

# 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 .....        | 17/07/2024 18:04 (SGT)                     |
| Reported by .....                     | Actual Driver                              |
| Date of Accident .....                | 16/07/2024 19:15 (SGT)                     |
| Exact Location of Accident .....      | BLK 302D Anchorvale Link, Singapore 544302 |
| Additional Location Information ..... | CARPARK                                    |
| Country/State of Loss .....           | Singapore                                  |

## DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | GBJ1559Y |
|-----------------------------------|----------|

### INSURED/POLICYHOLDER

|                                |  |
|--------------------------------|--|
| Is company? .....              | Yes  |
| Name Of Registered Owner ..... | ATMOSPHERE AIRCONDITIONING & ENGINEERING PTE LTD |
| Company Reg No .....           | 200008268C                                       |
| Email Address .....            | hlaingau@gmail.com                               |
| Mobile Phone No .....          | (Phone) +65-97521077                             |
| Alternative Phone No .....     | -  |

### VEHICLE PARTICULARS

|  |                     |
|--|---------------------|
| Manufacturer .....   | Toyota              |
| Model .....  | Hiace               |
| Variant .....  | -                   |
| Exact purpose for which vehicle was being used at time of accident .....           | Employment          |
| Are you claiming under your own insurance policy for repair to your vehicle? ..... | No - Reporting only |
| Vehicle Category .....   | Commercial vehicle  |
| Transmission .....   | Manual              |
| CC .....   | 2982                |

### INSURANCE COMPANY

|   |                                      |
|---|--------------------------------------|
| Name of Insurance Company .....         | AIG Asia Pacific Insurance Pte. Ltd. |
| Policy Number / Cover Note Number ..... | 7230024498                           |

### DRIVER

|                       |                 |
|-----------------------|-----------------|
| Name of Driver .....  | HLAING MIN AUNG |
| Passport No/FIN ..... | G5036743L       |
| Date Of Birth .....   | 13/04/1980      |
| Occupation .....      | Outdoor         |

|  |                        |
|--|------------------------|
| Driving Pass Date .....  | 08/09/2011             |
| Driving experience .....   | 12 YEARS AND 10 MONTHS |
| Gender .....   | Male                   |
| Mobile Number .....  | (Phone) +65-97521077   |
| Alt. Phone Number .....  | -                      |
| Email Address .....  | hlaingau@gmail.com     |
| Address .....  | 146 JOO CHIAT TERRACE  |
| Address complement .....   | -                      |
| Postcode .....   | -                      |
| Is the driver the policyholder? .....                              | No                     |
| If No, Relationship of the Driver with the Insured .....           | Employee               |
| 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 .....   | Collided into Parked Vehicle |
| 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) .....   | 2   |
| 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 .....   | -   |

#### PASSENGER 1

|              |         |
|--------------|---------|
| Name .....   | BROTHER |
| Gender ..... | Male    |

#### DETAILS OF POLICE ACTION

|   |                                     |
|---|-------------------------------------|
| Was the accident reported to the police? .....  | Yes                                 |
| Police Station Name .....                       | Geylang Neighbourhood Police Centre |
| Police Station Phone No .....                   | (Phone) +65-18008486999             |
| Alt. Police Station Phone No .....              | (Fax) +65-68486799                  |
| Police Station Address .....                    | 1 Cassia Link Singapore 397618      |
| Was notice of intended Prosecution given? ..... | No                                  |
| If yes, against whom? .....                     | -                                   |

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T20240716/2068

#### 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 .....             | FZ616R     |
| Vehicle Manufacturer .....                    | -          |
| Vehicle Model .....                           | -          |
| Vehicle Variant .....                         | -          |
| Vehicle Colour .....                          | -          |
| Vehicle Category .....                        | Motorcycle |
| 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

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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.

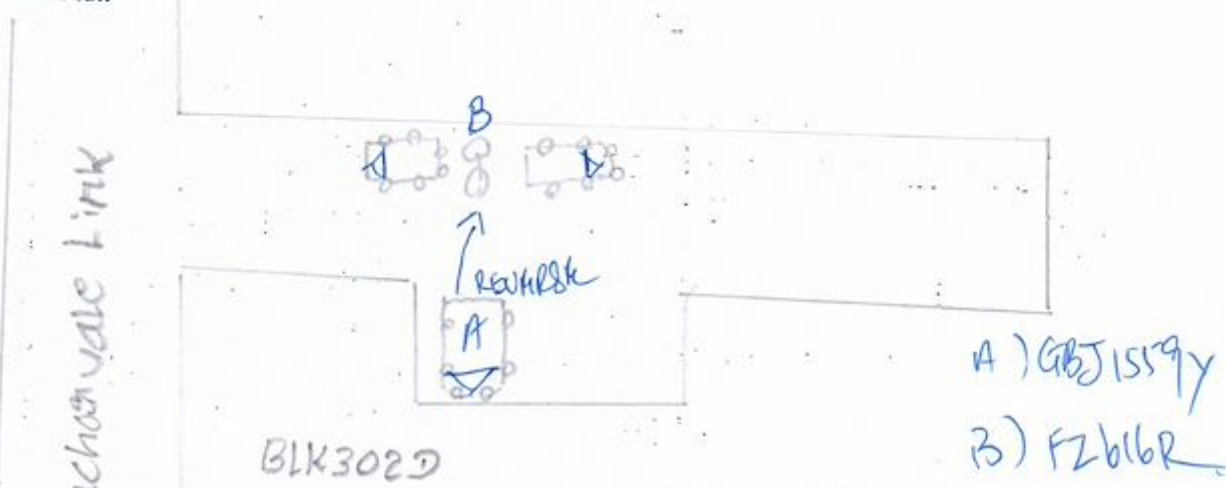


Policyholder's Signature / Date & Time

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 policy holder 7/20240716/2008

A large rectangular area with horizontal lines for writing, mostly empty except for the handwritten text at the top.

Declaration

We declare the foregoing particulars are true in every respect.



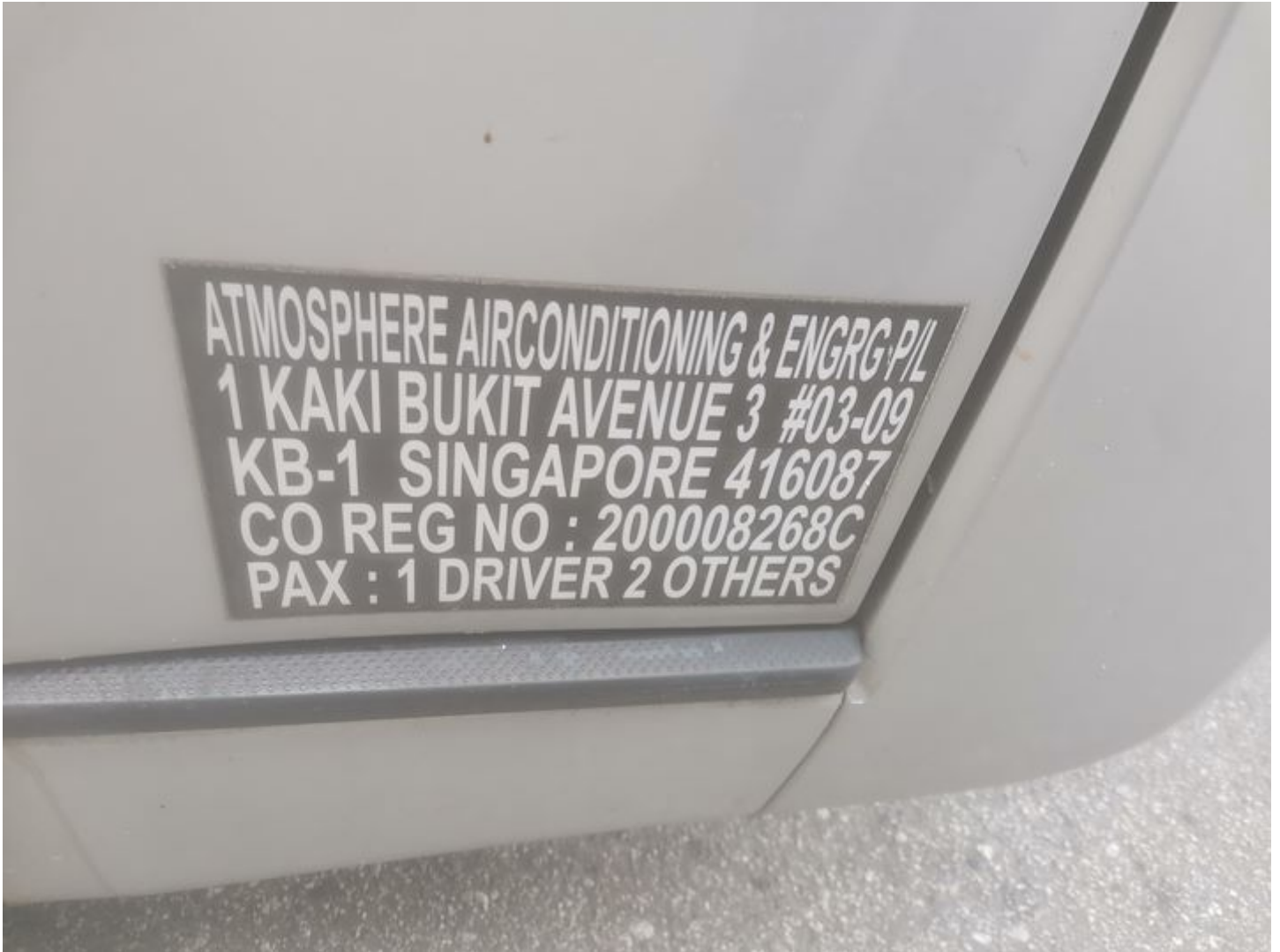
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

*Handwritten signature* 17/1 JULY/2024

*Handwritten signature* 17/07/2024





























# SINGAPORE POLICE FORCE

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999



T/20240716/2068

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Report No. T/20240716/2068

## REPORT OF A TRAFFIC ACCIDENT

|  |            |  |                              |
|--|------------|--|------------------------------|
| Date/Time Report Made:<br>16/07/2024 22:04 |            | Vide Report No.:                                       | Station Diary No.:<br>71     |
| <b>Informant's Particulars</b>             |            |  |                              |
| Name of Informant:<br>HLAING MIN AUNG      |            | Address:<br>146 JOO CHIAT TERRACE SINGAPORE 427290     |                              |
| ID Type / ID No.:<br>FIN NO / G5036743L    |            | Contact No.:<br>Home/Office: Mobile: 97521077          |                              |
| Nationality:<br>MYANMAR                    |            | Email:   |                              |
| Sex:<br>Male                               | Age:<br>44 | Date of Birth:<br>13/04/1980                           | Type of Informant:<br>Driver |
| Race:<br>Burmese                           |            | Language:  |                              |
| Occupation:<br>AIRCON TECHNICIAN           |            | Driving Licence Information:<br>Class: Date of Expiry: |                              |

## General Information of the Accident

|  |                                    |  |                                     |
|--|------------------------------------|--|-------------------------------------|
| Type of Accident:<br>Non-Injury<br>Others                                    | Drink Drive:<br>No                 | Date/Time of Accident:<br>16/07/2024 19:15 | Type of Location:<br>Car Park       |
| Location:<br>ANCHORVALE LINK   |                                    |  |                                     |
| Weather:<br>Clear  | Road Surface:<br>Dry               |  |                                     |
| Traffic Flow:<br>Two Way   | Traffic Control:<br>Not Controlled | Traffic Volume:<br>Moderate                |                                     |
| Type of Collision:<br>Moving vehicle against stationery vehicle rear to rear |                                    |  | Anyone conveyed by ambulance:<br>No |

## Details of Vehicle Involved

| Vehicle No. | Type       | Make | Model | Color | Conditio         | No of Passenger |
|-------------|------------|------|-------|-------|------------------|-----------------|
| FZ616R      | Motorcycle |      |       |       | Slightly Damaged | 0               |
| GBJ1559Y    | Motor van  |      |       |       | Slightly Damaged | 1               |

## Details of Person Involved

|                                 |                                |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No     |                                |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE  
POLICE FORCE**



T/20240716/2068

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

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Report No. T/20240716/2068

**CONTINUATION OF REPORT**

|                                   |                      |  |                                   |                                   |
|-----------------------------------|----------------------|--|-----------------------------------|-----------------------------------|
| Name                              | Unknown              |  | ID No.                            | NIL                               |
| Related Vehicle                   | FZ616R (Motorcycle)  |  | Contact No.                       | 98061609                          |
| Hospital/Clinic                   | NIL                  |  | Class of Driving Licence & Expiry | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                  |  | Date Discharge                    | NIL                               |
| No. of Days granted Medical Leave | NIL                  |  | Degree of                         | NIL                               |
| <b>Driver</b>                     |                      |  |                                   |                                   |
| Name                              | HLAING MIN AUNG      |  | ID No.                            | G5036743L                         |
| Related Vehicle                   | GBJ1559Y (Motor van) |  | Contact No.                       | 97521077                          |
| Hospital/Clinic                   | NIL                  |  | Class of Driving Licence & Expiry | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                  |  | Date Discharge                    | NIL                               |
| No. of Days granted Medical Leave | NIL                  |  | Degree of                         | NIL                               |

**Brief Details.**

On the above mentioned date, time and location, my vehicle was parked in the loading and unloading bay. After some time, I decided to move off as such, reversed my vehicle in order to make a 3 point turn to exit the carpark. While reversing, I hit onto a motorbike that was stationary and parked in between two other cars. The collision caused the motorbike to drop.

No one was injured. I met up with vehicle owner of motorcycle who suggested for me to pay and settle internally however, I found that the amount was too much as such lodging a police report to settle the matter via insurance.

My vehicle did not sustain any damages.

No traffic police at scene. No ambulance at scene. No government property damaged.

**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999



T/20240716/2068

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Report No. T/20240716/2068

**CONTINUATION OF REPORT**

Signature of Officer Recording The  
G /  
SGT 3 T S MOHAMED KASSIM

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
SUPT (1A) CHUA SOON KEONG  
Contact No.: 65476030

NP168

Signature Of Informant:

Date/Time:  
16/07/2024 22:04

Classification Of Case: