#### 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 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. 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
18/10/2018 14:29
18/10/2018 08:50
SERANGOON GARDEN MARKET CARPARK
SINGAPORE
DETAILS OF OWN VEHICLE
SFV2818H
NG KOK WAH
S1469873F
TNNG70@GMAIL.COM
(LOCAL) +65-96190345
OFFICE-96190345
AUDI
A4 SEDAN 2.0 TFSI 8W
PRIVATE USE
NO
THIRD PARTY
PRIVATE CAR
AIG ASIA PACIFIC INSURANCE PTE. LTD.
COMPREHENSIVE
NO
1800061529

Name of Driver

NG KOK WAH

NRIC No

\$1469873F

Date Of Birth

29/10/1961

INDOOR

Date Of Driving Pass

23/02/1980

Driving Experience 38 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96190345

Fax Number

Contact Number OFFICE-96190345
EMail Address TNNG70@GMAIL.COM

Address 9 TAMPINES STREET 86

#12-27

Postcode 528587

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 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?

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.

er) 0

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name SERANGOON NEIGHBOURHOOD POLICE CENTRE

NO

Police Station Address ROAD: 50 SERANGOON AVE 2 #01-02, POSTCODE: 556129, COUNTRY:

SINGAPORE

NO

Police Station Contact **TEL NO**: 1800-4880999 - **FAX NO**: 64883561

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

REFER TO POLICE REPORT NO: T/20181018/2008

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

**Details of Witness 1** 

Name JEN
Phone Number 96840744

**Email Address** 

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SLJ3026L

Vehicle Make/Model/Colour TOYOTA / COROLLA ALTIS / 1.6 CVT

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address
Postcode
Insurance Company Name
Nature Of Damage

AIG ASIA PACIFIC INSURANCE PTE. LTD.

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.
- 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.
- 5. 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 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 ".
  - 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: JAMES TAN

NRIC/FIN No.:

#### Sketch Plan #2

KETCH PLAN		
ESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	
	000-01041_0000HH = 024-0270_000HHHH	
EFFER TO POLICE	CE REPORT. 7/2018/018/201	08 -
	1	
FCI ADATION		
ECLARATION	ciculars are true in every respect.	V * 6
we declare the foregoing part	oculais are true in every respect.	(Con Tay )
		1 (a)
The same of the sa		( WOWOLL)
olicyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
ate & Time:	(If driver is not the policyholder) Date & Time:	Name: Janes TAN . NRIC/FIN No.:

#### Police Report





1 of 3

Report No. 7/20181018/2008

Police Station Of Origin: Serangoon N.P.C 50 Serangoon Avenue 2 #01-02 SINGAPORE 556129

Tel No: 1800-4880999

BRIDGE BOOK TO	POWER AS	THE STREET	ACCIDENT
PROBLEMS AND ADDRESS.	MARKET AND	THE PROPERTY OF THE PARTY.	APPROXIMATE PROPERTY.

Date/Time Report Made: 18/10/2018 10:00		/lade;	Vide Report No.:	Station Diary No.: 12
Informs	nt's Partic	ulars		TO SHE WITH THE STREET
Name of NG KOK	Informant: WAH	Address. 9 TAMPINES STREET 86 #12-27 SINGAPORE 5285		
ID Type / ID No.: NRIC NO / S1469873F			Contact No : Home/Office:	Mobile: 98190345
National SINGAP	ity: ORE CITIZ	EN .	Email:	
Sex: Age: Date of Birth: Male 56 29/10/1961		The property of the property o	Type of Informant: Vehicle Owner	
Race: Chinese			Language: English	Institution / School Name:
Occupation: SALES DIRECTOR			Driving Licence Information Class:	n: Date of Expiry:

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 18/10/2018 08:50	Type of Location CARPARK	
SERANGOO	N GARDEN WAY N GARDEN MARKET	CARPARK LOT 72		Road Speed Limit:	
		Dry		Noad Speed Cillin.	
Traffic Flow: Traffic Control: One Way Not Controlled			Traffic Volume: No Traffic		
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance:	

Vehicle No.	Type	Make	Model	Celor	Condition	No of Passenger
SFV2818H	Car	AUDI	A4 SEDAN 2.0 TFSI S TRONIC (NAV)	0.0101	Slightly Damaged	0
SLJ3026L	Car	TOYOTA	COROLLA ALTIS 1.6 CVT			0

#### Police Report





Police Station Of Origin: Seranggon N.P.C. 50 Serangoon Avenue 2 #01-02 SINGAPORE CONTINUATION OF REPORT

Report No. T/20181018/2005

Tel No: 1800-4880999

Details of Perso	n Involved					PARTY OF THE PARTY
Any Pedestrian Ir	volved: No					
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA			ing: NA	
Vehicle Owner						
Name	NG KOK WAH			ID No		S1469873F
Related Vehicle	NIL			Conta	ct No.	96190345
Hospital/Clinic	NIL			Class Drivin Licens Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	390000-05	Date Disc	A STATE OF THE PARTY OF THE PAR	NIL	
No. of Days granted Medical Leave		NIL	Degree of	Finjury	NIL	

#### Brief Details.

On 18/10/2018, at about 0820 hours I had parked my vehicle (SFV 2818 H) at Serangoon Garden Market carpark lot 72. I then proceeded to have my breakfast. After completing my breakfast, I headed back to my car at about 0900 hours. I was then approached by a female (Jen HP: 95840744) who was with her maid and her mother. She told me that someone had reversed into my car and left. She then showed me a photo evidence of the car with its plate number. She claimed that the driver of SLJ 3026 L had attempted to park beside my vehicle. However, the said driver was seen to be having difficulty in reversing. Then was when the driver reversed into my vehicle. After reversing into my vehicle, the driver immediately drove off and left the scene.

I wish to state that I have an in car camera but I am unsure if it managed to capture the footage of the incident.





3 of 3

Report No. T/20181018/2008

Police Station Of Origin:
Serangcon N.P.C
50 Serangcon Avenue 2 #01-02 SINGAPORE
556129 CONTINUATION OF REPORT

Tel No: 1800-4880999

#### 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: F / Sgt 2 JANICE TAN YU TING Sgf Co LAL	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/10/2018 10:00
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt IRMAN BIN MOHAMAD SA Contact No.: 85476145	Classification Of Case: SN 154
Authentication Stamp	Police Force



















