

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	08/07/2024 15:13 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	07/07/2024 20:15 (SGT)
Exact Location of Accident	590 Yio Chu Kang Rd, Singapore 787073
Additional Location Information	CARPARK THOMSON GROVE CONDO
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU8419H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LILIAN CHEW GAIK LOOI
NRIC No	SXXXX650Z
Email Address	glchewlilian@yahoo.com
Mobile Phone No	(Phone) +65-98529635
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A4
Variant	1.8T TFSI MU 8K203
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	1798

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2100425458-08

DRIVER

Name of Driver	LILIAN CHEW GAIK LOOI
NRIC No	SXXXX650Z
Date Of Birth	11/03/1962
Occupation	Indoor

Driving Pass Date	13/12/2001
Driving experience	22 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98529635
Alt. Phone Number	-
Email Address	glchewlilian@yahoo.com
Address	590 YIO CHU KANG ROAD
Address complement	#02-01
Postcode	787073
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	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
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

PLEASE REFER TO POLICE REPORT F/20240707/7058

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	GBB1995M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	CHAN MENG FAI
Phone	-
Email	-

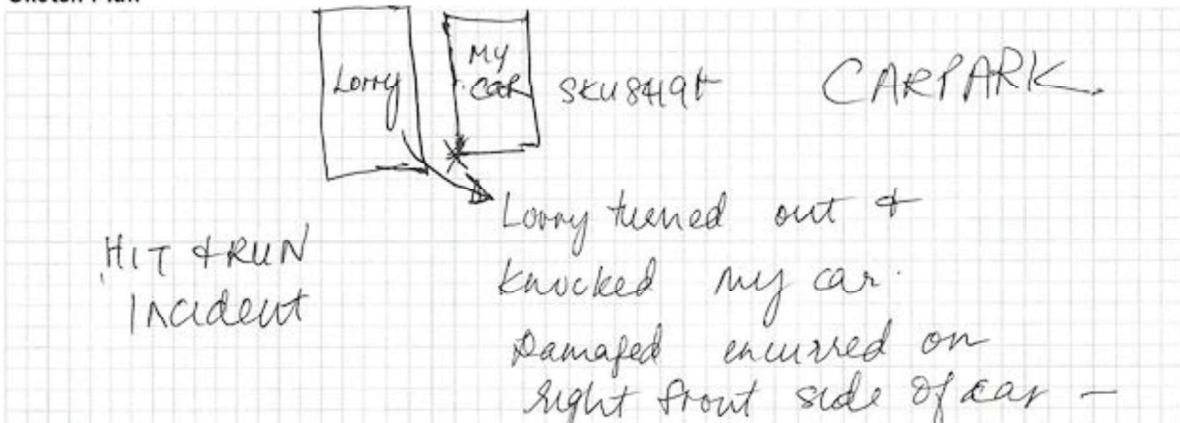
SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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6. The 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.
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

 8/7/24 1240

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

Witnessed by Reporting Centre Personnel


Sketch Plan

Describe Circumstances of the Accident

Please refer to Police Report No F/20240707/7058

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

8/7/24 1240

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

Witnessed by Reporting Centre Personnel





















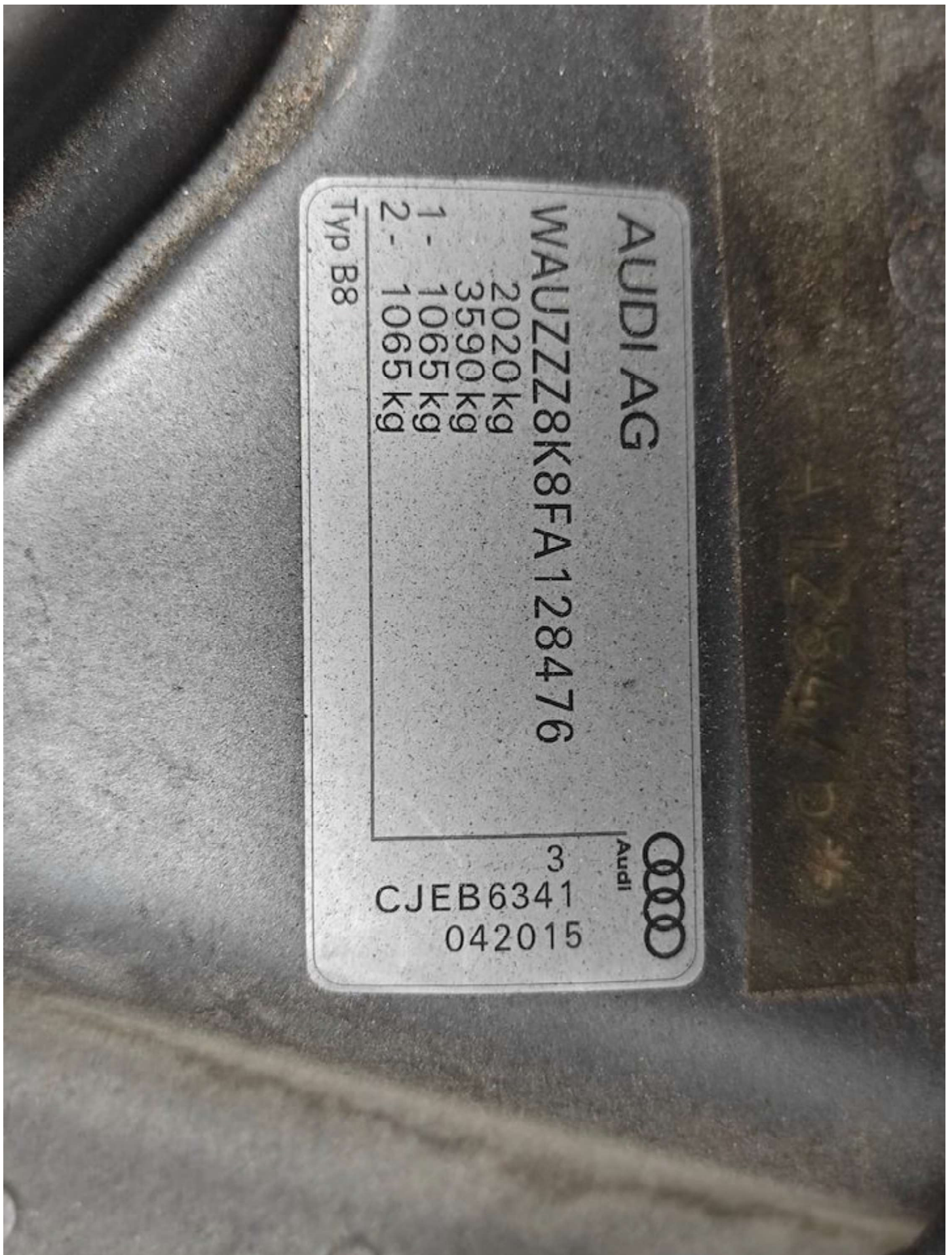


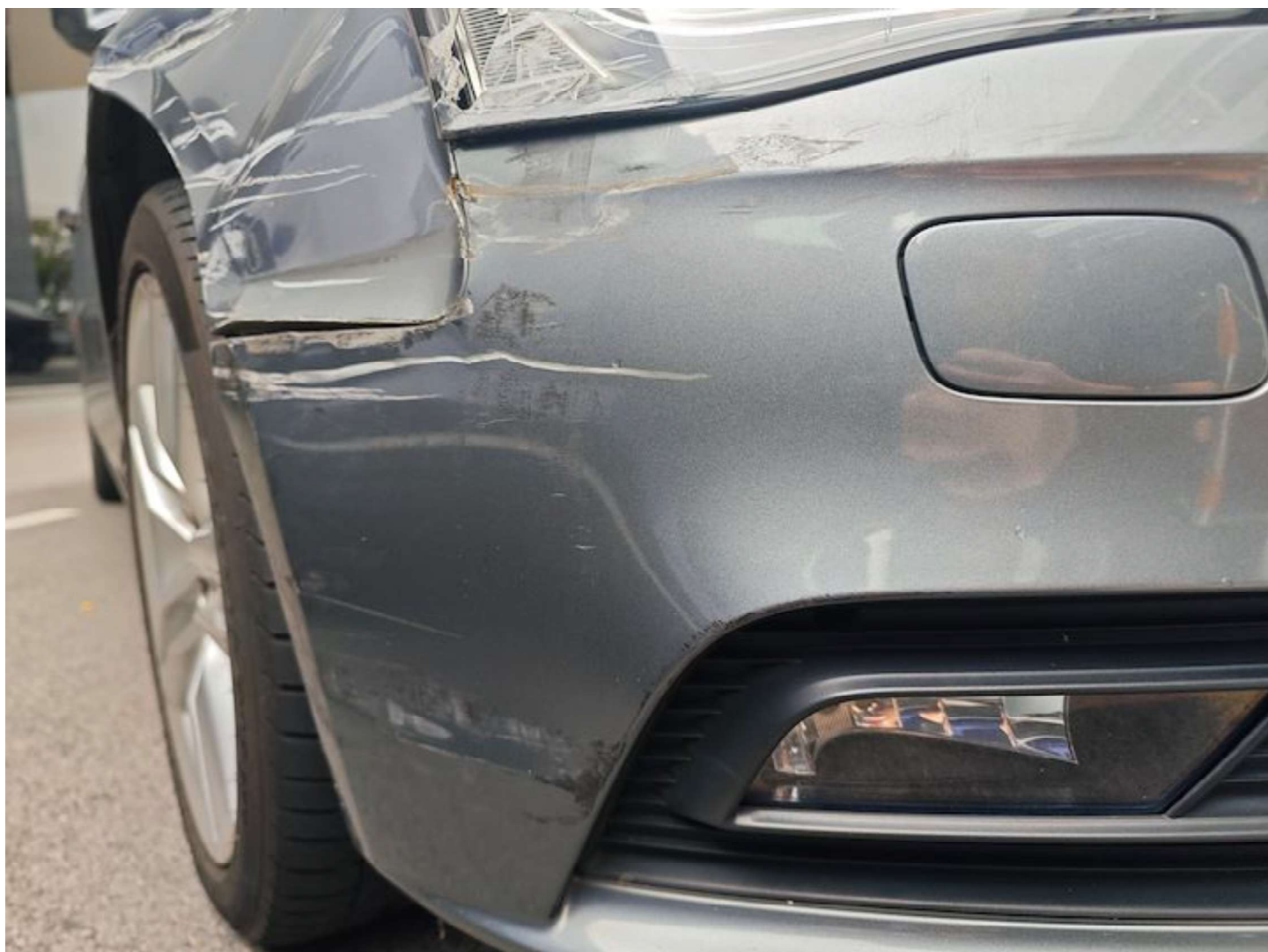




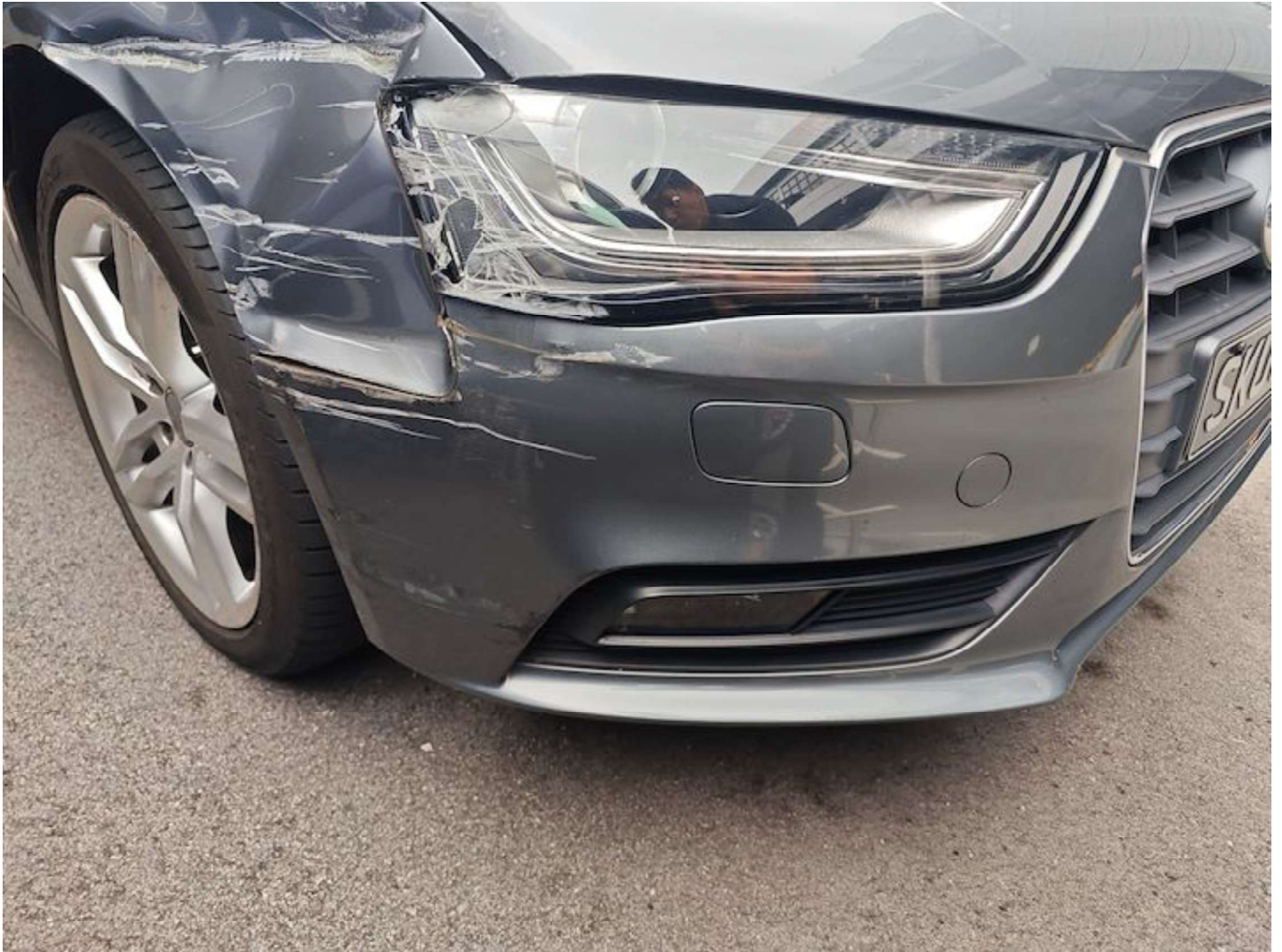




















**SINGAPORE
POLICE FORCE**



F/20240707/7058

1 of 2

POLICE REPORT (NP299)

Report No. F/20240707/7058

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made 07/07/2024 21:43		Vide Report No.		Station Diary No.	
Name Of Informant Lilian Chew Gaik Looi		Address 590 Yio Chu Kang Road #02-01 Thomson Grove SINGAPORE 787073			
ID Type / ID No. NRIC NO / S2500650Z		Contact No. Home/Office: Mobile: 98529635			
Nationality SINGAPORE CITIZEN		Email Address glchewlilian@yahoo.com			
Occupation Retiree		Sex Female	Age 62	Date of Birth 11/03/1962	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 07/07/2024 20:10 - 07/07/2024 20:15		Location Of Incident 590 Yio Chu Kang Road #02-01 Thomson Grove SINGAPORE 787073			

Brief details.

A lorry number plate GBB1995M hit my car (number plate SKU8419H) at the parking lot in my condominium. Driver hit my car, alighted from the lorry and saw the damage. His companion then took over the wheel from him and then drove off without leaving their details. The hit and run incident took place at around 8:11 pm on 7 July 2024. The front right side of my car is badly damaged. My neighbor and his wife who was washing their car at that time witnessed the incident, took photo of the lorry and reported the incident to me. The name of my neighbour is Mr. Chan Meng Fai who is from Blk 590 Unit 02-03 Thomson Grove.

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: 07/07/2024 21:43
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



F/20240707/7058

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20240707/7058

Subjects Involved			
Suspect			
Person Name	Unknown		
Gender	Male	Race	Indian
Relation To Informant	no relationship		

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:
07/07/2024 21:43

Classification Of Case: