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.
- Information provided must be as <u>truthful and accurate</u> 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.
- 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 aforegoid.

	ACCIDENT STATEMENT
Date Of Report	20/02/2018 18:36
Date Of Accident	08/02/2018 09:15
Exact Location Of Accident	NO. 1 SCIENCE PARK DRIVE CAR PARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLT4771J
Insured/Policyholder	
Name Of Registered Owner	NG KOK FAI
NRIC No	S1615071A
Email Address	EDDIENG@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-96821446
Alternative Phone No	OFFICE-96821446
Vehicle Particulars	
Manufacturer	AUDI
Model	A5 SB 2.0 TFSI S-TRONIC
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
f No, Please state action to be taken	THIRD PARTY
/ehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700070059
Cover Note Number	
Driver	
Name of Driver	GOH KIM MUI
UDIO ILI	CARROLL AND

 Name of Driver
 GOH KIM MU

 NRIC No
 \$1522051A

 Date Of Birth
 05/12/1962

 Occupation
 INDOOR

 Date Of Driving Pass
 04/09/1981

Driving Experience 36 YEARS AND 5 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-85227087

Fax Number Contact Number

EMail Address KIM.GOH@TUV-SUD.SG

Address

APT BLK 21 JALAN RAJA UDANG

Postcode

329215

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

0

Number of Passengers (Including Driver) **Details of Police Action**

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

QUEENSTOWN N.P.C

Police Station Address

ROAD: 3 QUEENSWAY #01-03, POSTCODE: 149073, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-4719999 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT: T/20180212/2091

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

SHC3139D

Vehicle Make/Model/Colour

BLUE COMFORT TAXI

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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- Any false reporting may be referred to the Police for investigation.
- 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)

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 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:
 - 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/niail 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:
 - 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:

20/027208 1600

Reporting Centre Personne's Signature Name: Wong Hung Song howing, NRIC/FIN NO. GRIP143 X

Sketch Plan #2

NO.1 Science Park Drive, car park

Asign Superior Superio

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/02/2018 at about 1200 Hrs, I discovered that there	US santches on
my which (SI 47718) Priver side burger and some some	has no the
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oright side of the headlight. I then preceded to view my	in car
comes and flotinges reviewed that on astockaus a	t about
blue control toxy (SHX 3139 D) was acting the	att a
HUB conflot dax (SHV 3139 D) cas aciting the	11 books
the state of the s	bt pace
my corn on the right and the last side of the ?	axi ghzed
the front right damper side of my cur. The Ten	i dove off
william and wayner and party note person	
lan loging this report for toprague claim and to is	for a Al
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allow of the oxident as well those enchance the co	(V tostayis
Got record as well.	1

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:

20/02/2018 1600

Amporting Centre Personnel's Signature
Name: How they Say Google
NRIC/FIN Not: Gangle7143×

Vide Report No.:





Police Station Of Origin: Queenstown N.P.C

REPORT OF A TRAFFIC ACCIDENT

Separ No. 7201802126264

Station Diany No.

S Quaeneway #01-03 SINGAPORE 149073 Tel No: 1500-47 15959

Date/Time Report Made: 12/02/2018 13:33			Vide Report No.:				Station Diary No. 43		
nterman	le Partic	Water 18 19 19 19 19 19 19 19 19 19 19 19 19 19	Section 1	300000000000000000000000000000000000000	anger,		is the second		
Name of Informant GOH KIM MUI ID Type / ID No.: NRIC NO / \$1522051A Nationality: SINGAPORE CITIZEN		Address APT BLK 21 JALAN RAJA UDANG #15-03 SINGAPORE 329215							
		Conte	Conset No.:			le: 65227087			
		Emeil				26			
Sex: Famale	Age: 55	Date of Birth 05/12/1982		Type of Informant: Driver					
Hace: Chinese			Language: If English			Institution	natitution / School Name		
Occupation Secretary	Occupation: Secretary			Driving Licence Information: Class: 3 Date :			of Expiry:		
Accident: Losation: Along Ras SCIENCE No 1 SGII Weather:	ad 1 PARK D	Hit and Run DRIVE NRK DRIVE public (parking o	No sar park lot Surface;	05/02/2	2018 OE:15	nad Speed Limit		
Traffic Flow			Traffic Control:			Tra	Traffic Volume:		
Type of Collision: Moving Vehicle Against - Parked Vehicle			ide	de			Anyone conveyed by ambulance: No		
		Intelled		lacter	Catol	THE RESIDENCE OF THE PARTY OF T	kn New Passage		
SLT4771.		AUDI	A5 Grey Slightly 0 Sportback Damaged			0			
		Insurance	ni di si	200		Table Park			
SLT4771	AIG	ASIA PACIFIC INS		E PTE	SUSINGE N	THE STATE OF	House ARRENDE		





Pelice Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149672 To: No; 1800-4719999 2 of 3 Report No. Tr20180212/2061

CONTINUATION OF REPORT.

No. of Pedestrians Injured: NIL		Use of Per	Use of Pedestrian Crossing: NA			
Dive	A Section of the second		2 6	OCT TO		
Kamo	GOH KIM MUI		ID No		81522051A	
Related Vehicle	8LT4771J (Car)		Conta	ct No.	86227087	
Hospital/Clinic	KIL .		Class of Driving Licence & Expiry Date		Class: 3 Date of Expliy: Nil.	
Date Treatment		Date Disc	harge	NIL.		
No. of Days gram	lod Modical Leave NIL	Dagres of	injury	NIL		

Brief Details.

On 11/02/18 at about 1200hrs, I discovered that there was scratches on my vehicle (SLT4771J) of verside bumper and some acratches on the right side of the headlight. I then proceeded to view my In Carcamera and footages reviewed that on 08/02/18 at about 0915hrs, at No 1 Science Park Drive, my work place, a blue comfort text (unknown plate) was exiting the lot beable my car on the right and the left side of the Taxt glazed the front right bumper side of my car. The Taxt drove off without stopping and seving any note behind.

I am lodging this report for insurance claim and to inform Comfort Delgro of the accident as well. I have archive the CCTV footages for record as well.

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Police Station Of Origin; Queenstown N.P.C 3 Queensway #31-03 SINGAPORE 149073 Tel No: 1800-4718989

3 of 3 Report No. T/20180712/5091

CONTINUATION OF REPORT

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Informant is not able to provide akaton 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 D / Sr Staff Sgt LIM (VAN	Signature Of Informant:
Signature Of Interpreter:-	Date/Time: 12/02/2018 13:33
Officer in Charge Of Case: TP / HRT / SI ABDUL KAREEM BANASSUL HAQUE Contact No.: 65 7869 1454970	Classification Of Case
Authentication Stamp	