

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	11/12/2017 10:27
Date Of Accident	09/12/2017 14:20
Exact Location Of Accident	CLUNY COURT BASEMENT CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL1409E
Insured/Policyholder	
Name Of Registered Owner	PEK KANG JUN JEFFREY
NRIC No	S8520214F
Email Address	JEFFREY.PEK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81268872
Alternative Phone No	OTHERS-NOPHONE

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF-1.4 A7 TSI (A)
Exact Purpose for which vehicle was being used at time of accident	
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	ALLIED WORLD ASSURANCE COMPANY, LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	BVPPSB0548581700
Cover Note Number	

Driver

Name of Driver	PEK KANG JUN JEFFREY
NRIC No	S8520214F
Date Of Birth	22/06/1985
Occupation	INDOOR
Date Of Driving Pass	14/06/2007
Driving Experience	10 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	+65-81268872
Fax Number	
Contact Number	OTHERS-NOPHONE
Email Address	JEFFREY.PEK@GMAIL.COM

Address

Postcode

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

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

Please Refer Police Report

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGG221J

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

Email Address

Sketch Plan

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 be 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' law yers/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.

 11/12/17 0935
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

<p>Veh A: SKL 1409 E</p> <p>Veh B: SGG 221 J</p>	<table border="1" style="margin: 0 auto; border-collapse: collapse;"> <tr> <td style="width: 16.6%;">CP</td> <td style="width: 16.6%;">CP</td> <td style="width: 16.6%;">CP</td> <td style="width: 16.6%;">CP</td> <td style="width: 16.6%;">CP</td> <td style="width: 16.6%;">CP</td> </tr> </table> <p style="text-align: right; margin-right: 50px;">Cluny Court Basement Carpark</p> <table border="1" style="margin: 0 auto; border-collapse: collapse;"> <tr> <td style="width: 16.6%; text-align: center;">  </td> <td style="width: 16.6%; text-align: center;">  </td> <td style="width: 16.6%; text-align: center;">  </td> <td style="width: 16.6%; text-align: center;">  </td> </tr> </table>	CP	CP	CP	CP	CP	CP				
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Sketch Plan #2

Describe Circumstance of the Accident

Veh A: SKL 1409 E

Veh B: SG G 221 J

As per Police Report.

IMPORTANT NOTE

Under **General Condition – Conduct of Claim** of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

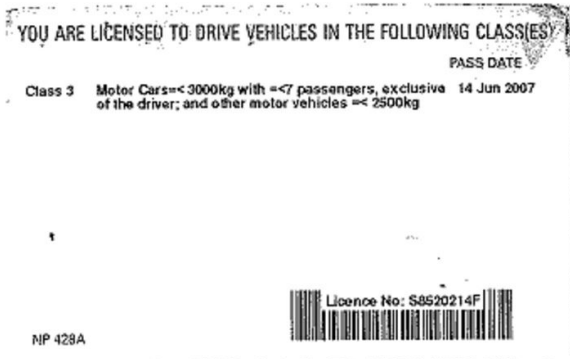
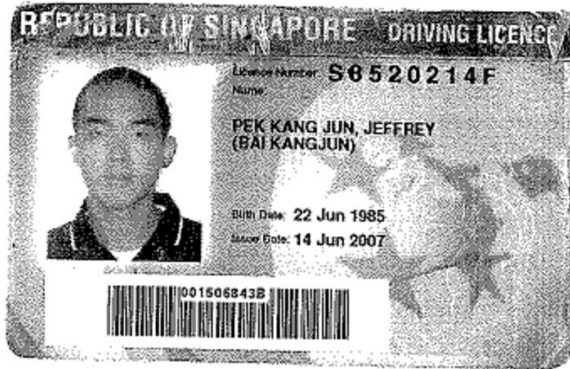
Declaration

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


14/12/17 0935
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel





**SINGAPORE
POLICE FORCE**



J/20171210/7003

1 of 2

POLICE REPORT (NP299)

Report No. J/20171210/7003

Police Station Of Origin
Jurong Police Divisional HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No:1800-7910000

Date/Time Report Made 10/12/2017 10:57	Vide Report No.	Station Diary No.
Name Of Informant PEK KANG JUN, JEFFREY	Address APT BLK 138D YUAN CHING ROAD #14-155 SINGAPORE 614138	
ID Type / ID No. NRIC NO / S8520214F	Contact No. Home/Office: Mobile: 81268872	
Nationality SINGAPORE CITIZEN	Email Address jeffrey.pek@gmail.com	
Occupation Other business services and administration managers nec	Sex Male	Age 32
Institution/School Name	Date of Birth 22/06/1985	Race Chinese
Date/Time Of Incident 09/12/2017 13:30 - 09/12/2017 14:40	Location Of Incident 501 BUKIT TIMAH ROAD CLUNY COURT SINGAPORE 259760	

Brief details.

At approximately 1330 hours, I arrived at Cluny Court and then proceed to park my car (SKL1409E) at the basement carpark of the shopping center. My car was parked in the parking lot as drawn by the shopping center. I then left for the shopping center along with my wife. Upon my return at around 1440 hours, I saw there was scratches and scuffed mark on the front right fender and bumper of my car. I went in to my car to look at the footages from the in-car-camera.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 10/12/2017 10:57
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



J/20171210/7003

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20171210/7003

The footage captured that a grey car (SGG221J) was reversing his car at around 1423 hours and his car clearly struck my car at the front right side. The driver and passenger of SGG221J then alighted their car and surveyed the damaged to both cars. They then procced to left without leaving their particulars for me to contact them.

At my return on approximatley 1440 hours, SGG221J was no longer parked beside my car and another car has already taken the lot.

Subjects Involved			
Victim			
Person Name	PEK KANG JUN, JEFFREY		
ID Type	NRIC NO	ID No	S8520214F
Gender	Male	Age	32
Race	Chinese	Language	English
Occupation	Other business services and administration managers nec	Address Type	
Address	APT BLK 138D YUAN CHING ROAD #14-155 SINGAPORE 614138	Mobile No	81268872
Is Informant A Victim?	Yes		
Person Name	PEK KANG JUN, JEFFREY (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 10/12/2017 10:57
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0030 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 – 17:00
 UEN: S66550620G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MAHS17162368 Vehicle Registration No: SKL1409E
 Name (as shown in NRIC) : Pek Kang Jun Jeffrey NRIC/FIN/Passport No : S 8520214F
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : Blk 138 D Yuan Ching Rd #14-155 Singapore (614138)
 Contact (Tel) : _____ Mobile No. : 8136 8872
 Email Address : jeffrey.pek@gmail.com
 Date of Accident : 9.12.2017 Time of Accident : 14:23 HRS
 Place of Accident : Cluny Court Basement Car Park
 Insurance Company : Alied World Assurance Company Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Sketch Map

 Policyholder / Driver's Signature
 Date: 11 DEC 2017

 Reporting Centre Personnel's Signature
 Name: Celia Lee
 NRIC/FIN No.: G7213090 G
 Date: 11 DEC 2017