

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	16/08/2018 14:41
Date Of Accident	15/08/2018 17:00
Exact Location Of Accident	ALONG CTE TOWARDS SLE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLB2275H
Insured/Policyholder	
Name Of Registered Owner	TOH KENG HUAH
NRIC No	S1624361B
Email Address	SULWYNBEK@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-93870013
Alternative Phone No	Others-92338213

Vehicle Particulars	
Manufacturer	VOLVO
Model	V40 T2 R-DESIGN
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100459565-02
Cover Note Number	

Driver	
Name of Driver	BEK WEN XUAN, SULWYN
NRIC No	S9002022F
Date Of Birth	04/01/1990
Occupation	INDOOR
Date Of Driving Pass	01/01/2009
Driving Experience	9 YEARS AND 7 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-92338213
Fax Number	
Contact Number	
E-Mail Address	SULWYNBEK@HOTMAIL.COM
Address	BLK 130B LORONG 1 TOA PAYOH #25-522
Postcode	312130
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - 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/20180815/2177.

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	
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	NA/UNKNOWN

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

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 liability.
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 interested parties.
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:

15 AUG 2018
14:41 hrs

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

15 AUG 2018
14:41 hrs

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Poh Kwee Choo
S6840583A

SKETCH PLAN

CTE

Lane 1

Towards SLE

my Car
SLB 2275H

Please refer to Police report: T/20180815/2177.

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

15 AUG 2010
CHANG AND SHEN: CLIMATE CHANGE AND DROUGHT

15 AUG 2016

Poh Kwee Choo
S6840583A



**SINGAPORE
POLICE FORCE**



T/20180815/2177

1 of 3

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

Report No. T/20180815/2177

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/08/2018 22:06		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: BEK WEN XUAN SULWYN			Address: APT BLK 130B LORONG 1 TOA PAYOH #25-522 TOA PAYOH CREST SINGAPORE 312130		
ID Type / ID No.: NRIC NO / S9002022F			Contact No.: Home/Office: Mobile: 92338213		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 28	Date of Birth: 04/01/1990	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: UNEMPLOYED			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: 15/08/2018 17:00	Type of Location:
Location: Along Road 1 CENTRAL EXPRESSWAY				
CTE TWDS SLE				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLB2275H	Car	VOLVO	V40 T2 R- DESIGN (A) SR		Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180815/2177

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

2 of 3

Report No. T/20180815/2177

CONTINUATION OF REPORT

Driver				
Name	BEK WEN XUAN SULWYN		ID No.	S9002022F
Related Vehicle	SLB2275H (Car)		Contact No.	92338213
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.

On 15/8/18 at about 1700hrs

While driving on CTE towards SLE, I was on lane 1, I saw a vehicle ahead, so i changed to the second lane. I felt no collision at that point in time so I continued to cruise. At about 2000hrs a traffic police officer called me to inform that I have been involved in an alleged hit and run as such I am making this report.



**SINGAPORE
POLICE FORCE**

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



T/20180815/2177

3 of 3

Report No. T/20180815/2177

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:
TP /
WONG ZI WEI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
Sr Staff Sgt TAN JEOK LENG
Contact No.: 65476144

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
15/08/2018 22:06

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature: 

OWNER'S NRIC

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1624361B



Name

TOH KENG HUAH



Race

CHINESE

Date of Birth

23-05-1963

Sex

F

Country of Birth

SINGAPORE



2238060



NRIC No. S1624361B



Blood Group

B+

Date of issue

03-08-1994

WATERLOO 447 BUKIT PANJANG RING ROAD #06-525

SINGAPORE 670447

NRIC No.

S1624361B

Date:

11-01-1998

No:

2051672

DRIVER'S NRIC

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9002022F



Name

BEK WEN XUAN, SULWYN

麥文瑄

Race

CHINESE

Date of birth

04-01-1990

Sex

F

S9002022F

Country of birth

SINGAPORE



3664517



NRIC No. S9002022F

Date of issue

18-01-2005

APT 81X 130B LORONG 1 TOA PAYOH #25-522
SINGAPORE 312130

NRIC No: S9002022F

Date: 28/12/2017

Accident Photo



Accident Photo



Accident Photo



CHASSIS NUMBER

