

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 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

Date Of Report	19/12/2018 18:27
Date Of Accident	19/12/2018 07:30
Exact Location Of Accident	BT BATOK EAST AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA3339T
Insured/Policyholder	
Name Of Registered Owner	PHUA YONG SIN
NRIC No	S0856709C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97354664
Alternative Phone No	OTHERS-97354664

Vehicle Particulars

Manufacturer	AUDI
Model	Q5 SPORT 2.0 TFSI QU
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	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	1700080388-01
Cover Note Number	

Driver

Name of Driver	PHUA BOON PU
NRIC No	S8331753A
Date Of Birth	15/10/1983
Occupation	INDOOR
Date Of Driving Pass	21/06/2002
Driving Experience	16 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97354664
Fax Number	
Contact Number	
Email Address	BOONPU@GMAIL.COM

Address	85 COMPASSVALE BOW #12-20
Postcode	544685
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 (including own vehicle) 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	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

REFER TO POLICE REPORT NO: T/20181219/7009

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFU8818Z
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	AIG ASIA PACIFIC INSURANCE PTE. LTD.

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:

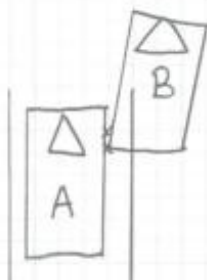
Driver's Signature
(If driver is not the policyholder)
Date & Time: 14/12/2015/5:11pm

Reporting Centre Personnel's Signature
Name: Julie
NRIC/FIN No.: F26013107



Sketch Plan #2

SKETCH PLAN



A: SKA 3339T
B: SFU 8818Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

— Refer to police report —

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: 19/2/22/5:11p

Reporting Centre Personnel's Signature
Name: Justin EC

NRIC/FIN No.: F29d31DT.

Police Report



**SINGAPORE
POLICE FORCE**



T/2018/219/7009

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

1 of 3

Report No. T/2018/219/7009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/12/2018 14:14		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: PHUA BOON PU			Address: 85 COMPASSVALE BOW #12-20 SINGAPORE 544685		
ID Type / ID No.: NRIC NO / S8331753A			Contact No.: Home/Office: Mobile: 97354664		
Nationality: SINGAPORE CITIZEN			Email: boongu@gmail.com		
Sex: Male	Age: 35	Date of Birth: 15/10/1983	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Manager			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 19/12/2018 07:30	Type of Location: Car Park
Location: BUKIT BATOK EAST AVENUE 3				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFU8818Z	Car	MERCEDES BENZ	A180	Grey		0
SKA3339T	Car	AUDI	Q5	Brown		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SFU8818Z	AIG ASIA PACIFIC INSURANCE PTE. LTD.			

Police Report



**SINGAPORE
POLICE FORCE**



T/20181219/7009

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

2 of 3

Report No. T/20181219/7009

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKA3339T	AIG ASIA PACIFIC INSURANCE PTE. LTD.			

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	PHUA BOON PU	ID No.	S8331753A
Related Vehicle	SKA3339T (Car)	Contact No.	97354684
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 19 December 2018 at about 07:20am, I parked my vehicle SKA3339T at the Multi-Storey Car Park - Blk 285A Bukit Batok East Avenue 3. Upon return to the vehicle, I did not notice any issues with my vehicle as the car park was not well lighted and drove off. At about 11:45am on the same day, I discovered that my vehicle was hit at the right side, below the side mirror.

I retrieved my in-car footage and saw that a vehicle SFU8818Z, which is a Mercedes Benz A-Class, reversed into the vacant parking lot on my right. In the process, the driver collided into the right side of my vehicle. After parking the vehicle, the driver who is a male subject (wearing checkered short sleeve shirt and jeans) was seen examining the vehicles and walked away thereafter. The driver did not leave any note on my vehicle.

I have the full video clip of the incident and will submit upon request. For reference, it can be downloaded via <https://www.dropbox.com/home/Photos/Hit & Run - 19 December 2018>

Police Report



**SINGAPORE
POLICE FORCE**



T/2018/1219/7008

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No. 65470000

3 of 3

Report No. T/2018/1219/7008

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 18/12/2018 14:14
Officer In Charge Of Case: TP / TP1B / CHONG GUAN FATT Contact No.: 65476198	Classification Of Case:

Authentication Stamp
NP188

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

