

## 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             | 31/08/2018 12:01                          |
| Date Of Accident           | 23/08/2018 17:40                          |
| Exact Location Of Accident | BLK 582 BUANGKOK GREEN OPEN SPACE CARPARK |
| Country/State of Loss      | SINGAPORE                                 |

### DETAILS OF OWN VEHICLE

|                             |                   |
|-----------------------------|-------------------|
| Vehicle Registration Number | SKU8314B          |
| <b>Insured/Policyholder</b> |                   |
| Name Of Registered Owner    | I-SMILES SERVICES |
| Co Reg No                   | 53271193M         |
| Email Address               | NOEMAIL           |
| Mobile Phone No             |                   |
| Alternative Phone No        | OFFICE-89999999   |

### Vehicle Particulars

|  |                         |
|--|-------------------------|
| Manufacturer   | HONDA                   |
| Model  | STREAM 1.8X A (BI-FUEL) |
| Exact Purpose for which vehicle was being used at time of accident           | COMMERCIAL USE          |
| 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 HIRE            |

### Insurance Company

|                           |                                      |
|---------------------------|--------------------------------------|
| Name of Insurance Company | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage          | THIRD PARTY                          |
| Fleet Policy              | NO                                   |
| Policy Number             |                                      |
| Cover Note Number         | 5100028868                           |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | SIRON BIN DIN         |
| NRIC No              | S6831574C             |
| Date Of Birth        | 12/09/1968            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 21/08/1998            |
| Driving Experience   | 20 YEARS AND 0 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-93814013  |
| Fax Number           |                       |
| Contact Number       | OFFICE-93814013       |
| EEmail Address       | NOEMAIL               |

|   |  |
|---|--|
| Address   | BLK 617 JURONG WEST STREET 65<br>#07-478 |
| Postcode  | 640617                                   |
| Was driver an employee of the Insured's Company     | NO                                       |
| If No, Relationship of the Driver with the Insured  | OTHER - HIRER                            |
| Vehicle Registration Number of Driver's Own Vehicle | -<br>-<br>-                              |
| Insurance Company of Driver's Own Vehicle           | -<br>-<br>-                              |

#### 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   | 2   |
| 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)   | 0   |

#### Details of Police Action

|   |  |
|---|--|
| Was the accident reported to the police?  | YES  |
| If Yes, Please state which Police Station |  |
| Police Station Name                       | JURONG NEIGHBOURHOOD POLICE POST   |
| Police Station Address                    | <b>ROAD:</b> BLK 158 YUNG LOH ROAD , <b>POSTCODE:</b> 610158 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 1800-2659999 - <b>FAX NO:</b> 62664987                                    |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180824/2088.

#### 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 Witness 1

|               |          |
|---------------|----------|
| Name          |          |
| Phone Number  | 87875755 |
| Email Address |          |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |             |
|-----------------------------|-------------|
| Vehicle Registration Number | SJK9244C    |
| Vehicle Make/Model/Colour   |             |
| Details Of Properties       |             |
| Vehicle Category            | PRIVATE CAR |
| 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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B. 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/PIN No.:

Accident Sketch Plan

SKETCH PLAN

open space impact  
4 block 580 bus stop  
green

|   |   |   |   |
|---|---|---|---|
| U | U | A | U |
|---|---|---|---|

A: SKU83146  
B: SJK 9344C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to traffic police report  
T 12018082412088

DECLARATION

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

  
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.:

CA/MS/1/000/0/1/0/0/0/0/0/0



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180824/2088

Police Station Of Origin:  
Jurong NPP  
158 Yung Loh Road #01-58 SINGAPORE  
610158  
Tel No: 1800-2659999

2 of 3

Report No. T/20180824/2088

## CONTINUATION OF REPORT

| Driver                            |               |  |                                       |
|-----------------------------------|---------------|--|---------------------------------------|
| Name                              | SIRON BIN DIN | ID No.                                 | S6831574C                             |
| Related Vehicle                   | NIL           | Contact No.                            | 93814013                              |
| Hospital/Clinic                   | NIL           | Class of Driving Licence & Expiry Date | Class: 2B,2A,3<br>Date of Expiry: NIL |
| Date Treatment                    | NIL           | Date Discharge                         | NIL                                   |
| No. of Days granted Medical Leave | NIL           | Degree of Injury                       | NIL                                   |

### **Brief Details.**

On 23/08/2018 at about 1720hrs, I parked my car, SKU8314B, at OSCP of Bik 582 Buangkok Green. At about 1740hrs I went back to my car and there is a passer-by approach me and told me that there is a vehicle, SJK9224C, hit my vehicle. He then told me that he managed to stop the driver however the driver told him the damaged is minor thus he then drove off. The passer-by managed to snap a picture of his vehicle plate number and he then showed it to me. I make a check on my vehicle and there were a few scratches on the front left portion of the vehicle. There is an in-car camera in my vehicle however it was off mode when the incident took place.

Police Report



SINGAPORE  
POLICE FORCE



T/20180824/2088

Police Station Of Origin;  
Jurong NPP  
158 Yung Loh Road #01-58 SINGAPORE  
610158  
Tel No: 1800-2659999

3 of 3  
Report No. T/20180824/2088

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:<br>J /<br>Sgt 1 MUHAMMAD-AQIL BIN MOHAMMAD<br>TASRIN | Signature Of Informant:<br>    |
| Signature Of Interpreter:<br>Not applicable   | Date/Time:<br>24/08/2018 15:07 |
| Officer In Charge Of Case:<br>TP / HRT /<br>SSI GOH GEOK LYE<br>Contact No.: 65476148           | Classification Of Case:        |
| Authentication Stamp<br>NP168<br>Signature:<br>Singapore Police Force                           | SN 124                         |

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

