### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Occupation

Gender

Date Of Driving Pass

**Driving Experience** 

Mobile Number

Fax Number
Contact Number

**EMail Address** 

- 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	03/01/2019 09:54
Date Of Accident	31/12/2018 16:00
Exact Location Of Accident	BLK 330 SEMBAWANG CLOSE DRIVEWAY TO THE CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGW1183U
Insured/Policyholder	
Name Of Registered Owner	LOH THIAN FATT (LUO TIANFA)
NRIC No	S8016802J
Email Address	JUSTINLOHT8@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96865049
Alternative Phone No	OTHERS-96865049
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL-1.5 X CVT (A)
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	2100484148-02
Cover Note Number	
Driver	
Name of Driver	LOH THIAN FATT (LUO TIANFA)
NRIC No	S8016802J
Date Of Birth	15/06/1980

**INDOOR** 

MALE

07/03/2002

16 YEARS AND 9 MONTHS

JUSTINLOHT8@GMAIL.COM

(LOCAL) +65-96865049

OTHERS-96865049

Address BLK 330 SEMBAWANG CLOSE

#13-383

Postcode 750330

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

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**General Information of the Accident** 

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions RAINING
Road Surface WET

**Other Information** 

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO YES

2

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) 3

Passenger 1

NAME: : CHAN BAO CHAN (ZENG BAOCHAN)

GENDER: : FEMALE

Passenger 2 NAME: : LOH WENG CONG (LUO WENCONG)

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name BUKIT MERAH WEST NPC

Police Station Address ROAD: 500 BUKIT MERAH VIEW #01-01, POSTCODE: 159682,

COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

PLEASE REFER TO POLICE REPORT T/20181231/2131

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 SLP5672B

Vehicle Make/Model/Colour TOYOTA PRIUS

**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**

- 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</u> and <u>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.
- 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;
  - 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 Pensor

wame;

NRIC/FIN No

# **Accident Sketch Plan**

SKETCH PLAN	BIK 330	Stambalong a	OSK DRIVE	L WAY	To THE CARPARK
stationary					(R) SEW 11834
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CONTRACTOR OF THE PARTY OF THE					
		THE ACCIDENT	7/2 151	1-	
	retu 10	Police Report No	: ([20 8]26	1/2/31	
110000					
		/			
	-/				
	/				
LARATION			-		
declare the foreg	oing particulars a	ire true in every respect.		4.	Inda la 19
rholder's Signature		Driver's Signature		W	03/01/201
& Time:		(If driver is not the policyhold Date & Time:	eri	Name: NRIC/FIN No.	intre Personipel's Skenoture

# **POLICE REPORT**





Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682 Tel No: 1800-3779999

1 of 3 Report No. T/20181231/2131

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
31/12/2018 18:51

Informant's Particulars

Vide Report No.:
61

Informar	it's Particu	lars			
LOH THI	Informant: AN FATT		Address: APT BLK 330 SEMBAWANG CLOSE #13-383 SINGAPORE 750330		
	/ \$801680	)2J	Contact No.: Home/Office:	Mobile: 96865049	
Nationali SINGAP	ly: ORE CITIZ	EN	Email:		
Sex: Male	Age: 38	Date of Birth: 15/08/1980	Type of Informant:		
Race: Chinêse	And the second second		Language:	Institution / School Name:	
Occupa Mechan	tion: lical engine	er (general)	Driving Licence Information: Class: 2B,3	Date of Expiry:	

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 31/12/2018 16:00	Type of Location Straight Road	
Along Road 1 SEMBAWANO Blk 330 Semba Weather:	CLOSE	y to the carpark			
Drizzling Road Wet					
Drizzling		Road Surface; Wet		Road Speed Limit:	
Orizzling Traffic Flow:				Road Speed Limit:	
Orizziling Traffic Flow: Type of Collision	on: • Against - Parked Ve	Wet Traffic Control:			

Vehicle No.	Type	Make	Model	To I	CA CUST COL	
SGW1183U		HONDA	THE RESERVE TO SERVE	Color	Condition	No of Passenge
	ALL ROLLS	HONDA	VEZEL 1.5X	Silver	Slightly	2
SLP5672B Car	TOYOTA	PRIUS	Grey	Damaged		
			HYBRID 1.8S CVT	Gley		0

Details of V	ehicle Insurance	THE RESERVE OF THE PERSON NAMED IN		
Vehicle No.	Insurance Company	Insurance No	Effective	Leave Burn
				Expiry Date

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### POLICE REPORT



Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682

Tel No: 1800-3779999



Report No. 1/20161231/2131

CONTINUATION OF REPORT

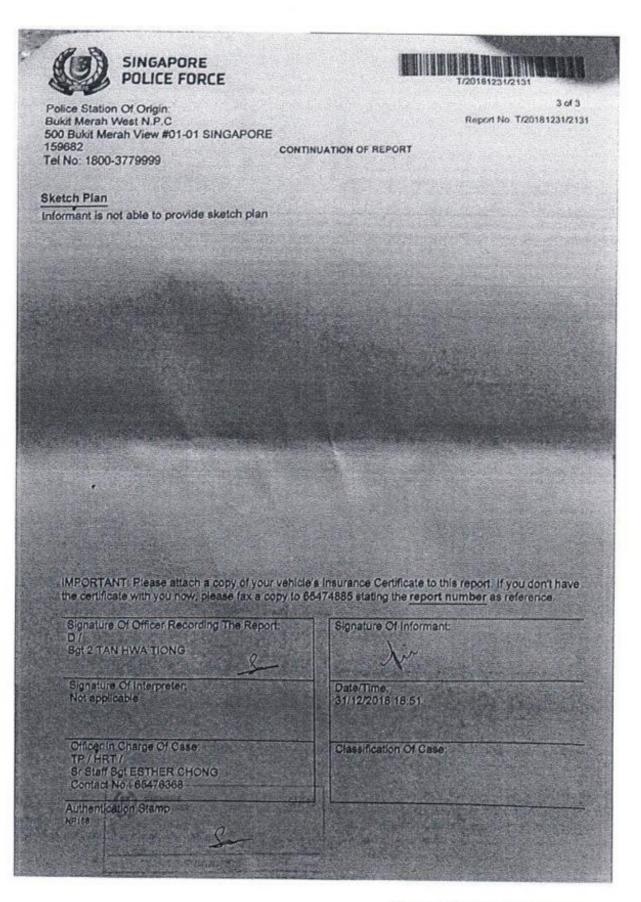
	ehicle insurance	A SECTION AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IN COLUMN TW		
Vehicle No.	Insurance Company	Insurence No		
SGW1183U	AIG ASIA PACIFIC INSURANCE PTE.	STORIGHTED IND	Effective	Expiry Date
<b>国际的国际</b>	LTD.	2100484148-02	23/09/2018	22/09/2019

### Brief Details.

On the 31/12/2018 at 1600hrs, I was waiting in my car with my wife and son at the driveway below my block towards the carpark, I parked my car there as I was waiting my friend to pass me something. Suddenly, I heard a sound coming from the back of my car. A car then sped pass me from the right and drove off. My wife then went down to make a check and noticed that the area above my rear bumper is damaged. I have a video recording of the incident as there is a video camera facing the rear in my car. No one was injured. No traffic police or ambulance attended to us. That is all.

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### POLICE REPORT



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4594444





NRIC No. S8016802J

Date of issue

30-06-2010

APT BLK 330 SEMBAWANG CLOSE #13-383 SINGAPORE 750330

NRIC No: \$8016802J

Date: 30/07/2011

No: 6826860

IDENTITY CARD NO. \$8016802J





LOH THIAN FATT (LUO TIANFA)

Name:





Race

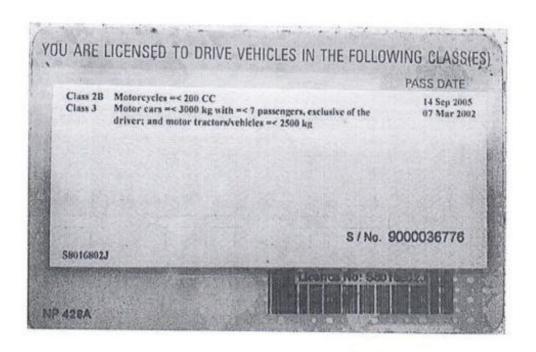
CHINESE

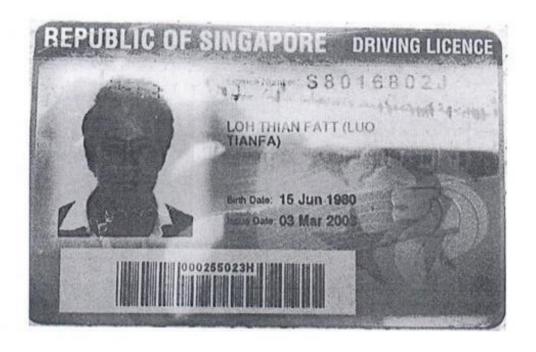
Date of birth

15-06-1980

88016802

Country of birth SINGAPORE























### **Addendum Sheet**



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: \$66550020d / GST Reg. Ne.1 M600057725

HARM OFFICE . . .

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report. .:

# ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Vehicle Registration No: Name(as shownin NRIC) ; (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate Address Singapore( Contact (Tel) Emall Address Date of Accident Time of Accident: Place of Accident Insurance Company: (B) ADDITIONALINFORMATION AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Policyholder / Driver's Signature Neme: NRIC/FIN No.: Kel Date:

Date: