

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	15/03/2019 17:23
Date Of Accident	13/01/2019 12:15
Exact Location Of Accident	BUKIT BATOK WEST AVE 6 OPEN CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ91G
Insured/Policyholder	
Name Of Registered Owner	TENG CHOON KIAT
NRIC No	S1774727D
Email Address	TENGCF@RICHTRANS.COM.SG
Mobile Phone No	(LOCAL) +65-91110044
Alternative Phone No	Office-91110044

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E250
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	REPORTING ONLY
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	1800046841
Cover Note Number	

Driver

Name of Driver	TENG CHOON FONG
NRIC No	S6848868J
Date Of Birth	12/12/1968
Occupation	OUTDOOR
Date Of Driving Pass	18/10/2011
Driving Experience	7 YEARS AND 2 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-91110044
Fax Number	
Contact Number	OFFICE-67344196
EMail Address	TENGCF@RICHTRANS.COM.SG
Address	40 ROBERTSON QUAY #04-09
Postcode	238237
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	NO
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)	2
Passenger 1	Name: : UNKNOWN Gender: : Female

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NPC
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190121/2009

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	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)

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.
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:

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

BUKIT BATOK WEST AVE 6 OPEN CARPARK

SKETCH PLAN

A-52916
B-UNKNOWN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: 7/20190121/2009

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: *sfm* 15/03/19
NRIC/FIN No.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20190121/2009

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

2 of 3
Report No. T/20190121/2009

CONTINUATION OF REPORT

Driver			
Name	TENG CHOON FONG	ID No.	S6848868J
Related Vehicle	SJZ91G (Car)	Contact No.	91110044
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 13/01/2019 at about 1216hrs, I was driving along Bukit Batok West Ave 6 open car-park (unable to recall which block), while I was reverse parking, my rear of the vehicle hit onto a front right side of a van. After which I waited for a moment however I am unable to located the vehicle owner. I then left as my female friend(passenger) require medication for her medical issues (breathing problem). I didn't leave a note on the vehicle as I do not have any paper or pen. Moments later, I went back to the carpark however the van is no longer there.

Few days later, I received a letter from Traffic Police to lodge a Traffic Accident report involving my vehicle on 13/01/2019 along Bukit Batok West Ave 6 at about 1216hrs. ref: TP/IP/02163/2019. TP In-Charge: TP IO Md Abdillah Bin Palil tel: 65476246.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20190121/2008

1 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 640818
Tel No: 1800-2688999

Report No: T/20190121/2008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/01/2019 02:23	Vide Report No.:	Station Diary No.: 27
--	------------------	--------------------------

Informant's Particulars

Name of Informant: TENG CHOON FONG			Address: 48 ROBERTSON QUAY #04-09 SINGAPORE 238427		
ID Type / ID No.: NRIC NO / S6848868J			Contact No.: Home/Office: Mobile: 91110044		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 50	Date of Birth: 12/12/1968	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: OPERATION			Driving Licence Information: Class: 3A		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 13/01/2019 12:15	Type of Location: Car Park
Location: Along Road 1 BUKIT BATOK WEST AVENUE 6				
Along Bukit Batok West Ave 6, open-car-park				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control: Not Controlled		Traffic Volume: Moderate	
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
SJZ91G	Car				No Damage	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: N/A

Police Report



**SINGAPORE
POLICE FORCE**



T120190121/2009

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2889999

2 of 3
Report No: T120190121/2009

CONTINUATION OF REPORT

Driver			
Name	TENG CHOON FONG	ID No.	S6648868.J
Related Vehicle	SJZ91G (Car)	Contact No	91110044
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 13/01/2019 at about 1216hrs, I was driving along Bukit Batok West Ave 5 open car-park (unable to recall which block), while I was reverse parking, my rear of the vehicle hit onto a front right side of a van. After which I waited for a moment however I am unable to located the vehicle owner. I then left as my female friend(passenger) require medication for her medical issues (breathing problem). I didn't leave a note on the vehicle as I do not have any paper or pen. Moments later, I went back to the carpark however the van is no longer there.

Few days later, I received a letter from Traffic Police to lodge a Traffic Accident report involving my vehicle on 13/01/2019 along Bukit Batok West Ave 5 at about 1216hrs. ref: TP/IP/02163/2019. TP in-Charge: TP IO Md Abdullah Bin Palfi tel: 65476246.

Police Report



SINGAPORE
POLICE FORCE



T/20190121/2009

Police Station Of Origin:
Jurong West N.P.C.
700 Corporation Road SINGAPORE 649819
Tel No. 1800 2689959

3 of 3

Report No. T/20190121/2009

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 65474895 stating the **report number** as reference.

Signature Of Officer Recording The Report:
J /
Sgt 1 IBRAHIM BIN ROSLI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
21/01/2019 02:23

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP158

Identification Card

