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 witholding 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

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Date Of Report

20/12/2017 15:46

Date Of Accident

19/12/2017 11:30

Exact Location Of Accident

AT BUKIT BATOK CENTRAL OPEN SPACE CARPARK LOT 131

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLS8878P

Insured/Policyholder

Company of the second

Name Of Registered Owner

KWA IVAN S7721647B

NRIC No Email Address

NOEMAIL

Mobile Phone No

(LOCAL) +65-96988887

Alternative Phone No

OTHERS-96988887

Vehicle Particulars

Manufacturer

HONDA

Model

FREED HYBRID 1.5G AUTO

Exact Purpose for which vehicle was being used at

time of accident

Are you claiming under your own insurance policy

NO

for repair to your vehicle?

THIRD PARTY

If No, Please state action to be taken 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

1700036592

Cover Note Number

Driver

KWA IVAN

Name of Driver NRIC No

Date Of Birth

\$7721647B

Occupation

Driving Experience

12/07/1977 INDOOR

Date Of Driving Pass

29/06/1996 21 YEARS AND 5 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-96988887

Fax Number

Contact Number

OTHERS-96988887

EMail Address

NOEMAIL

Address

BLK 454 CHOA CHU KANG AVE 4 #07-117

Postcode

680454

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?

Number of vehicles involved in the accident

NO

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

٥

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 21 BUKIT BATOK EAST AVE 4, POSTCODE: 659840, COUNTRY:

SINGAPORE

Police Station Contact Was notice of intended Prosecution given? TEL NO: 1800-6659999 - FAX NO: 66655793

NO

If Yes, against whom?

Circumstances of Accident

KINDLY REFER TO ATTACH POLICE REPORT NO.T/20171220/2006.

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

SJQ73G

Vehicle Make/Model/Colour

MERCEDES BENZ CLK 400 (BLACK)

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

UNKNOWN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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)

normal and market programme and of streaming at a market a mark to a few terms.

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 (all insurers) lawyers/taw 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 lirms), 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.

Diag

Policyhoider's Signature

Date & Time:

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

and which were accounted your account of the second beautiful

Name:

NRIC/FIN No.:

GIARKIC Skeichflantonn_VI

SKETCH PLAN			
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	} }cc()oo		
PHENSE KINDLY REFER TO POLICE !	EHUKT-		
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Important:		- Reporting Only	
You have been advised by the workshop that in the event that you wish to		- Claim OD	
claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame		- Claim TP	
from the day of the occurrence.	-	- Claim OB/ TP at other worksh	ор
DECLARATION	<u> </u>		
I/WE declare the foregoing particulars are true in every respect.			
Lx		^	
Door		_/)	

Driver's Signature

Date & Time

(If driver not the policyholder)

Policyholder's signature

Reporting Centre Personnel's Signature

Name:

Nric/Fin No.

Sketch Plan Pg. 3





Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 659840 1 of 3 Report No. T/20171220/2006

Tel No: 1800-6659999

REPORT OF A	TRAFFIC	ACCIDENT
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Date/Tim 20/12/20	e Report M 17 01:10	lade:	Vide Report No.:	Station Diary No.: 12			
Informat	is Partici	lláfa	V. S. G. W. S. G. S. C. S. C. S. C. S.				
Name of KWA IVA	Informant: N		Address: APT BLK 454 CHOA CHU KANG AVENUE 4 #07-117 SINGAPORE 680454				
	/ \$772164	17B	Contact No.: Home/Office: Mobile: 96988887				
Nationalit SINGAPO	y: DRE CITIZ	EN	Email:				
Sex: Age: Date of Birth: Male 40 12/07/1977			Type of Informant: Driver				
Race: Chinese			Language: Institution / School Name				
Occupation STOCK E			Driving Licence Information: Class: Date of Expiry:				

Type of Accident:	Litana Cun		Date/Time of Accident: 19/12/2017 11:30	Type of Location Car Park	
Location: Along Road 1 BUKIT BATO Open Space					
Weather:		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic	
Type of Collis	ion:		Anyone conveyed by ambulance:		

Vehicle No.	Property (Make	Medal	Gelor	Condition	No of Passeng
SJQ73G	Car				Slightly Damaged	0
SLS8878P	Car	HONDA	FREED HYBRID 1 5G AUTO	White	Slightly Damaged	0

Detalls of Vehicle insurance
Vehicle No. Insurance Company Insurance No Effective Explay Date





2 of 3 Report No. T/20171220/2006

Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 659840

Tel No: 1800-6659999

CONTINUATION OF REPORT

Details of Vehicle Insurance							
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date			
SLS8878P	AIG ASIA PACIFIC INSURANCE PTE.	1700036592	16/08/2017	15/08/2018			
	LTD.						

Details of Perso	n Involved			16216		
Any Pedestrian I	nvolved: No					
No. of Pedestriar	ns Injured: NIL		Use of Ped	destriar	Cross	sing: NA
Driver	American State (Sec. 2)	100000	er de sous sys			e entropy programme and a second
Name	KWA IVAN			ID No.		S7721647B
Related Vehicle	SLS8878P (Car)		Contact No.		96988887	
Hospital/Clinic	NIL.		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	No. of Days granted Medical Leave NIL					

Brief Details.

On 19/12/17 at about 0850hrs, I last parked my car, V1) SLS8878P, at the open space carpark near Blk 225 Bt Batok Central lot number 131 and everything was in order. At about 1600hrs, I went to check V1 and I saw that the front right bumper was damaged. It had 2 small holes, dented and some scratches. I have an in-car camera installed and operates 24 hours. When I view the footage, I saw that on 19/12/17 at about 1130hrs, V2)SJQ73G, a black Mercedes car came out from the lot beside V1, believed to be lot 130, and hit V1's front right side. The collision caused the SD card reader to trip and V1 to shake. I have saved the footage with me.

Sketch Plan Pg. 5





Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 659840 3 of 3 Report No. T/20171220/2006

Tel No: 1800-6659999

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: J / AHMAD ZAKI ZUHAIRI BIN AYUB	Signature Of Informant: 109
Signature Of Interpreter: Not applicable	Date/Time: 20/12/2017 01:10
Officer in Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No.: 65476902 SN 114	Classification Of Case:
Authorition Stamp NP168 Signature: Singapore Police Force	