#### 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

atoresaid.	
	ACCIDENT STATEMENT
Date Of Report	29/10/2018 12:34
Date Of Accident	28/10/2018 16:00
Exact Location Of Accident	BLK 319 ANG MO KIO AVE 1 CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLG4892L
Insured/Policyholder	
Name Of Registered Owner	TAN BUAN SHENG FREDDY(CHEN WANSHENG FREDDY)
NRIC No	S8305989C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90076616
Alternative Phone No	OTHERS-90076616
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA 3
Exact Purpose for which vehicle was being used at time of accident	PARKED VEH
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	2100486339-02
Cover Note Number	
Driver	

Name of Driver TAN BUAN SHENG FREDDY(CHEN WANSHENG FREDDY)

 NRIC No
 \$8305989C

 Date Of Birth
 02/03/1983

 Occupation
 INDOOR

 Date Of Driving Pass
 09/07/2002

Driving Experience 16 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90076616

Fax Number

Contact Number OTHERS-90076616

EMail Address NOEMAIL

Address BLK 319 ANG MO KIO AVE 1

#09-1499

Postcode 560319

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 COLLIDED INTO PARKED VEHICLE

Weather Conditions CLEAR
Road Surface WET

#### **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?

NO

NO

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) 0

#### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

# Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

### 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 GBC7075C

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

UNKNOWN

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)

## **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number UNKNOWN

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)

### **DETAILS OF OTHER VEHICLE PROPERTY 4**

Vehicle Registration Number SJH4425X

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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- 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")
- 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

29/10/18

Name:

NRIC/FIN No.:

#### **Individual Statement**

SKETCH PLAN

丁丁香香

Along Any makin 319 Avel Car park.

V. A)SL64892L V. B)GBC 7075C V. C) unknown Black car V. O)Unknown Bluelfirey cur V. E) SJH 4425X

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on	the	Stated	date	and	time,	I	rehule	'A'	Maa	parked	
Statio	navy	on -	the st	tated	VENUE.	Betore	I	left	my	vehille,	everyth
ZNW	inta	ct. At	aroun	e 4p	m I	went	down	to	retre	eive my	veheue
and (	une	to re	alue t	nat r	ny vi	Chide	was o	samay	et.	There v	vere
total	5	curs	(nvolv	ed o	and 1	Police	were	at -	the s	cene. B	ased
on the	209	tions	of ou	ve)	ide,	I beli	leved	thact	vehi	ck E'	
S 144	4251	x had	hit	onto	vehu	le D'	an v	nknow	n gre	ylblue	Car,
then I	hit (	outo 1	rehale	C' +	togethe	y WH	h ve	hicle	B' 6	1867075	C
which	cause	id veh	uk B	' to	het	onto	ny	vehe	4 fr	out led	4
tender	, bur	iper,	connet,	side	mirr (	or, he	adlang	s, r	ims	and re	ar
1991	door	and	the fe	inder							

DECLARATION

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

Policyholder's Signature Date & Time:

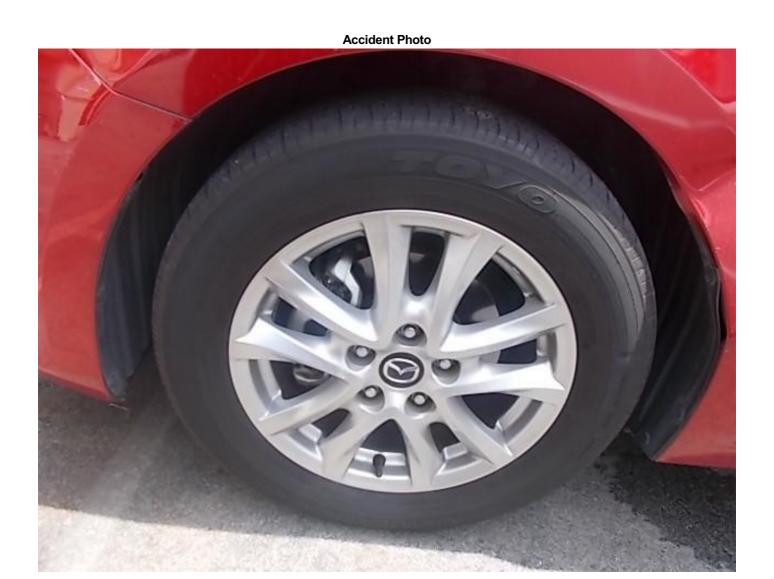
Driver's Signature (If driver is not the policyholder) Date & Time:

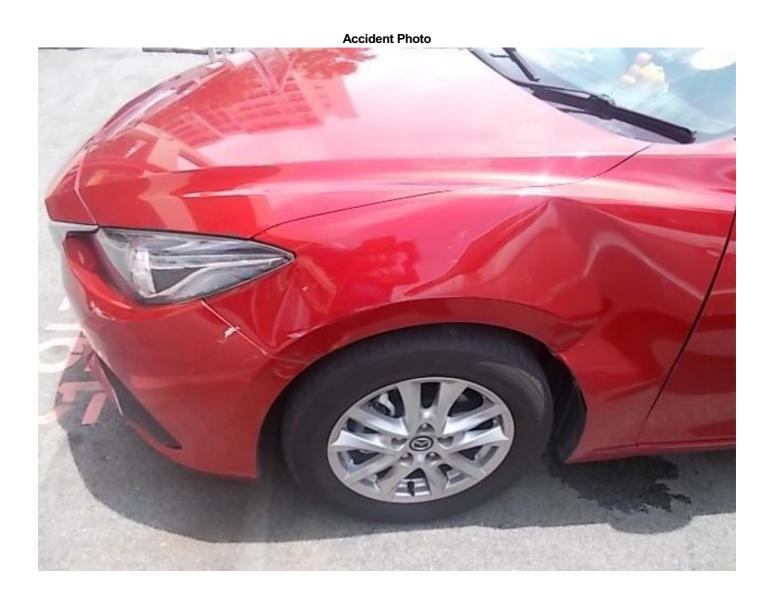
Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature

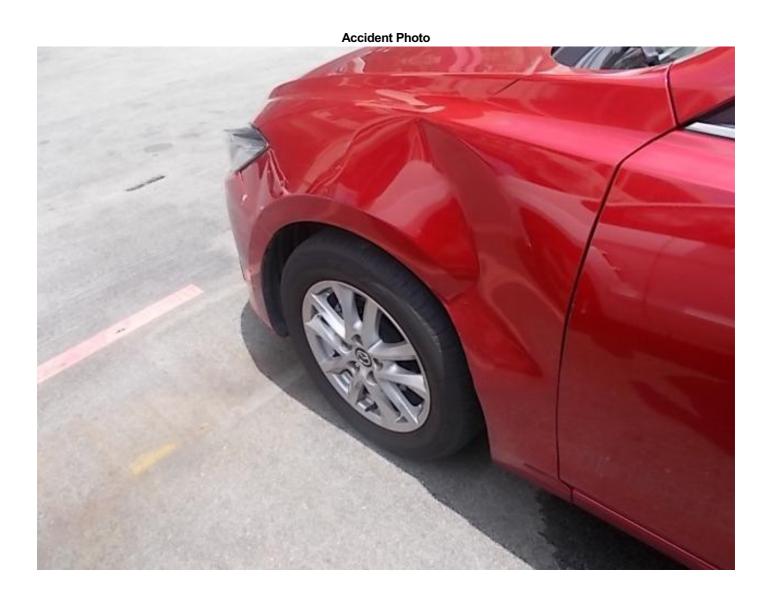


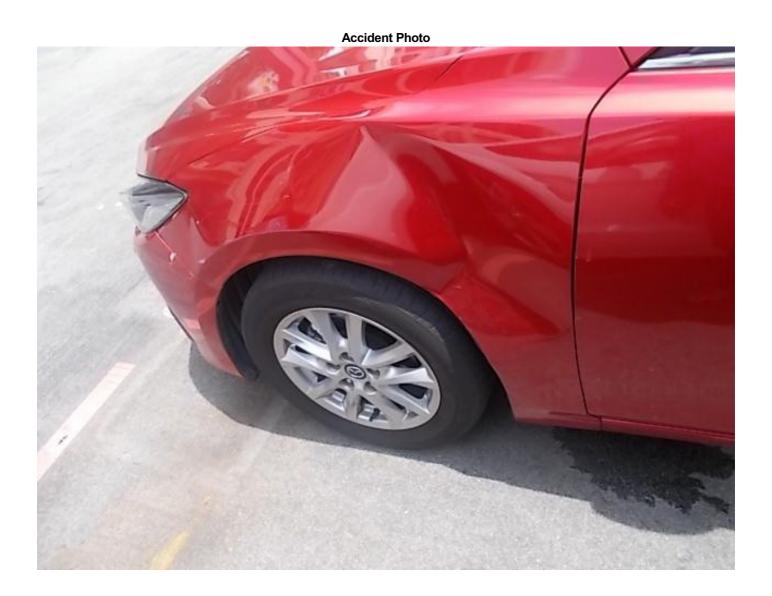








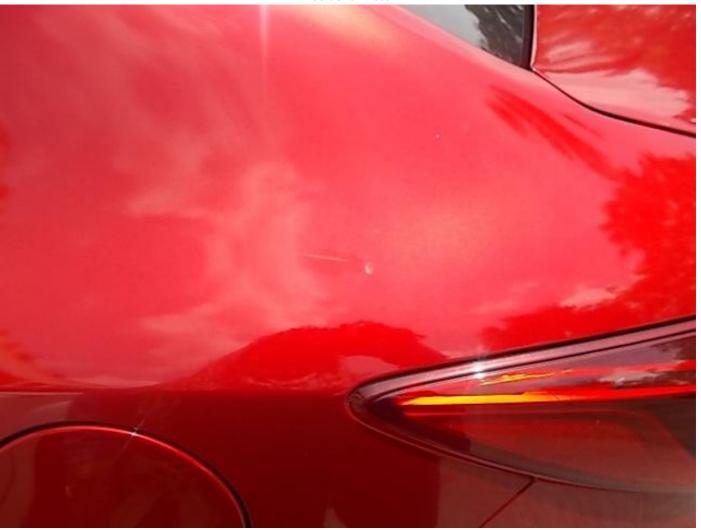


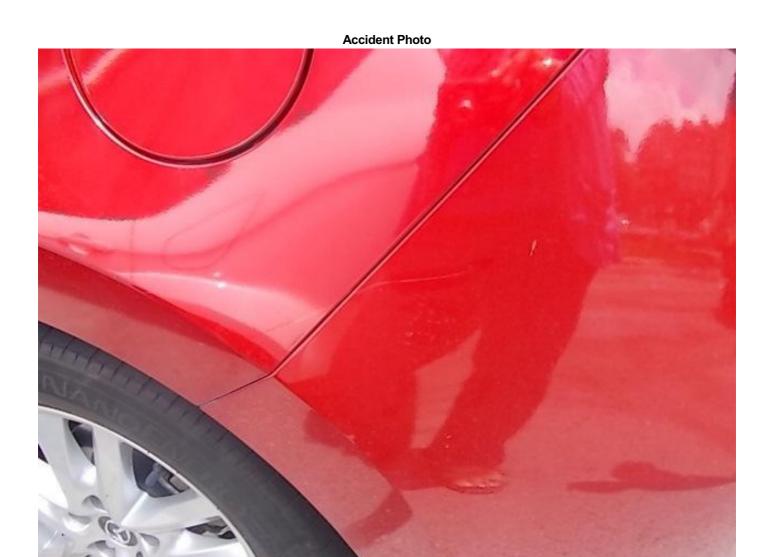


























#### **Police Report**





1 of 2

Report No. F/20181029/7036

#### POLICE REPORT (NP299)

Police Station Of Origin Ang Mc Kio Police Divisional HQ 51 Ang Mc Kio Avenue 9 SINGAPORE 560784

Tel No:1800-2180000

Vide Report No.			Station Diary No
Address APT BLK 319 ANG MO KIO AVENUE 1 #09-1499 SINGAPORE 560319			E 1 #00-1400
Contact No. Home/Office: Mobile: 90076818			
Email Address			
Sex		Date of Birth	Race
Male	35	02/03/1983	Chinese
Länguage			
Location Of Incident APT BLK 319 ANG MO KIO AVENUE 1 #09-1499			
	Address APT BL SINGAF Contact HomerC Email A fredtan8 Sex Male Langua; English Location APT BL	Address APT BLK 319 ANG SINGAPORE 5603 Contact No HomerOffice:  Email Address fredtan83@gmail.o Sex Age Male 35 Language English Location Of Inciden APT BLK 319 ANG	Acdress APT BLK 319 ANG MO KIO AVENUE SINGAPORE 560319 Contact No Home/Office: Mobile: 90076818 Email Address fredtan83(%gmail.com Sex Age Date of Birth Male 35 02/03/1983 Language English Location Of Incident

#### Brief details.

On 26.10.2018 at about 1200hrs, I parked my vehicle, SLG4892L at Blk 319 Ang Mc Rio Ave 1 open space carpark lot 469, everything was intact. On the same day at about 1600hrs, when I returned back to my vehicle, I discovered that my vehicle hit by another vehicle which was parked beside mine. My neighbour approached me and informed that about 1500hrs, there was one accident involving one vehicle. SJH4425X. The said vehicle had bang into a total of 4 vehicles including mine. There first two vehicle being knocked by the vehicle were unknown to me and the impact had hit onto the three vehicle.

Signature Of Informant:		
tity of the person making this as been authenticated by s. No signature is required.		
16:16:40		
Classification Of Case:		

Authentication Stamp

### Police Report





2 of 2

POLICE REPORT (NP299)

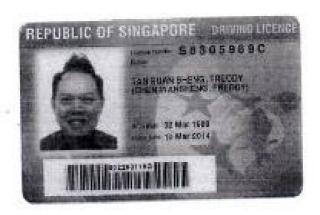
CONTINUATION OF REPORT

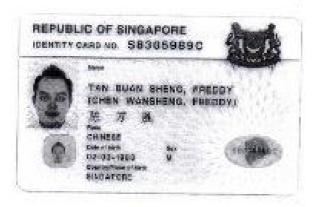
Report No. F/20181029/7036

GBG7075C which was parked at lot 470. Due to the impact, the white van, GBG7075C had hit onto the loft side of my vehicle causing my vehicle to be damaged. The damages to my vehicle as follow: 1) Left front bonnet dent 2) scratches on both my left rim 3) scratches on my front and rear left side door. Police had attended to the incident vide F/20181028/0170. I am lodging this report for my insurance claim.

Signature Of Officer Recording The Report	Signature Of Informant: The identity of the person making this				
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.				
Signature Of Interpreter: Not applicable	Dats/Time; 29/10/2018 16:40				
Officer In-Charge Of Case:	Classification Of Case:				
Authentication Stamp					

#### **Identification Card**







Total

