

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	29/11/2017 15:44
Date Of Accident	12/11/2017 18:25
Exact Location Of Accident	BLK 261 WATERLOO ST BASEMENT CARPARK NEAR EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP6002R
Insured/Policyholder	
Name Of Registered Owner	IN THE ESTATE OF LAI ELRENCE @ MARY LAI LI MING
NRIC No	S0259431E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96630515
Alternative Phone No	Office-96630515

Vehicle Particulars

Manufacturer	AUDI
Model	A3 SEDAN 1.4 TFSI (AMBIENTE)
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100387331-03
Cover Note Number	

Driver

Name of Driver	CHEAH ELEANOR @ HSIEH YUN-HUNG ELEANOR
NRIC No	S1634385D
Date Of Birth	20/01/1964
Occupation	INDOOR
Date Of Driving Pass	02/09/1981
Driving Experience	36 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-82646423

Fax Number
 Contact Number OFFICE-82646423
 EMail Address NOEMAIL
 Address 4 RAMSGATE ROAD
 Postcode 437451
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured CHILDREN
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident SIDE SWIPE
 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) 1

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name MARINE PARADE NEIGHBOURHOOD POLICE POST
 Police Station Address **ROAD:** BLK 74 MARINE DRIVE #01-35 , **POSTCODE:** 440074 , **COUNTRY:** SINGAPORE
 Police Station Contact **TEL NO:** 1800-4409999 - **FAX NO:** 64474182
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20171128/2094.

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 SLM1776C
 Vehicle Make/Model/Colour HONDA VEZEL
 Details Of Properties
 Name of Driver DEREK
 NRIC/Passport Number
 Contact Number 92713983
 Address
 Postcode
 Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

Details of Witness

Name

Phone Number

Email Address

Accident Sketch Plan

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 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 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. 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 lodgment 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.
- (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: 28/4/17


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 28/4/17


 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Accident Sketch Plan

Police Report



**SINGAPORE
POLICE FORCE**



T/20171128/2094

1 of 3

Report No. T/20171128/2094

Police Station Of Origin:
Marine Parade NPP
74 Marine Drive #01-35 SINGAPORE 440074
Tel No: 1800-4409999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/11/2017 16:02	Vide Report No.:	Station Diary No.: 29
--	------------------	--------------------------

Informant's Particulars

Name of Informant: CHEAH ELEANOR		Address: 4 RAMSGATE ROAD SINGAPORE 437451	
ID Type / ID No.: NRIC NO / S1634385D		Contact No.:	Mobile: 82646423
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 53	Date of Birth: 20/01/1964	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Lawyer (excluding advocate and solicitor)		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 12/11/2017 18:30	Type of Location: Car Park
Location: Along Road 1 WATERLOO STREET WATERLOO CENTRE AT 261 WATERLOO STREET BASEMENT CARPARK NEAR THE EXIT				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKP6002R	Car	AUDI	A3	White	Slightly Damaged	0
SLM1776C	Car	HONDA	VEZEL	Silver	Slightly Damaged	0

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20171128/2094

2 of 3

Report No. T/20171128/2094

Police Station Of Origin:
Marine Parade NPP
74 Marine Drive #01-35 SINGAPORE 440074
Tel No: 1800-4409999

CONTINUATION OF REPORT

Driver			
Name	CHEAH ELEANOR	ID No.	S1634385D
Related Vehicle	SKP6002R (Car)	Contact No.	82646423
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	DEREK	ID No.	NIL
Related Vehicle	SLM1776C (Car)	Contact No.	92713983
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 12/11/2017 at about 1830hrs, I was about to exit the carpark at the above mentioned address whereby when I was heading towards the exit, I saw a car in front of my vehicle that was about to reverse whereby I then started reversing my car in which I heard a bump sound whereby I realized that my car's rear had hit into the Honda Vezel that was behind my vehicle. I then came off of my vehicle whereby the respective parties took pictures and videos of the damages to the car. After assessing the damages, I drove my vehicle forward and observed that the other vehicle's front registration number plate was cracked. My car had a scratch at the rear bumper area and some paint was chipped off from my rear bumper. I then took down his name and number and then we left on our own separate ways. I then went off to England on 13/11/2017 and I called him on 13/11/2017 whereby I informed my brother will contact him. Subsequently my brother also contacted Derek whereby he informed that he will contact my brother back but never did so. I had already fixed up my vehicle whereby the cost was SGDS\$400/-. I am lodging this report for insurance claim purpose and there were no injuries on that day.

I would like to add on that the other party's vehicle had a front in-car camera as informed by the driver.



Police Report



SINGAPORE
POLICE FORCE



T/20171128/2094

3 of 3

Report No. T/20171128/2094

Police Station Of Origin:
Marine Parade NPP
74 Marine Drive #01-35 SINGAPORE 440074
Tel No: 1800-4409999

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 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: G / Sgt 2 SEAN TAY	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	
Authentication Stamp NP168	
NP168	

Signature Of Informant:
Date/Time: 28/11/2017 16:02
Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



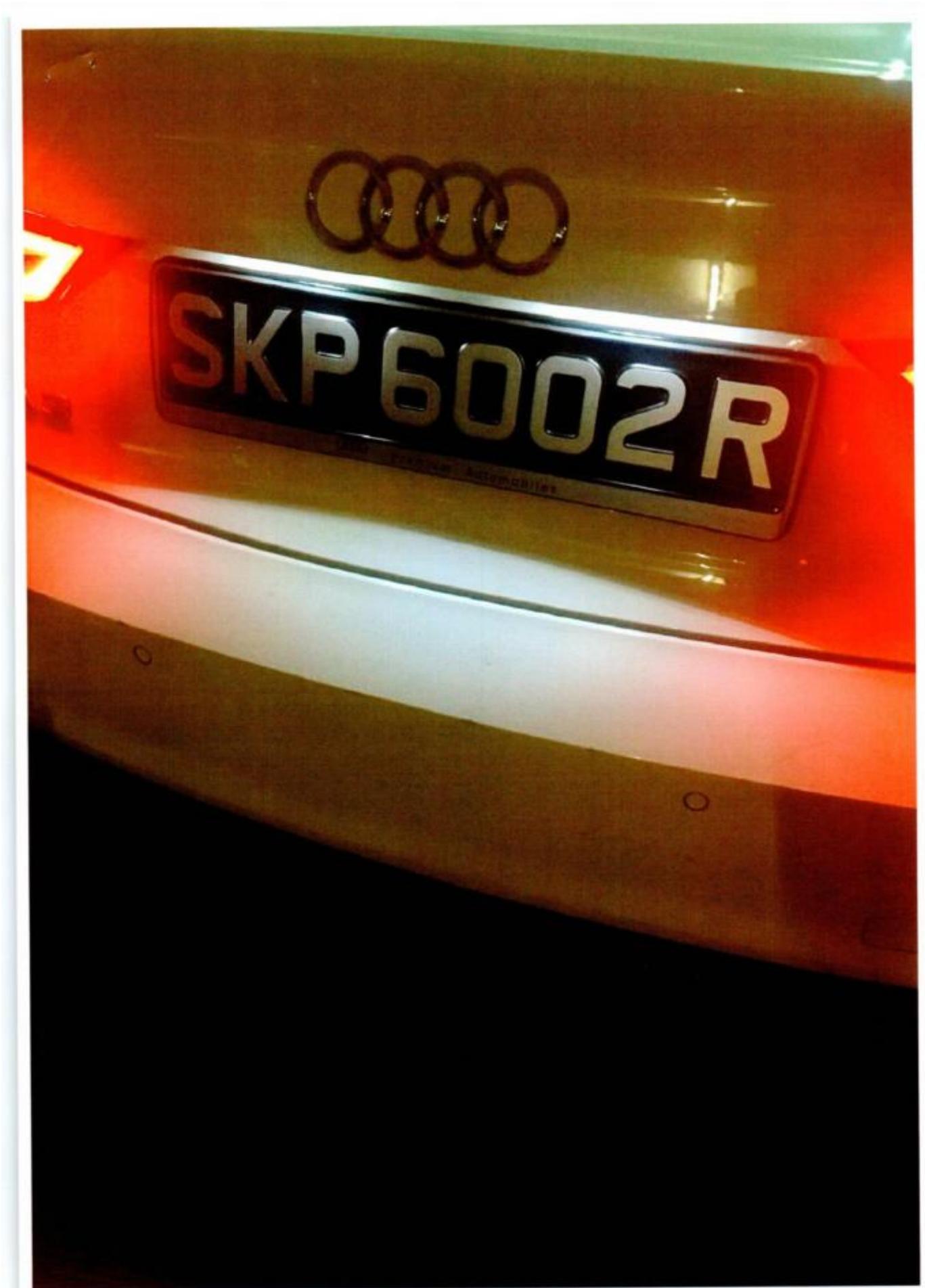
Accident Photo



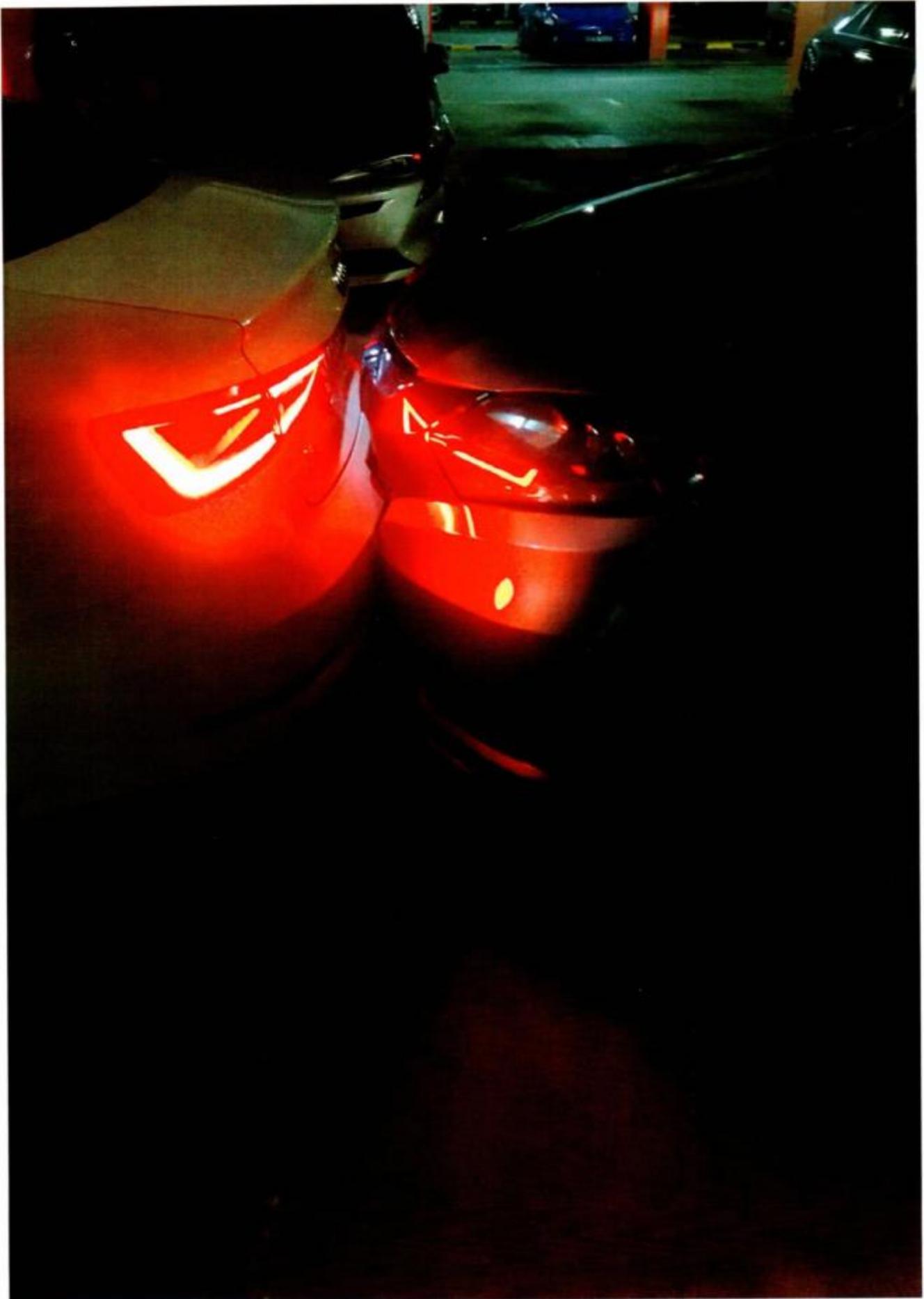
Accident Photo



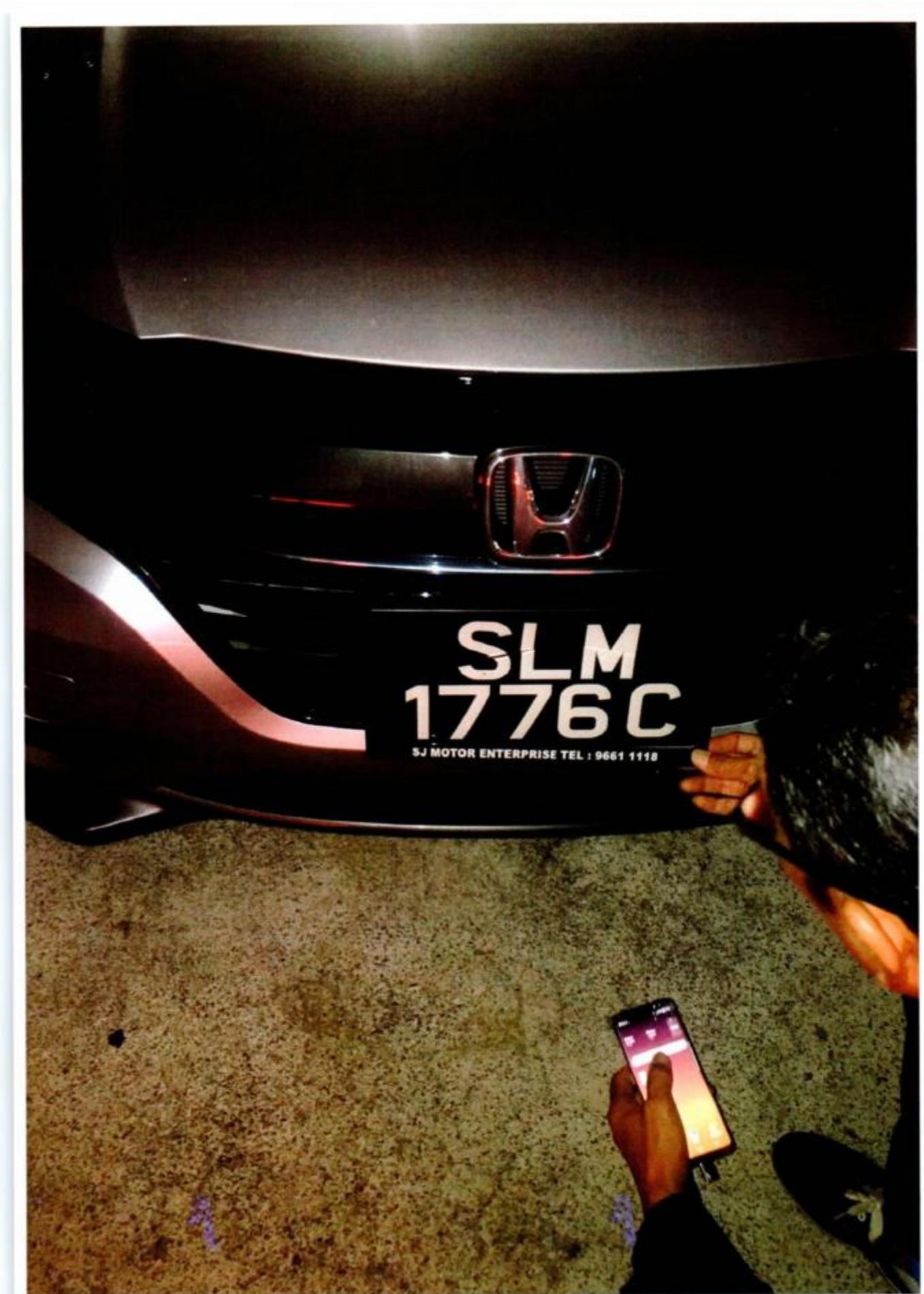
Accident Photo



Accident Photo



Accident Photo



Accident Photo

