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 <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

atoresaid.	
	ACCIDENT STATEMENT
Date Of Report	08/04/2019 14:42
Date Of Accident	07/04/2019 15:15
Exact Location Of Accident	ALONG TAMPINES STREET 91
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGC7740C
Insured/Policyholder	
Name Of Registered Owner	GOH JOON HUAT
NRIC No	S7121834A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90091438
Alternative Phone No	OTHERS-90091438
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C180
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	1800053829
Cover Note Number	
Driver	

OTHERS-90091438

Name of Driver **GOH JOON HUAT** NRIC No S7121834A Date Of Birth 02/07/1971 Occupation **INDOOR** Date Of Driving Pass 20/07/1990 **Driving Experience** 28 YEARS AND 8 MONTHS Gender MALE Mobile Number (LOCAL) +65-90091438

EMail Address NOEMAIL

Fax Number
Contact Number

Address BLK 657 CHOA CHU KANG CRESCENT

#03-33

Postcode 680657

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

ambulance?

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

NO

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

YES

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

NO

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 T/20190407/2118

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 FBD7115L

Vehicle Make/Model/Colour

BAJAJ PULSAR

Details Of Properties

Vehicle Category MOTORCYCLE

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

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- 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)
 - (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
- 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.
- 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.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

90 08/04/2009
Reporting Centre Parsonnel's Signature

Accident Sketch Plan

	1 1/	
. 0	3	
1		A) SGC 7740
	A	B) FBO 71151
	- Transports ST 91	יין נפון עפון לייי
v	A	
10 -	8.00	
DESCRIBE CIRCUMSTAN		
6n 7/4/19 a	faround 15-15-hrs (was driv	iny my vehicle into the
Corpora at	929 tanginse st 91, the motor eye the corport Apad and hit on	to mes riding on the
protosth ont	he corport hoad and hit in	the left front wheel as
sumper one on	my vehicle I horned him to s	smal him to stop but h
malalahi	4, I managed to fillow him tid	fampinese are 2 shill
	and managed to record don't sight of him.	on his vehicle number
PERE COST	SHUT OF NIM.	
DECLARATION		
	articulars are true in every respect.	

POLICE REPORT





1 of 3

Report No. T/20190407/2118

Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682

REPORT OF A TRAFFIC ACCIDENT

Tel No: 1800-5871999

	Date/Time Report Made: 07/04/2019 22:57		Vide Report No.:	Station Diary No. 115	
Informa	nt's Partic	ulars		THE STATE OF THE S	
	f Informant: OON HUAT		Address: APT BLK 657 CHOA CHU KANG CRESCENT #03-33 SINGAPORE 680657		
ID Type / ID No.: NRIC NO / S7121834A			Contact No.: Home/Office:	Mobile: 90091438	
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Age: Date of Birth: Male 47 02/07/1971			Type of Informant: Driver		
Race: Chinese		Language:	Institution / School Name:		
Occupation: GM		Driving Licence Informat Class:	tion: Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 07/04/2019 15:15	Type of Location Car Park	
Location: Along Road 1 TAMPINES S	TREET 91				
car park of 929 tampines st 91 Weather: Ros		Road Surface:	Ro	Road Speed Limit:	
	Traffic Flow:				
Traffic Flow:		Traffic Control:	Tr	affic Volume:	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBD7115L	Motorcycle	BAJAJ CHETAK	PULSAR 200 DTS-I	Black		0
SGC7740C	Car	MERCEDES BENZ	C 180	Silver	Of Section	0

Details of V	ehicle Insurance	CONTRACTOR OF STREET	The state of the s	
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGC7740C	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800053829	18/05/2018	17/05/2019

POLICE REPORT





Police Station Of Origin: Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

T/20190407/2118

Report No. T/20190407/2118

CON	ITINUA	TION	OF	REPO	R'

Details of Perso	on involved				III I I I I	CALL CONTROL OF THE PARTY.
Any Pedestrian I	nvolved: No					A R. ST. LEWIS CO., Co., Co., Co., Co., Co., Co., Co., Co
No. of Pedestrian	ns Injured: NIL		Use of Pe	destria	n Cross	sing: NA
Driver	Exercise Contract		CALL ST. INC. LO.		0.000	All grants and a second
Name	GOH JOON HUAT		ID No		S7121834A	
Related Vehicle	SGC7740C (Car)		Conta	act No.	90091438	
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date D			harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

On 7/4/19 at around 1515hours I was driving my vehicle into the car park of 929 tampines street 91, the above mentioned motorcycle was riding on the footpath onto the carpark and hit on the left front wheel on my vehicle. I horned him to signal him to stop but he just ride off. I managed to follow him till tampines ave 2 shell petrol station and managed to record down his vehicle number before I lost sight of him.

POLICE REPORT





Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

3 of 3 Report No. T/20190407/2118

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: G / Sgt 2 GAN JIAN CAI, DARREN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 07/04/2019 22:57
Officer In Charge Of Case: TP / HRT / SI ABDUL KAREEM BIN ABDUL HAGUE Contact No.: 65476079	Classification Of Case:
Authentication Stamp NP168	





Accident Photo





Accident Photo







Accident Photo



Identification Card







