-
Postcode .....	277508
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 .....	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 .....	Clementi Division Headquarters
Police Station Phone No .....	(Phone) +65-18007740000
Alt. Police Station Phone No .....	(Fax) +65-67741705
Police Station Address .....	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE SKETCH PLAN & POLICE REPORT D/20240831/7053

#### 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 .....	SHA7746K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	Blue
Vehicle Category .....	Taxi
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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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.

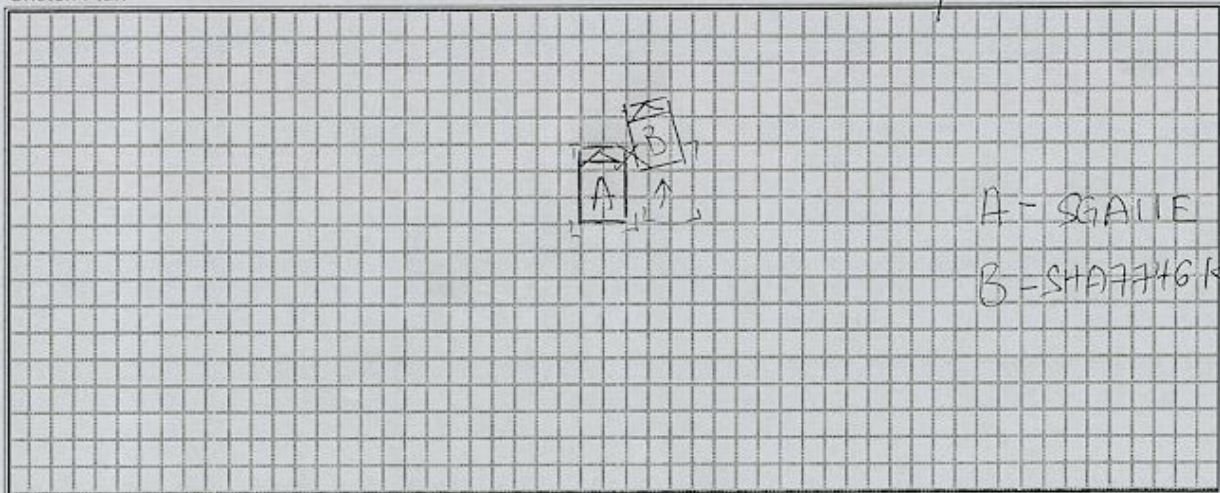
Policyholder's Signature / Date & Time

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

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

2/9/2024 @ 16:04

Sketch Plan



vJun2022

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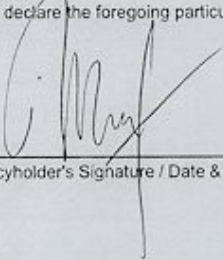


## Describe Circumstance of the Accident


please refer to the sketch plan & ~~fire~~ police  
report D/20240831/7053

## Declaration

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

  
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)

2/9/2024 @ 16:04



**SINGAPORE  
POLICE FORCE**



D/20240831/7053

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**POLICE REPORT (NP299)**

Report No. D/20240831/7053

Police Station Of Origin  
Clementi Division HQ  
6 Lempeng Drive SINGAPORE 128496  
Tel No:1800-7740000

Date/Time Report Made 31/08/2024 22:24	Vide Report No.	Station Diary No.
Name Of Informant Foo Tok Chin	Address 11 MARYLAND DRIVE MARYLAND ESTATE SINGAPORE 277508	
ID Type / ID No. NRIC NO / S1378292Z	Contact No. Home/Office: Mobile: 83339443	
Nationality SINGAPORE CITIZEN	Email Address clara_blue12@hotmail.com	
Occupation Unemployed	Sex Female	Age 64
	Date of Birth 06/11/1959	Race Chinese
Institution/School Name	Language English	
Date/Time Of Incident 31/08/2024 11:15 - 31/08/2024 12:15	Location Of Incident 446 Ang Mo Kio Avenue 10 Carpark	

**Brief details.**

Hit and run. My vehicle was parked at the carpark of 446 Ang Mo Kio Avenue 10. When I returned to my car at around 12pm, i realised the front of my car was being hit. There were scratches and a big patch of blue paint from another vehicle. I had managed to get a video footage of the incident from another vehicle owner who was parked opposite my car. It was a blue comfort delgro taxi (SHA7746K) who had parked beside my car and hit my car when turning out of the lot. The driver left immediately.

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:  
31/08/2024 22:24

Classification Of Case:

This report is lodged at Queenstown NPC Kiosk 1

**SINGAPORE  
POLICE FORCE**

D/20240831/7053

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20240831/7053

Subjects Involved			
Victim			
Person Name	Foo Tok Chin		
ID Type	NRIC NO	ID No	S1378292Z
Gender	Female	Age	64
Race	Chinese	Language	English
Occupation	Unemployed	Address	11 MARYLAND DRIVE MARYLAND ESTATE SINGAPORE 277508
Mobile No	83339443	Is Informant A Victim?	Yes
Person Name	Foo Tok Chin (Informant)		

Signature Of Officer Recording The Report:  
Not applicableSignature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:  
The identity of the person making this  
report has been authenticated by Singpass.  
No signature is required.Date/Time:  
31/08/2024 22:24

Classification Of Case:

This report is lodged at Queenstown NPC Kiosk 1