

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	23/07/2018 18:03
Date Of Accident	20/07/2018 17:00
Exact Location Of Accident	18 CROSS STREET, CHINA SQUARE CENTRAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE4132H
Insured/Policyholder	
Name Of Registered Owner	CHEW YONG HAN MELVIN (ZHOU YONG HAN)
NRIC No	S7604457J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90175680
Alternative Phone No	OTHERS-90175680

Vehicle Particulars

Manufacturer	KIA
Model	FORTE K3-1.6 EX (A)
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
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	2100475833-01000
Cover Note Number	

Driver

Name of Driver	CHEW YONG HAN MELVIN (ZHOU YONG HAN)
NRIC No	S7604457J
Date Of Birth	20/02/1976
Occupation	OUTDOOR
Date Of Driving Pass	14/03/1997
Driving Experience	21 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90175680
Fax Number	
Contact Number	OTHERS-90175680
Email Address	NOEMAIL

Address	BLK 233 SUMANG LANE #04-343
Postcode	821233
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 BY FALLEN TREE / OTHER OBJECTS
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CENTRAL POLICE DIVISIONAL HQ (A DIVISION)
Police Station Address	ROAD: 391 NEW BRIDGE ROAD #03-112 POLICE CANTONMENT COMPLEX BLOCK A , POSTCODE: 088762 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2240000 - FAX NO: 62200877
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT A/20180721/7013

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

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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

1/2 cross STEEL, OTHER SQUARE CHAIR

SLE4132H.



damage by fallen stone

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report no A/20180721/7013

DECLARATION

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

X Chelohu

Policyholder's Signature
Date & Time:

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

Date & Time:

Reporting Centre Personnel's Signature: _____

Name: _____

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



A/20180721/7013

1 of 1

POLICE REPORT (NP299)

Report No. A/20180721/7013

Police Station Of Origin
Central Police Divisional HQ
A 391 New Bridge Road #03-112 Police
Cantonment Complex SINGAPORE 088762
Tel No:1800-2240000

Date/Time Report Made 21/07/2018 17:21	Vide Report No.		Station Diary No.	
Name Of Informant CHEW YONG HAN MELVIN	Address APT BLK 233A SUMANG LANE #04-343 SINGAPORE 821233			
ID Type / ID No. NRIC NO / S7604457J	Contact No. Home/Office: Mobile: 90175680			
Nationality SINGAPORE CITIZEN	Email Address melvinchew76@yahoo.com			
Occupation Electrical engineering technician (high voltage)	Sex Male	Age 42	Date of Birth 18/02/1976	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 20/07/2018 18:00 - 20/07/2018 19:00	Location Of Incident 18 CROSS STREET CHINA SQUARE CENTRAL SINGAPORE 048423			

Brief details.

My car (SLE4132H) was park at inside china square central, while i was working at unicorn square sub station with Main Contractor (Nakano Singapore Pte Ltd).
at around 6pm one of the staff told me that stone have fell from the ceiling onto my car. at time on one was near the car or in the car so no injury.

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter:	Date/Time:
Not applicable	21/07/2018 17:21
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

