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 <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.
- 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

aforesaid.	ion to the dioniving of this report at the control and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	27/06/2018 15:42
Date Of Accident	26/06/2018 15:50
Exact Location Of Accident	OPEN CARPARK OF BLK 82-83 MACPHERSON LANE
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJA9016Y
Insured/Policyholder	
Name Of Registered Owner	LOH SOU KEAN
NRIC No	S1537478J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96316192
Alternative Phone No	OFFICE-96316192
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	ATTRACE 1.2 CVT
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	1700057646
Cover Note Number	-
Driver	
Name of Driver	BOON TENG HUAT
NRIC No	S1353856E

NRIC No S1353856E

Date Of Birth 15/04/1959

Occupation INDOOR

Date Of Driving Pass 11/03/1982

Driving Experience 36 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96316192

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 135 SIMEI ST 1 #02-50

Postcode 520135

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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

0

NO

YES

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name MACPHERSON NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 54 PIPIT ROAD #01-82/84, POSTCODE: 370054, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-7449999 - **FAX NO**: 65476366

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOBILE EQUIPMENT

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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
- 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)
 - (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
- 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.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, (d) 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

NRIC/FIN No.:

Accident Sketch Plan

	XX.	A= 53A 9016 Y
	A	
	53	
Bik 92-93	Margherson Lane Open	Cowark
CRIBE CIRCUMSTANCE		
.RIBE CIRCOWSTANCE	3 OF THE ACCIDENT	
010010	Refer to Polit	re Pagert
Please	100000	ce report
CLARATION e declare the foregoing pa	rticulars are true in every respect.	
	articulars are true in every respect.	11

Date & Time:

NRIC/FIN No.:

POLICE REPORT





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Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054

Report No. T/20180627/2071

1 of 3

Tel No: 1800-7449999

REPORT O	E A TRA	FFIC AC	CCIDENT

Date/Time Report Made: 27/06/2018 13:12		lade:	Vide Report No.:	Station Diary No.: 19	
Informa	nt's Particu	ulars			
4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Informant: ENG HUAT	ſ	Address: APT BLK 135 SIMEI STREET	1 #02-50 SINGAPORE 520135	
	/ ID No.: D / S13538	56E	Contact No.: Home/Office: Mobile: 96316192		
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age:	Date of Birth; 15/04/1959	Type of Informant: Driver		
Race: Chinese	AT THE PARTY OF TH		Language: English	Institution / School Name:	
Occupation: Retiree			Driving Licence Information: Class: 3	Date of Expiry:	

seneral Inform	nation of the Accider		Date Change	Tono of Location	
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 26/06/2018 15:50	Type of Location Car Park	
Location: Along Road 1 MACPHERSO		on Lane	a.		
Weather: Sunny	ather: Road			Road Speed Limit:	
Traffic Flow: One Way				Traffic Volume: No Traffic	
Type of Collis Moving Vehic	ion: le Against - Parked Ve	hicle		Anyone conveyed by ambulance: No	

Details of V	ehicle Invo	Ived			Contract to	HECOMES IN
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJA9016Y	Car	MITSUBISHI	ATTRAGE	Silver	Slightly Damaged	0

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

POLICE REPORT



T/20180627/2071

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Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054

Report No. T/20180627/2071

2 of 3

Tel No: 1800-7449999

CONTINUATION OF REPORT

Driver						CALIFORNIA PROPERTY	
Name	BOON TENG HUAT			ID No	12	S1353856E	
Related Vehicle	SJA9016Y (Car)		SJA9016Y (Car)		Conta	ct No.	96316192
Hospital/Clinic	NIL .			Class Drivin Licent Expiry	g	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL		Date Disc		NIL		
No. of Days gran	ted Medical Leave	NIL	Degree o	of Injury	NIL		

Brief Details

ON 26/06/2018 AT ABOUT 3.50 P.M. I PARKED MY VEHICLE AT THE OPEN CARPARK OF BLK82-83 MACPHERSON LANE. I PARKED AT LOT NUMBER 53. WHEN I PARKED MY VEHICLE, THERE WAS NO OTHER VEHICLE BESIDE MY VEHICLE. AFTER I PARKED AND SECURED MY VEHICLE, I PROCEED TO MY MOTHER'S IN-LAW HOUSE. ON THE SAME DAY AT ABOUT 4.45 P.M., I WENT BACK TO MY VEHICLE AND DISCOVERED THERE WAS SOME DAMAGES TO MY VEHICLE. I DISCOVERED SOME SCRATCHES ON THE FRONT RIGHT PORTION AND A DENT AT THE RIGHT WHEEL ARC AREA. THERE WAS PAINT TRANSFER ON THE SCTACHES AS WELL. THERE WAS NO OTHER VEHICLE TO THE LEFT AND RIGHT OF MY VEHICLE. I HAVE A IN-CAR CAMERA HOWEVER THE CAMERA IS NOT RECORDING WHEN I SIWTCHED OFF MY ENGINE.

POLICE REPORT





3 of 3

Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054 Tel No: 1800-7449999

Report No. T/20180627/2071

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: G / Sgt 3 MUHAMMAD SAYYIDI BIN TAUHID	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 27/06/2018 13:12
Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No. 65476902	Classification Of Case:
Authentication Stamp	





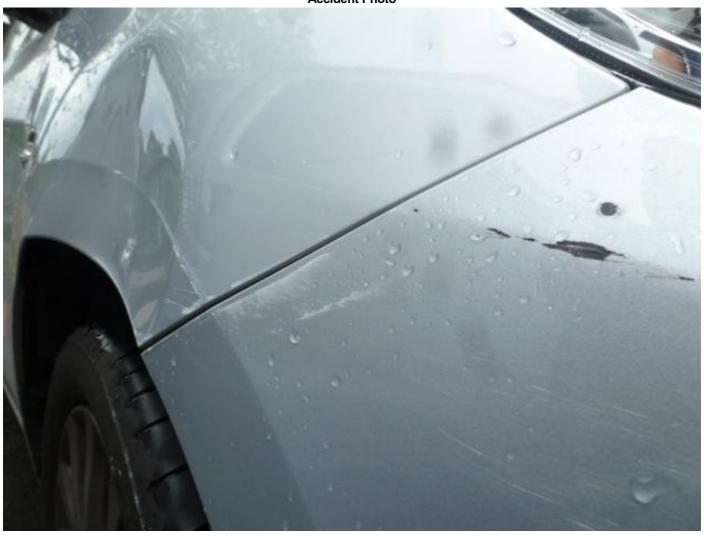












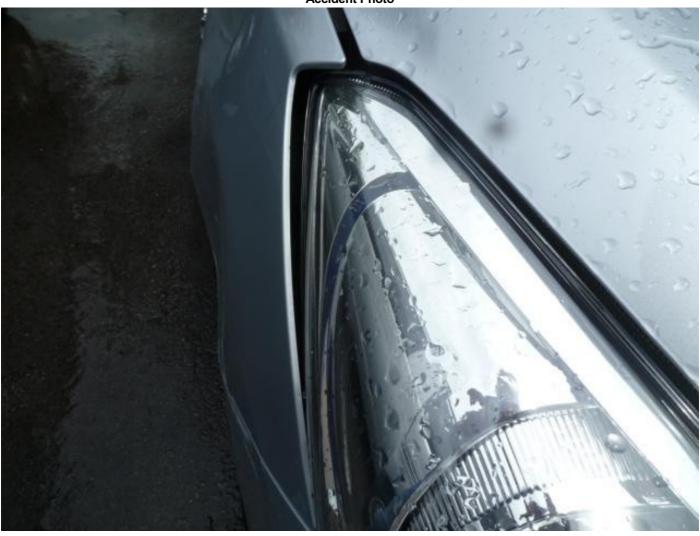














Accident Photo





