

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 Authorised 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 ability.
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 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 Report	22/09/2017 14:18
Date Of Accident	20/09/2017 21:00
Exact Location Of Accident	BLK 522 SERANGOON NORTH AVE 4 OPEN CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA9352C
Insured/Policyholder	
Name Of Registered Owner	LIM OON AI
NRIC No	S0912909Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98259336
Alternative Phone No	OFFICE-98259336

Vehicle Particulars

Manufacturer	AUDI
Model	A4 SEDAN 1.4 TFSI S
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
If No, Please state action to be taken	

Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100455082-01000
Cover Note Number	

Driver

Name of Driver	LIM OON AI
NRIC No	S0912909Z
Date Of Birth	01/10/1943
Occupation	INDOOR
Date Of Driving Pass	20/12/1968
Driving Experience	48 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98259336
Fax Number	
Contact Number	OFFICE-98259336
EMail Address	NOEMAIL

Address	101B UPPER CROSS STREET #26-02
Postcode	058359
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KRETA AYER NPP
Police Station Address	ROAD: 32 NORTH CANAL ROAD , POSTCODE: 059282 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5359999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO: T/20170921/2214

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	

Sketch Plan

SKETCH PLAN

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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:

22-09-2017

Driver's Signature

(If driver is not the policyholder)

Date & Time:



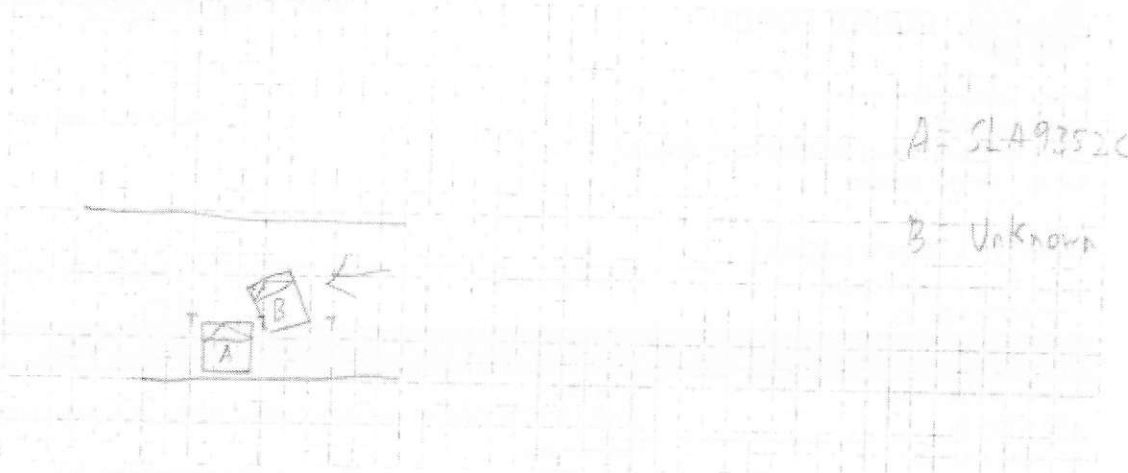
Reporting Centre Personnel's Signature

Name: Tony Fong

NRIC/FIN No.: 92041047

Sketch Plan #2

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to the police report
NO: T/20170921/2214

DECLARATION

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


Policyholder's Signature

Date & Time:

22-09-2017

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



Reporting Centre Personnel's Signature

Name: Tony Fung

NRIC/FIN No.: G20401476

Police Report



**SINGAPORE
POLICE FORCE**



120170321/2214

Police Station Of Origin:
Kreta Ayer NPP
32 North Canal Road SINGAPORE 055282
Tel No: 1800-5259399

1 of 3

Report No. 1/20170321/2214

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/05/2017 21:35	Video Report No.	Station Diary No. 75
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Informant's Particulars

Name of Informant: LIM OON AI			Address: 101B UPPER CROSS STREET #25-02 SINGAPORE 058358		
ID Type / ID No.: NRIC NO / S0912909Z			Contact No.: Home/Office: Mobile: 98237153		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 73	Date of Birth: 01/10/1943	Type of Informant: Vehicle Owner		
Race: Chinese			Language: Chinese	Institution / School Name:	
Occupation: Chef			Driving Licence Information: Class:		Date of Expiry

General Information of the Accident

Type of Accident: Non-Injury Hit and Run	Drink Drive No	Date/Time of Accident: 20/03/2017 17:00	Type of Location: Car Park
Location: Along Road 1 BERANGOON NORTH AVENUE 4			
Blk 522 open access carpark			
Weather: Drizzling	Road Surface: Wet	Road Speed Limit:	
Traffic Flow:	Traffic Control:	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLA8352C	Car	AUDI	A4	Black	Slightly Damaged	2

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: Nil	

Police Report



SINGAPORE
POLICE FORCE



T:20170821/2214

Police Station Of Origin:
Kreta Ayer NPP
32 North Canal Road SINGAPORE 068262
Tel No: 1800-5358888

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Report No: T:20170821/2214

CONTINUATION OF REPORT

Vehicle Owner			
Name	LIM CON AI	ID No.	S0912909Z
Related Vehicle	SLA9552C (Car)	Contact No.	95237163
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 20/9/17 at about 1700hours, I parked my said vehicle at Blk 522 Serangoon North Avenue 4 open-spaced carpark.

On the same day at about 1800hours, when I want to retrieve my vehicle, I did not check the status of my vehicle and drove off. When I arrived home at 2100hours, I realized that the front-right of my vehicle has some damages and scratches on it.

I reviewed my in-car camera and found out that on 1700hours after I parked my car at Blk 522 Serangoon North Avenue 4 open-spaced carpark, a lorry which was on the right lot beside my car knocked onto my front-right of my vehicle as the lorry drove off. The driver of the said lorry did not stop and drove off.

I wish to state that I have the footage of my in-car camera.

Police Report



SINGAPORE
POLICE FORCE



T201700212214

Police Station Of Origin:
Kreta Ayer NPP
32 North Canal Road SINGAPORE 069252
Tel No: 1800 5359599

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Report No: T201700212214

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474886 stating the report number as reference.

Signature Of Officer Recording The Report:

A /

Sgt 2 LINUS KHER ENTING

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

SI ABDUL KARREEM BIN ABDUL HAGUE

Contact No: 65476079

Signature Of Informant:

Date/Time:

21/06/2017 21:35

Classification Of Case:

Authentication Stamp

RF101