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 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.	3
	ACCIDENT STATEMENT
Date Of Report	03/08/2018 12:15
Date Of Accident	02/08/2018 20:00
Exact Location Of Accident	RIVER VALLEY ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLW2202H
Insured/Policyholder	
Name Of Registered Owner	TEO CHER IN
NRIC No	S7938443G
Email Address	CHERTEO.SG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92958685
Alternative Phone No	OTHERS-92958685
Vehicle Particulars	
Manufacturer	AUDI
Model	A3 SEDAN 1.0 TFSI 8V
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO

Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800006376
Cover Note Number	

Dri	ive	r	

Name of Driver TEO CHER IN NRIC No S7938443G Date Of Birth 10/12/1979 Occupation **INDOOR Date Of Driving Pass** 26/05/2016

Driving Experience 2 YEARS AND 2 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-92958685

Fax Number

Contact Number OTHERS-92958685

EMail Address CHERTEO.SG@GMAIL.COM

495 YIO CHU KANG ROAD Address

#03-02

Postcode 787080

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

NO

General Information of the Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? YES

Foreign Vehicle Registration Number **UNKNOWN (PRIVATE CAR)**

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.

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

REFER TO POLICE REPORT NO:T/20180802/2184

Attachment(s)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour UNKNOWN

Details Of Properties

NA/UNKNOWN Vehicle Category

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

IMPORTANT NOTICE

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- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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 (all insurers) 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/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:
 - 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:

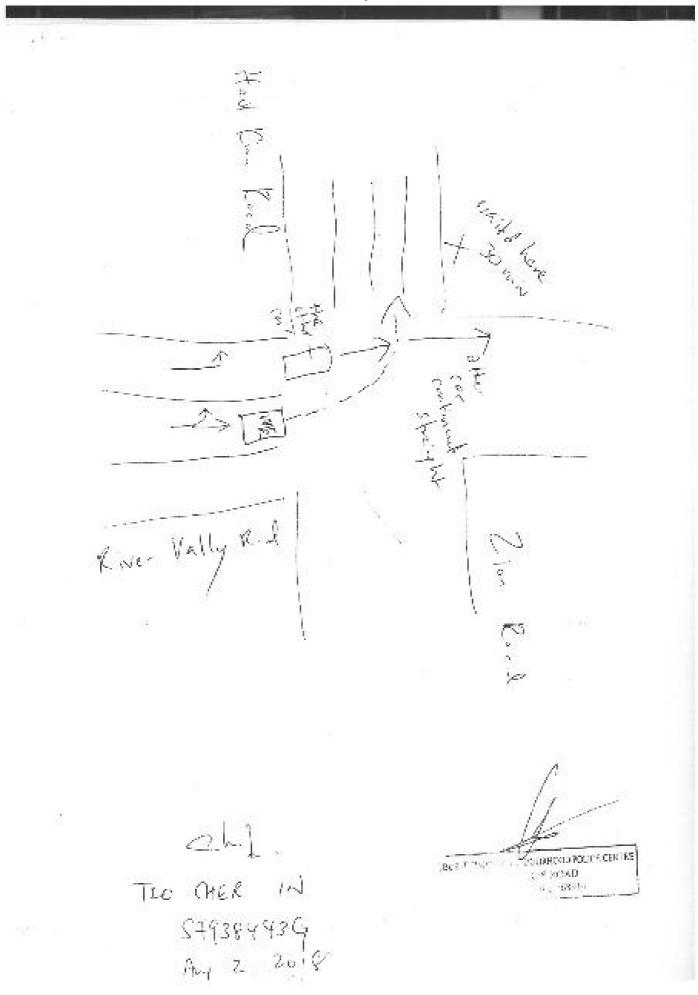
Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name: Tanting U

NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN			
Refer at Sachy	nay.		
ESCRIBE CIRCUMSTANCES	ACHEROLI NEMBERSHI MERKATARIR ILIAN		
lefo to Police Paper	εγ		
CLARATION		Principal Control of the Control of	
	culars are true in every respect.	ANTOMODE STA	
Chil	ah?	The state of the s	
icyholder's Signature te & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name: 10h DryS	
	Date & Time:	NRIC/FIN No.: (553349048	



Police Report





Police Station Of Origin: Bukit Timah N.P.C.

1 Duke's Road SINGAPORE 288914 Tel No. 1800-4629999

T/20180802/2184	100011.0010
	1 013
	1.01.4

Report No. T/20180802/2184

Date/Time Report Made: 02/09/2018 22:07			Vide Report No.	Station Diary No :
Informar	it's Partic	ulars		ELECTRONIC DUTY CONTRACTOR
Name of TEO CHE			Address: 485 YIO CHU KANG ROAD #	#03-02 SINGAPORE 787080
ID Type / ID No.: NRIC NO / \$7938443G		43G	Contact No.: Home/Office:	Mobile: 92958885
Nationalit SINGAPO		'EN	Emeil:	
Sex: Female	Age: 38	Date of Birth: 10/12/1979	Type of Informant Driver	
Race Chinese			Language:	Institution / School Name:
Occupation: OPERATION MANAGER			Driving Licence Information: Class: 34	Date of Euples

Type of Accident	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 02/08/2018 20:00	Type of Location	
RIVER VALUE HOOT KIAM I	ROAD	Quay turning left towar Road Surface: Dry		ad Speed Limit:	
100 100 November 2000 November		Traffic Control:	Tra	Traffic Volume:	
			1.000	ime volume	

Vehicle No.	Type	Make	Model	Coor	Condition	No of Passenger
SLW2202H	Car	AUDI	A3 SEDAN 1.0 TESI S TRONIC	Grey	Slightly Damaged	0

PARCEUR OF AC	shicle Insurance		Charles and the	
Vehicle No.	Insurance Company	Instrance No	Effective	Expliny Diete
SLW2Z0ZH	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800008376	02/02/2018	No. of the Party o





Palice Station Of Origin: Bukit Timah N.P.C 1 Duke's Road SINGAPORE 268914 Tel No. 1800 4829999 2 of 8 Report No. T/20180802/2184

CONTINUATION OF REPORT

Details of Perso	n Involved		District Control		
Any Pedestrian II	rvolved; No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA			
Driver		No second			
Name	TEO CHER IN			ID No.	S7938443G
Related Vehicle	SLW2202H (Car)			Contact No.	92958685
Hospital/Clinic	NIL		an iye.	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge NIL		
No. of Days gran	ted Medical Leave	No. of Days granted Medical Leave NiL			

Brief Details.

On 02/08/2018 @ about 2000hrs, I was travelling along River Valley Road towards Clarke Quay on the second tane from the left. I have signal left with the intention to turn left towards Hoot Kiam Road and the junction

Subsequently, I proceed to turn left. Out of the sudden, I noticed one impact from the rear and I proceed to stop at the most right side of the lane. I noticed that there were no vehicle stopped together with me to exchange particulars. I slighted and noticed the dent on the left rear of my vehicle. I viewed my in car carners and noticed that one blue coloured vehicle that was travelling along the most left lane has travel straight to Clarke Quay instead of turning left towards Hoot Kiam Road. I waited at the location for about 30 minutes, thinking that the vehicle might come back however to no avail.

I wish to state that I am not injured and no government property damaged. No police or ambulance attended to me. I wish to state that I am unable to view or remember the vehicle plate number of the vehicle, however the plate number from the in car camera footage suggested that it might be a Malaysian, vehicle. I wish to state that the most left lane is for turning left toward Hoot Kram Road only.





20.00000

MARKING AND SOLD - SAID

Police Station Of Origin: Bukit Timah N.P.C 1 Duke's Road SINGAPORE 268914 Tel No: 1800-4529999

Report No. T/20100802/2184

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 65474886 stating the report number as reference.

Signature of Officer Resolding The Report E / Staff Sgl ONG CHUN KAI	Signature Of Informatic
Signature Of Interpreter:	Date/Time: 02/08/2018 22:07
Officer In Charge Of Case. TP / HRT / Sr Staff Sgr TAN JEOK LENG Contact No.: 65476144	Classification Of Case:
	SINGMATURE SIGNATURE











