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 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	
Date Of Report	18/01/2019 15:13
Date Of Accident	17/01/2019 15:30
Exact Location Of Accident	TESSENSOHN ROAD CARPARK LOT 40
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLC8968Y
Insured/Policyholder	
Name Of Registered Owner	TOH MUI ENG
NRIC No	S1730330I
Email Address	CHERYL.TOH72@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96226389
Alternative Phone No	OFFICE-96226389
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	GLC 250 4MATIC
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	1800052752
Cover Note Number	-
Driver	
Name of Driver	TOH MUI ENG
NRIC No	S1730330I
Date Of Birth	18/09/1965
Occupation	INDOOR
Date Of Driving Pass	17/11/1988
Driving Experience	30 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	+65-96226389
Fax Number	
Contact Number	OFFICE-96226389
EMail Address	CHERYL.TOH72@GMAIL.COM

Address	19 STRATTON DRIVE
Postcode	806889
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 (including own vehicle) involved in the accident	
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	
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TOO LARGE FAIL TO UPLOAD
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJS7156U
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)	

SKETCH PLAN

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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.

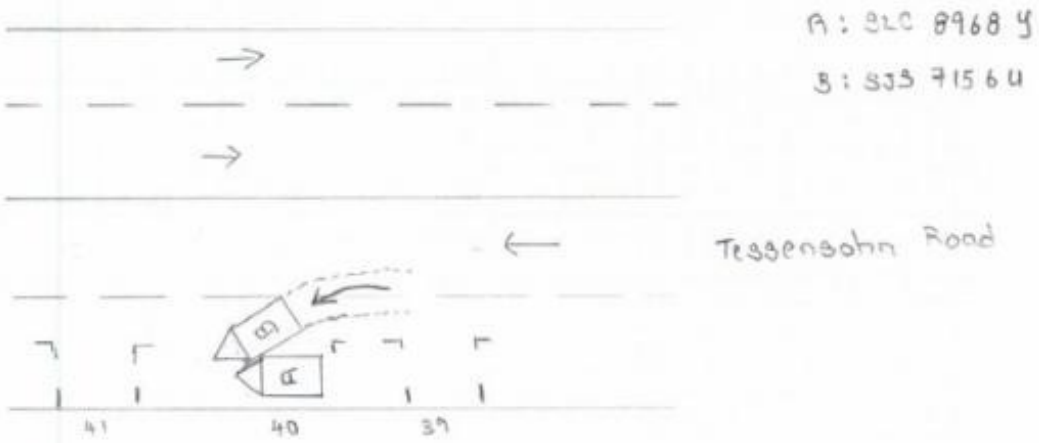
   (e) the information so collected under (d) above may be shared / disclosed:

   (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.:

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17/01/2019, my vehicle A (SLC 8968 Y) was parked along Tessensohn Road in carpark lot 40. I am not in the vehicle when the accident happened. When I returned to my vehicle A, my video alert me that an impact had occurred to my vehicle A. I then saw a note left on my vehicle A written by vehicle B (SJS 7156 U) driver stating that he had knocked into my vehicle A at 1530 HRS on the same day.

No one was injured.

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)	Reporting Centre Personnel's Signature Name:
18/1/19	18/1/19	

SINGAPORE POLICE FORCE

T/20190118/2074

Report No. T/20190118/2074

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
18/01/2019 12:27		11

Informant's Particulars

Name of Informant: TOH MUI ENG			Address: 19 STRATTON DRIVE SINGAPORE 806889	
ID Type / ID No.: NRIC NO / S1730330I			Contact No.: Home/Office: Mobile: 96226389	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 53	Date of Birth: 18/09/1965	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: HOUSEWIFE			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 17/01/2019 15:30	Type of Location: Straight Road
Location: Along Road 1 TESSENSOHN ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
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
SJS7156U	Car				Slightly Damaged	0
SLC8968Y	Car	MERCEDES BENZ	GLC 250 4MATIC	Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLC8968Y	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800052752	27/05/2018	26/05/2019

SINGAPORE POLICE FORCE

T/20190118/2074

Report No. T/20190118/2074

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

CONTINUATION OF REPORT

Brief Details.

On 17/01/2019 at around 1445hrs I had parked my vehicle (SLC8968Y) along Tessensohn Road carpark lot 40. When I left the vehicle everything was in order. On 17/01/2019 at around 1720hrs, I returned back to my vehicle and my car camera alerted me that an impact had occurred. I made a check and noticed that there is damage on the front right spoiler and the right rim. I then saw a note left on my vehicle windshield written by the owner whom had hit onto mine mentioning that earlier on at 1530hrs he had accidentally hit my vehicle and inform me to contact him at 98574072, Mr Rishi, vehicle number: SJS7156U. No one is injured during the process and I wish to state that during driving the front high beam would trigger off suddenly as well. I am lodging this report for record and my insurance purposes.

SINGAPORE POLICE FORCE

T/20190118/2074

Report No. T/20190118/2074

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

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 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: F / Sgt 2 KOO LAY SIONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/01/2019 12:27
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:

Authentication Stamp

NP168

HP: 96276389
Email: cheryl.toh72@gmail.com
Occupation: HOUSEWIFE
Passengers: 0

Accident Photo

Accident Photo

Accident Photo

Accident Photo

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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: S66SS0020G / GST Reg. No.: M400017735

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:

Original Report No : MNA11900 8597 Vehicle Registration No: SLC 8968 Y

Name(as shown in NRIC) : Toh Mui Eng NRIC/FIN/Passport No : S17 30330 I

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : 19 Stratton Drive Singapore(80 6887)

Contact (Tel) : 9622 6389 Mobile No. : 96226389

Email Address : Cheryl . toh 72 @ gMail.com

Date of Accident : 17/01/2019 Time of Accident : 15:30 hrs

Place of Accident : Tecsonsohn Road Carpark Lot 40

Insurance Company :

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I wish to mentioned that my Front Alloy Rim (left) also damaged due to this accident.

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 15/2/19.