

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	22/09/2018 15:46
Date Of Accident	12/06/2018 14:00
Exact Location Of Accident	TOA PAYOH HDB HUB CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV2538U
Insured/Policyholder	
Name Of Registered Owner	PREMIUM AUTOMOBILES PTE LTD
Co Reg No	199902271W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68365223

Vehicle Particulars

Manufacturer	AUDI
Model	Q7 2.0 TFSI QU
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	ACT
Fleet Policy	NO
Policy Number	
Cover Note Number	

Driver

Name of Driver	SIN BE SEN PAUL
NRIC No	S6844241I
Date Of Birth	25/10/1968
Occupation	INDOOR
Date Of Driving Pass	13/09/2016
Driving Experience	1 YEAR AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82060008
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	APT BLK 542 PASIR RIS STREET 51 #01-12
Postcode	510542
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
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	RAINING
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

WE WAS NOTIFIED THERE IS A CLAIM AGAINST OWN POLICY. DURING THE TIME OF ACCIDENT THIS VEHICLE WAS DRIVEN BY OUR HIRER MR. SIN BE SEN, PAUL. REFER TO POLICE REPORT FILED BY HIRER TOGETHER WITH ATTACHED SUPPORT DOCUMENT.

Attachment(s)

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

Sketch Plan

SKETCH PLAN

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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.

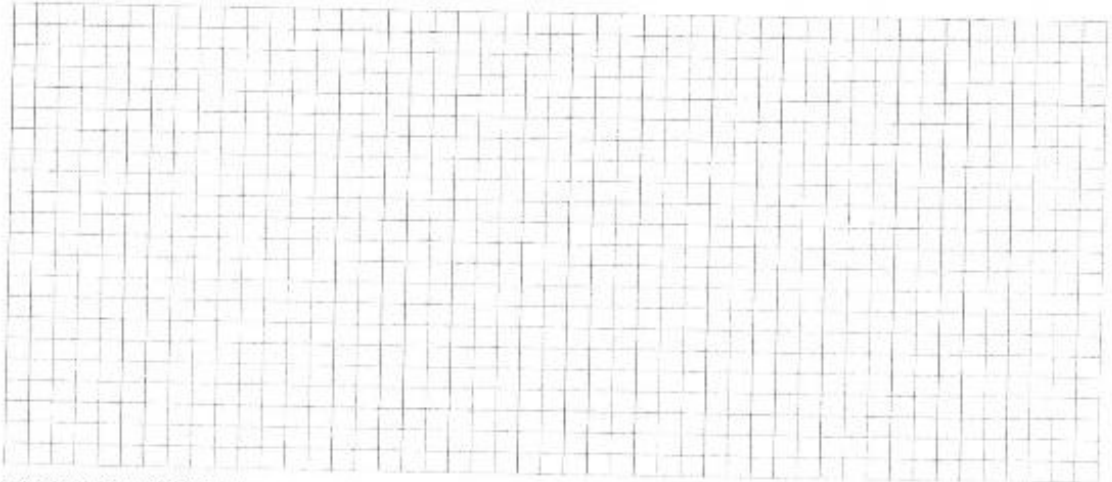
Policyholder's Signature
Date & Time:

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

Reporting Centre Representative's Signature
Name: Lim Koon Seng
NRIC/FIN No.: 98552569A

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

We was notified there is a claim against our policy.
During the time of accident this vehicle was driven by our hiree
Mr. Sin Be Sen, Paul.

Refer to police report filed by hiree together with attached support
document

DECLARATION

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

Policyholder's Signature

Date & Time:

GP/ACC/PAID/PAID/PAID/PAID

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name: Lim Kee Seng

NRIC/FIN No.: C78552569 m

Police Report



**SINGAPORE
POLICE FORCE**



T/20180814/7008

1 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No: T/20180814/7008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/08/2018 16:48		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SIN BE SEN PAUL			Address: APT BLK 542 PASIR RIS STREET 51 #01-12 SINGAPORE 510542		
ID Type / ID No.: NRIC NO / S6844241I			Contact No.: Home/Office: Mobile: 62060008		
Nationality: SINGAPORE CITIZEN			Email: valencecorpsg@gmail.com		
Sex: Male	Age: 49	Date of Birth: 25/10/1968	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: VICE CHAIRMAN			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 12/06/2018 14:00	Type of Location: Car Park
Location: Toa payoh Hdb hub carpark				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit: 10 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Not aware				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLV2538U	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: Nil	Use of Pedestrian Crossing: NA

Police Report



**SINGAPORE
POLICE FORCE**



T/20180514/7008

2 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180514/7008

CONTINUATION OF REPORT

Driver			
Name	SIN BE SEN PAUL	ID No.	S68442411
Related Vehicle	SLV2538U (Car)	Contact No.	82060008
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details

I can't remember the date this happened. It's raining heavily and I was in the carpark at Hdb hub. I did not noticed or aware of this accident until I received this report on a hot n run in carpark. The car I was driving has no sign of damage or any scratch at all. I did not even know there were no bang or sound. If I guess correctly maybe while driving out the lot might have brush thru the car beside me. That's all of that happened.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180814/7006

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20180814/7006

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TP1B /
TAN JEOK LENG
Contact No.: 65476144

Authentication Stamp
NP163

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
14/08/2018 16:48

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

