

## 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 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	19/01/2018 16:23
Date Of Accident	01/01/2018 12:20
Exact Location Of Accident	TERMINAL 3 BASEMENT CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP5982T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KOH YAN PENG
NRIC No	S1658772I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96716280
Alternative Phone No	OFFICE-96716280

### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA2 1.5L 4EAT ABS AIRBAGS 5DR 2WD
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	2100390188-03
Cover Note Number	

### Driver

Name of Driver	TEO XIANG RONG, MICHELLE
NRIC No	S9234077E
Date Of Birth	17/09/1992
Occupation	INDOOR
Date Of Driving Pass	15/08/2011
Driving Experience	6 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81829808
Fax Number	
Contact Number	OFFICE-81829808
EEmail Address	NOEMAIL

Address	7 PEMIMPIN DRIVE #17-06
Postcode	576150
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	NO COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	0
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	NO
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	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 20 BISHAN STREET 23 , <b>POSTCODE:</b> 579757 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5529999 - <b>FAX NO:</b> 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180118/2116.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

## Accident Sketch Plan

### 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 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:

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

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

## Accident Sketch Plan

### SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 11/1/18 12:30 I was driving onto driveway of T3 Basement carpark. I did not notice that I hit any object. I received a police notice on 10/1/18 to file ~~an~~ a report.

## DECLARATION

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

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.:

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180118/2116

1 of 3

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

Report No. T/20180118/2116

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/01/2018 16:45		Vide Report No.:		Station Diary No.: 101
<b>Informant's Particulars</b>				
Name of Informant: TEO XIANG RONG, MICHELLE		Address: 7 PEMIMPIN DRIVE #17-06 SINGAPORE 576150		
ID Type / ID No.: NRIC NO / S9234077E		Contact No.: Home/Office:		Mobile: 81829808
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Female	Age: 25	Date of Birth: 17/09/1992	Type of Informant: Driver	
Race: Chinese		Language: English		Institution / School Name:
Occupation: ANALYST		Driving Licence Information: Class: 3A		Date of Expiry:

## General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 01/01/2018 12:20	Type of Location: Car Park
Location: Along Road 1 AIRPORT BOULEVARD				
Terminal 3 Basement Carpark				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKP5982T	Car	MAZDA	2	White	Slightly Damaged	0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKP5982T	AIG ASIA PACIFIC INSURANCE PTE LTD.	2100380188-03	25/09/2017	24/09/2018

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180118/2118

2 of 3

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5528989

Report No: T/20180118/2118

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	TEO XIANG RONG, MICHELLE	ID No.	99234077E
Related Vehicle	SKP5982T (Car)	Contact No.	81829808
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On 01 Jan 2018 at about 12.20pm, I driving my mother's vehicle (SKP5982T) and was at Changi Airport Terminal 3 Basement Carpark. I was turning into the carpark and was making the right turn into the carpark, where I heard a grazing sound. I alighted from my vehicle and noticed scratches on the right front portion of the vehicle. I wished to state that I did not hit into any vehicle and I believed that I grazed onto a fire extinguisher. As I did not hit onto any vehicle or was injured, I then proceeded to park my vehicle in the carpark. As no one was injured, I did not report this matter to my insurance or to the Police. Subsequently, I received a letter from Traffic Police (TP/IP/01693/2018) for me to lodge a report. However, I wished to state that the time stated in the letter was wrong and it was not 2.35pm as stated.

Police Report



SINGAPORE  
POLICE FORCE



T/20180118/2116

3 of 3

Police Station Of Origin:

Bishan N.P.C

20 Bishan Street 23 SINGAPORE 570767

Tel No: 1800-5528899

Report No. T/20180118/2116

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 /

Staff Sgt TAN AI HWEE, TERESA

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

18/01/2018 16:45

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No: 65476430



SINGAPORE  
POLICE FORCE

Classification Of Case:

SN 061

Authentication Stamp

NP168

SIGNATURE



Accident Photo





Accident Photo



**Accident Photo**



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

