

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	28/11/2017 17:26
Date Of Accident	26/11/2017 21:15
Exact Location Of Accident	BUKIT BATOK WEST AVE 2 CARPARK OF CIVIL SVC CLUB
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV9889J
Insured/Policyholder	
Name Of Registered Owner	LEE BOON SEAH(LI WENCHENG)
NRIC No	S7936556D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97712865
Alternative Phone No	OTHERS-97712865

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180
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	2100448705-01000
Cover Note Number	

Driver

Name of Driver	LEE BOON SEAH(LI WENCHENG)
NRIC No	S7936556D
Date Of Birth	14/11/1979
Occupation	INDOOR
Date Of Driving Pass	09/09/1998
Driving Experience	19 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97712865
Fax Number	
Contact Number	OTHERS-97712865
Email Address	NOEMAIL

Address	8 NERAM CRESCENT
Postcode	807814
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	COLLIDED INTO PARKED VEHICLE
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	ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4849999 - FAX NO: 62181399
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20171128/2074

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
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	
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Phone Number
Email Address

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.

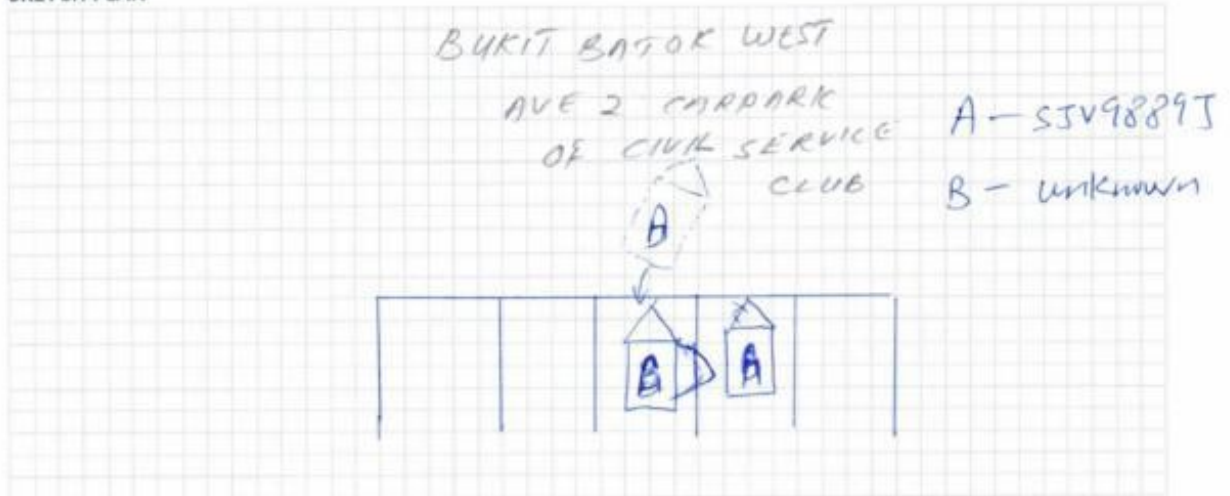

Policyholder's Signature
Date & Time:


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


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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the police report T/2017/128/2074

DECLARATION

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

Paris
Lun

Policyholder's Signature
Date & Time:

Chris

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

Apr 28/11/17

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



**SINGAPORE
POLICE FORCE**



T/20171128/2074

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

2 of 3

Report No. T/20171128/2074

CONTINUATION OF REPORT

Brief Details.

On 27/11/2017 at about 1800hrs, I realized that the front of my car has scratches and a dent.

I wish to inform that my car was parked there by my father the previous night and did not realize the damage at first. I cannot remember what is the carpark lot number.

I then looked at the recordings of my in- car camera which showed a car while reversing scratched my car, the driver subsequently banged the side of my car by opening his door twice. The driver then drove off. The recording showed a blurred image of the registration plate of the vehicle.

Estimated damage cost \$5000/-SGD

This is the first time this has happened to me and I do not have any suspects in mind. I am lodging this report for police assistance.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



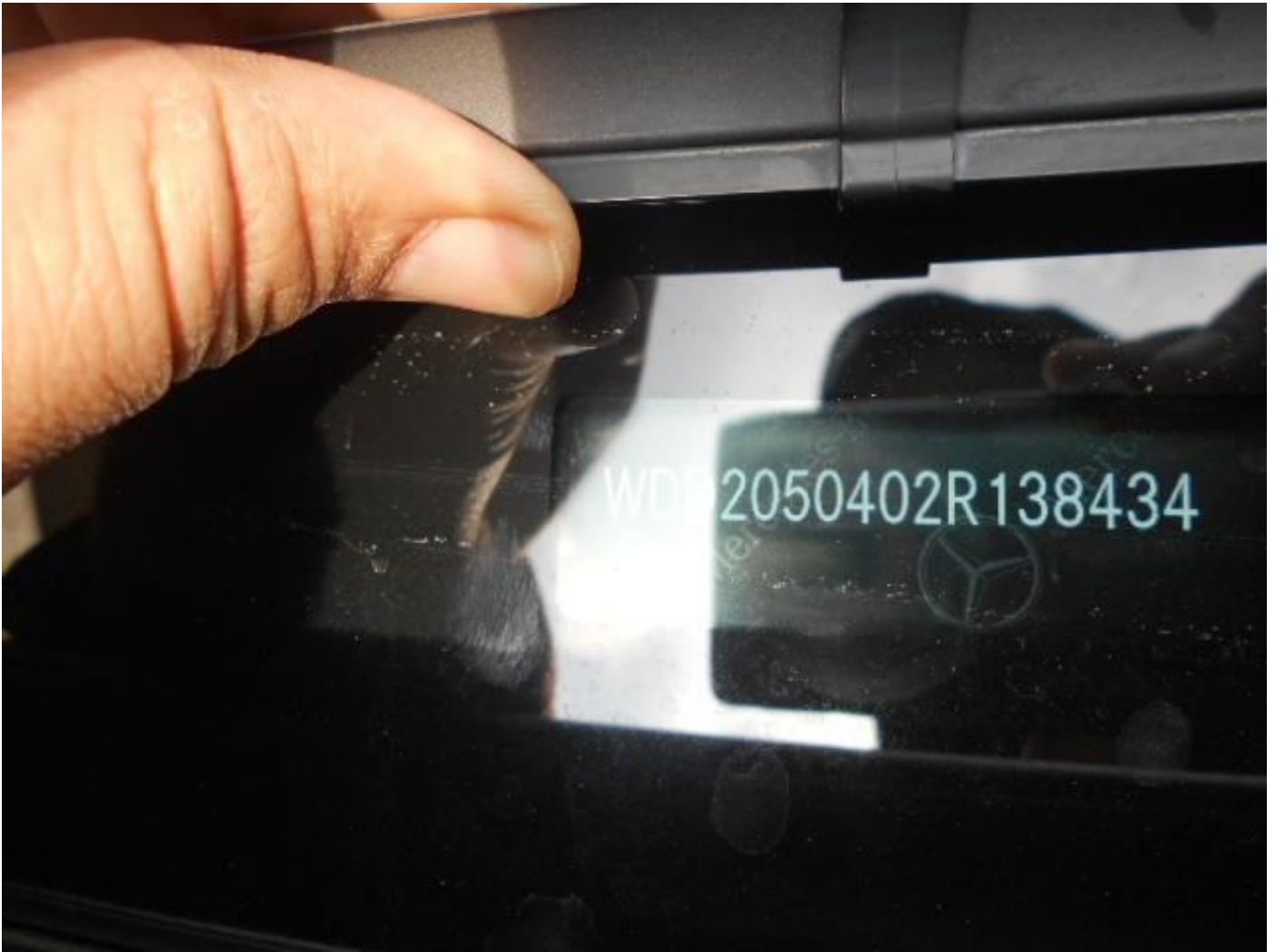
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Police Report



**SINGAPORE
POLICE FORCE**



T/20171128/2074

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

1 of 3

Report No. T/20171128/2074

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/11/2017 14:28			Vide Report No.:		Station Diary No.: 60
Informant's Particulars					
Name of Informant: LEE BOON SEAH			Address: 8 NERAM CRESCENT SINGAPORE 807814		
ID Type / ID No.: NRIC NO / S7936556D			Contact No.: Home/Office: Mobile: 97712865		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 38	Date of Birth: 14/11/1979	Type of Informant: owner		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Commercial airline pilot			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 26/11/2017 21:15	Type of Location: Car Park
Location: Along Road 1 BUKIT BATOK WEST AVENUE 2 Car park of Civil Service Club.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
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
SJV9889J	Car	MERCEDES BENZ	c180	Silver	Seriously Damaged	0

Police Report



**SINGAPORE
POLICE FORCE**



T/20171128/2074

Police Station Of Origin:
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51 Ang Mo Kio Avenue 9 SINGAPORE
569784
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Police Report



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POLICE FORCE



T/20171128/2074

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51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

3 of 3

Report No. T/20171128/2074

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:

F /

NEO SHA MIN BIN ADAM SHAN NEO

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

28/11/2017 14:28

Officer In Charge Of Case:

TP / HRT /

SSI 2 SOH PENG GUAN

Contact No.: 65476171

Classification Of Case:

Authentication Stamp

NP168



Singapore Police Force