

## 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	27/11/2017 10:45
Date Of Accident	24/11/2017 15:00
Exact Location Of Accident	SCOTT SRD & CAIRNHILL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH9915S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHAISSRAKEO KARNDIT
Passport No/FIN	G5387691P
Email Address	KARNDIT.C@PTTPLC.COM
Mobile Phone No	(LOCAL) +65-98380567
Alternative Phone No	OFFICE-98380567

### Vehicle Particulars

Manufacturer	BMW
Model	316
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD17V01692/VPC/R00
Cover Note Number	

### Driver

Name of Driver	CHAISSRAKEO SUNANTA
Passport No/FIN	G5387813Q
Date Of Birth	31/10/1966
Occupation	INDOOR
Date Of Driving Pass	21/07/2014
Driving Experience	3 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94760567
Fax Number	
Contact Number	
Email Address	SUNANTA.CH@SPV.AC.TH

Address	22 LEONIE HILL RD #22-01 LEONIE HILL PARC VIEW
Postcode	239195
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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 [OTHER]	ORCHARD NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACH.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TOO BIG
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLE8945C
Vehicle Make/Model/Colour	MITSUBISHI LANCE BLUE
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	2


#### Details of Witness


Name	
Phone Number	
Email Address	


SKETCH PLAN

IMPORTANT NOTICE

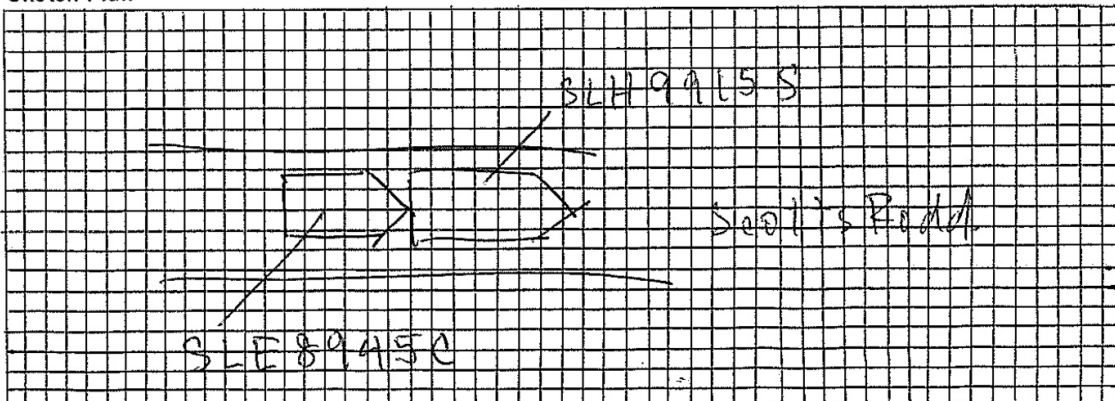
1. Please report correctly the details of the accident to speed up the claims process.
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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting 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 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



On Nov 24 @ 1500 hrs Ms. Sunanta was driving along Scotts Rd towards Bukit Timah Rd. As there was a red light I stopped my vehicle (SLH9915S) along Scotts Rd. just before Cairnhill Rd waiting for the traffic light

After which, I felt a bump from my car at the back. I quickly came down and see. One vehicle (SLE8945C) had knocked onto my rear. My vehicle then sustain some dent and scratches at the rear. As it was a one lane road the other driver does not want to block the traffic, and asked me to move forward into Cairnhill Rd and stop there so can exchange contact details

Hence I on my hazard light and slowly drive in front and ask him to follow. After which we both turn into Cairnhill and I was about stop. However the other driver just turned left into Anthony Road and drove off without stopping

We declare the foregoing particulars are true in every respect.

1002hs

Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



T/20171125/2079

Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

1 of 3

Report No. T/20171125/2079

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/11/2017 15:29	Vide Report No.:	Station Diary No.: 54
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## Informant's Particulars

Name of Informant: CHAISRAKEO SUNANTA			Address: 22 LEONIE HILL ROAD #22-01 LEONIE PARC VIEW SINGAPORE 239195		
ID Type / ID No.: FIN NO / G5387813Q			Contact No.: Home/Office: Mobile: 94760567		
Nationality: THAI			Email:		
Sex: Female	Age: 51	Date of Birth: 31/10/1966	Type of Informant: Driver		
Race: Others			Language: English		Institution / School Name:
Occupation: Housewife			Driving Licence Information: Class: 3 Date of Expiry: 20/07/2019		

## General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 24/11/2017 15:00	Type of Location: Straight Road
Location: Along Road 1 SCOTTS ROAD				
Scotts road towards bukit timah road, before intersection at Cairnhill road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		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
SLE8945C	Car				Slightly Damaged	0
SLH9915S	Car				Slightly Damaged	0

## Details of Person Involved

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



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Report No. T/20171125/2079

**CONTINUATION OF REPORT**

Driver			
Name	CHAISRAKEO SUNANTA		ID No. G5387813Q
Related Vehicle	SLH9915S (Car)		Contact No. 94760567
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: 20/07/2019
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

I was driving along Scotts Road towards Bukit Timah Road. As there was a red light I stopped my vehicle (SLH9915S) along Scotts Road just before Cairnhill Road waiting for the traffic light.

After which, I felt a bump from my car at the back. Hence I quickly came down and see. One vehicle (SLE8945C) had knocked onto my rear. My vehicle then sustain some dent and scratches at the rear. As it was a one lane road he does not want to block the traffic, the said driver then asked me to move forward into cairnhill road and stop there so we can exchange contact details.

Hence I on my hazard light and slowly drive in front and asked him to follow. After which we both turn into Cairnhill road and I was about to stop. However the driver just turned left into Anthony Road and drove off without stopping.

I am lodging this report for police investigation.



**SINGAPORE  
POLICE FORCE**



T/20171125/2079

Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

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Report No. T/20171125/2079

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:

E /

Sgt 2 LIM YOU XUN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt ESTHER CHONG

Contact No.: 65476368

Signature Of Informant:

Date/Time:

25/11/2017 15:29

Classification Of Case:

Authentication Stamp

NP168

SH 112

Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

