

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	16/04/2019 10:37
Date Of Accident	13/04/2019 08:10
Exact Location Of Accident	8A EMPRESS ROAD (MULTISTOREY CARPARK)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFP7000Z
Insured/Policyholder	
Name Of Registered Owner	SOH THENG TAT
NRIC No	S1736127I
Email Address	RONNIE.SOH@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98150418
Alternative Phone No	OTHERS-98150418

Vehicle Particulars

Manufacturer	BMW
Model	GRAN COUPE 640
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI18V12925/VPC/R03
Cover Note Number	

Driver

Name of Driver	SOH THENG TAT
NRIC No	S1736127I
Date Of Birth	18/08/1966
Occupation	INDOOR
Date Of Driving Pass	08/05/1986
Driving Experience	32 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98150418
Fax Number	
Contact Number	OTHERS-98150418
EEmail Address	RONNIE.SOH@HOTMAIL.COM

Address	12 FARRER ROAD #07-12
Postcode	268824
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	MULTISTOREY CARPARK
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 DUKE ROAD , POSTCODE: 268914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4629999 - FAX NO: 64628933
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACH.

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	SJV8383H
Vehicle Make/Model/Colour	MERCEDES
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Nature Of Damage	LEFT

No. Of Passenger (Including Driver)

SKETCH PLAN

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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: 16 APR 2019

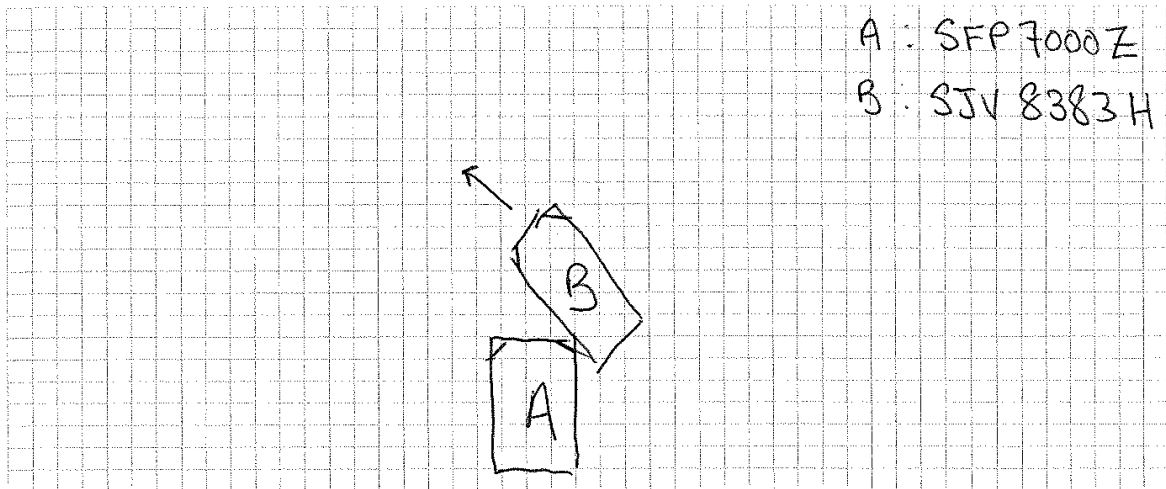
Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police report no. T/20190416/2019

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:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20190416/2019

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

1 of 3

Report No. T/20190416/2019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/04/2019 09:27		Vide Report No.:		Station Diary No.: 29
Informant's Particulars				
Name of Informant: SOH THENG TAT		Address: 12 FARRER ROAD #07-12 SINGAPORE 268824		
ID Type / ID No.: NRIC NO / S17361271		Contact No.: Home/Office: Mobile: 98150418		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 52	Date of Birth: 18/08/1966	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: BUSINESSMAN		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 13/04/2019 08:10	Type of Location: Car Park
Location: Along Road 1 EMPRESS ROAD				
Multistorey Carpark Blk 8A Level 3B (Between level 3 and 4)				
Weather:		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFP7000Z	Car				Slightly Damaged	0
SJV8383H	Car					0

Details of Person Involved

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



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T/20190416/2019

Police Station Of Origin:
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1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

2 of 3

Report No. T/20190416/2019

CONTINUATION OF REPORT

Vehicle Owner			
Name	SOH THENG TAT		ID No. S1736127I
Related Vehicle	SFP7000Z (Car)		Contact No. 98150418
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 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 date, time and location mentioned above, I discovered that my car SFP 7000Z has been grazed by SJV 8383H. I parked my car at 7.50am at Empress Multistorey carpark Blk 8A at level 3b (between level 3 and 4). When I came back at about 8.20am, I did not realised that my car was damaged and I drove off subsequently.

I discovered that my car was damaged when I reached home at about 9.30am the same day at my condominium carpark. I checked my in-car camera and discovered that my car bounced at the multistorey carpark at 8.09am. It captured the other car, turning out from the parking lot and making a left turn before hitting my driver front side of the car.

I have reported to my insurance regarding this matter.



**SINGAPORE
POLICE FORCE**



T/20190416/2019

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

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Report No. T/20190416/2019

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:

E /

Sgt 2 DIANADIANTY BINTE ADI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

16/04/2019 09:27

Officer In Charge Of Case:

TP / SINGAPORE POLICE FORCE

Sr Staff Sgt TAN JEOK LENG

Contact No.: 65476144

SN 170

Classification Of Case:

Authentication Stamp

NP160

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



