#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Gender

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

	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

**FEMALE** 

(LOCAL) +65-96226389

CHERYL.TOH72@GMAIL.COM

OFFICE-96226389

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

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 0

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name SERANGOON NORTH NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 108 SERANGOON NORTH AVENUE 1 #01-709 , POSTCODE:

550108, **COUNTRY**: SINGAPORE

Police Station Contact **TEL NO**: 1800-2849999 - **FAX NO**: 63431742

Was notice of intended Prosecution given?

If Yes, against whom?

NO

#### **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? NC

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SJS7156U

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR

Vehicle Category

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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.
- 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;
  - (b) 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 dollvery 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.

Policyharber's Signature Oate & Time:

Dower's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Nome:

NRIC/FIN No.:

#### Accident Sketch Plan

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ESCRIBE CIS	RCUMSTANCES OF	THE ACCIDENT	
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CLARATION to declare the		s are true in every respect.	And A





1 of 3

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: 18/01/2019 12:27 Vide Report No.: 11 Informant's Particulars Name of Informant: TOH MUI ENG ID Type / ID No.: Contact No.: Vide Report No.: Station Diary No.: 11 Station Diary No.: 11 Contact No.:

Mobile: 96226389 NRIC NO / S1730330I Home/Office: Email: Nationality: SINGAPORE CITIZEN Type of Informant: Date of Birth: Sex: Age: 18/09/1965 Driver Female 53 Institution / School Name: Race: Language: Chinese Driving Licence Information: Occupation: Date of Expiry: Class: 3 HOUSEWIFE

General Infor	mation of the Accide	ent			
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 TESSENSOF Weather: Clear		Road Surface:		Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic	
Type of Collis	sion: cle Against - Parked V			Anyone conveyed by ambulance:	

Details of Vehicle Involved						
Vehicle No.	Туре	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.	1800052752	27/05/2018	26/05/2019

#### POLICE REPORT





A STANDARD CONTRACTOR

Police Station Of Origin: Serangoon North NPP 108 Serangoon North Ave 1 #01-709 SINGAPORE 550108 Tel No: 1800-2849999 Report No. T/20190118/2074

CONTINUATION OF REPORT

#### Brief Details.

On 17/C1/2019 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.





13011012014

3 of 3 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

NP168

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:





HP: 96276389 Email: cheryl-toh 72@gmail-com Occupation: Housewife Passengera: O

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of 17 Nov 1988 which unladen does not exceed 2500 killograms

NF 678A



















































