

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 ability.
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	23/07/2018 16:52
Date Of Accident	21/07/2018 20:35
Exact Location Of Accident	BLK 339 BUKIT BATOK ST 34 S(650339) CAR PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGW3221E
Insured/Policyholder	
Name Of Registered Owner	LIM JIN YANG
NRIC No	S8705980D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98441384
Alternative Phone No	OTHERS-98441384

Vehicle Particulars

Manufacturer	KIA
Model	FORTE K3-1.6 SX (A)
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	2100505217-01
Cover Note Number	

Driver

Name of Driver	LIM JIN YANG
NRIC No	S8705980D
Date Of Birth	28/02/1987
Occupation	INDOOR
Date Of Driving Pass	16/09/2005
Driving Experience	12 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98441384
Fax Number	
Contact Number	OTHERS-98441384
Email Address	NOEMAIL

Address 318B YISHUN AVENUE 9
#12-138 SINGAPORE

Postcode 762318

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 COLLIDED INTO PARKED VEHICLE

Weather Conditions CLEAR

Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

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) 0

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 31 YISHUN CENTRAL, POSTCODE: 768827, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-8529999 - FAX NO: 68522299

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHMENT AIG ONLINE REPORT: WSVC18001094

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 SHA9930G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

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 third-party delivery of the same as well as on the external cover of envelopes/mail packages); and
 - (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 the Insurers' lawyers/law firms or third party service providers or agents (including their lawyers/law firms), which may be disclosed for one or more of the above Purposes.
- (d) my Personal Information will also be collected and processed 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 investigating, detecting, controlling or managing fraud, regulators, law enforcement and government agencies; and
 - (ii) for complying with requirements under any regulatory requirements stated, or

Policyholder's Signature

Date & Time:

24/7 1640

Driver's Signature

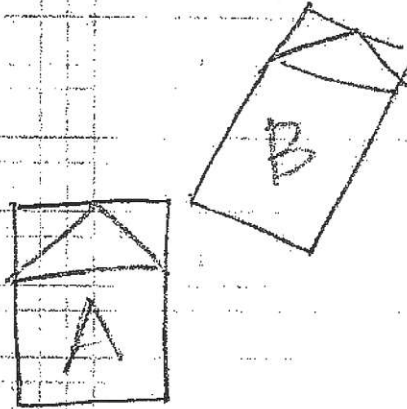
(If driver is not the policyholder)

Date & Time:

Insurance Personnel's Signature

Date & Time:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 24/7 1640

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Date & Time:



SINGAPORE POLICE FORCE



T/20180723/2179

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20180723/2179

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/07/2018 22:11		Vide Report No.:		Station Diary No.: 142
Informant's Particulars				
Name of Informant: LIM JIN YANG		Address: APT BLK 318B YISHUN AVENUE 9 #12-138 SINGAPORE 762318		
ID Type / ID No.: NRIC NO / S8705980D		Contact No.: Home/Office: Mobile: 98441384		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 31	Date of Birth: 28/02/1987	Type of Informant: Vehicle Owner	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Technician		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 22/07/2018 20:30 21/07/2018	Type of Location: Car Park
Location: Along Road 1 BUKIT BATOK STREET 34				
Blk 339 Bukit Batok Street 34 open space carpark				
Weather: Clear	Road Surface: Dry	Road Speed Limit: 60/2		
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: Light		
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
SGW3221E	Car	KIA		Blue		0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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Tel No: 1800-8529999

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Report No. T/20180723/2179

CONTINUATION OF REPORT

Vehicle Owner			
Name	LIM JIN YANG	ID No.	S8705980D
Related Vehicle	SGW3221E (Car)	Contact No.	98441384
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 21/07/2018 at around 2015hrs, I parked my vehicle at Blk 339 Bukit Batok open space carpark unknown carpark lot no and everything was normal and intact before I left my car. at around 2040hrs, I went back to my car but I did not check if there was any damage on my car. On the 22/07/2018 at night, I checked my car and realized that there was damage on the front right bumper of my car. I suspect it was hit by another car and as such I retrieve the footage from my car in built camera and it was revealed on the 21/07/2018 at around 2033hrs, one Taxi bearing vehicle no 9930G had collided into the front right bumper of my car while reversing and moved off without leaving behind any note with his particulars. From the footage, I could not make out the first 3 alphabets of the vehicle numbers as it was quite dark but I could see 9930G in the footage and I believe the car is a Taxi.



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T/20180723/2179

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Tel No: 1800-8529999

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Report No. T/20180723/2179

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 / Staff Sgt ZENG ZHIMIN, KEVIN
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt TAN JEOK LENG Contact No.: 65476144

Signature Of Informant:
Date/Time: 23/07/2018 22:11
Classification Of Case:

Authentication Stamp
NP168