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	30/04/2019 10:54
Date Of Accident	24/04/2019 15:10
Exact Location Of Accident	K.K.HOSPTAL DROP OFF POINT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMJ9252Z
Insured/Policyholder	
Name Of Registered Owner	MARIC CAR RENTAL PTE LTD
Co Reg No	201620648G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93630624
Alternative Phone No	OFFICE-93630624
Vehicle Particulars	
Manufacturer	HONDA
Model	JAZZ-1.3 L (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	999994657
Cover Note Number	
Driver	
Name of Driver	YAP MEI PING
NRIC No	S1801993J
Date Of Birth	10/06/1967
	CUTTOGO

Occupation **OUTDOOR Date Of Driving Pass** 16/05/2000

Driving Experience 18 YEARS AND 11 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-93630624

Fax Number

Contact Number OTHERS-93630624

EMail Address NOEMAIL Address BLK 653 YISHUN AVENUE 4

#02-455

Postcode 760653

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

_

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident SIDE SWIPE
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?

NO

NO

3

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver)

Passenger 1

NAME: : PASSENGER

GENDER: : FEMALE

Passenger 2 NAME: : PASSENGER

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name GEYLANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 132 PAYA LEBAR ROAD, POSTCODE: 409014, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-8486999 - **FAX NO**: 68486799

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190425/2121

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 SLL7487C

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)

Accident Sketch Plan

SKETCH PLAN

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 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;
 - (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.

Maric Car Rental Pte Ltd

Co. Reg. No.: 201620648G 9 Tagore Lane #03-04 Singapore 787472

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

Accident Sketch Plan

ATB	Vehicle B: SLL 7487C
CRIBE CIRCUMSTANCES OF THE	HE ACCIDENT Vegort T/2019 0425/2121

DECLARATION

Maric Cardental Pten 130 ticulars are true in every respect.
Co. Reg. No.: 201620648G
9 Tagore Lane #03-04

Singapore 787472

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre A Name: NRIC/FIN No.:

POLICE REPORT





T/20190425/2121

Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

1 of 3 Report No. T/20190425/2121

Date/Time Report Made: 25/04/2019 16:05			Vide Report No.:	Station Diary No.		
Informant's Particulars						
Name of Informant: YAP MEI PING			Address: APT BLK 653 YISHUN AVENUE 4 #02-455 SINGAPORE 760653			
ID Type / ID No.: NRIC NO / S1801993J Nationality: SINGAPORE CITIZEN		93J	Contact No.: Home/Office: Mobile: 93630624			
		EN	Email:			
Sex: Female	Age: 51	Date of Birth: 10/06/1967	Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name:		
Occupation: PRIVATE HIRE DRIVER			Driving Licence Informatio	n: Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 24/04/2019 15:10	Type of Location: Car Park	
Location: Along Road 1 BUKIT TIMAN KK Hospital I	ROAD				
		Road Surface: Dry		Road Speed Limit:	
		Traffic Control		Traffic Volume: Heavy	
Traffic Flow: One Way		Not Controlled		The state of the s	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLL7487C	Car					0
SMJ9252Z	Car				Slightly Damaged	0

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

POLICE REPORT





T/20190425/2121

Police Station Of Origin: Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

Report No. T/20190425/2121

CONTINUATION OF REPORT

Driver	A STATE OF THE PARTY OF THE PAR	CONTRACTOR OF	Total Control	GOLDSON.	All seller of the	
Name	YAP MEI PING		ID No).	S1801993J	
Related Vehicle	SMJ9252Z (Car)			Conta	act No.	93630624
Hospital/Clinic	NIL			Class Drivin Licend	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL.	

Brief Details.

I am a private hire driver.

On 24/04/2019 at about 1509hrs, I was about to drop off a passenger at the drop off point of KK hospital when a vehicle (SLL7487C) had side swept my right driver mirror, causing scratches and cracks on the mirror cover.

However, the driver did not slow down or stop her vehicle to provide me with her particulars. Instead, she just drove off into the carpark.

I then went into the carpark to look for this driver. While driving, I chanced upon this driver and I honked at her. Subsequently, the driver wind down her window and I told her that she had brush against my vehicle earlier on. However, the driver denied of such incident. The driver then drove off.

There is no camera installed in my vehicle.

POLICE REPORT





Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SIN

3 of 3 Report No. T/20190425/2121

Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

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 LIM ZHENG HONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 25/04/2019 16:05
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt TAN JEOK LENG Contact No.: 65476144	Classification Of Case;
Authentication Stamp	SIGNATURE





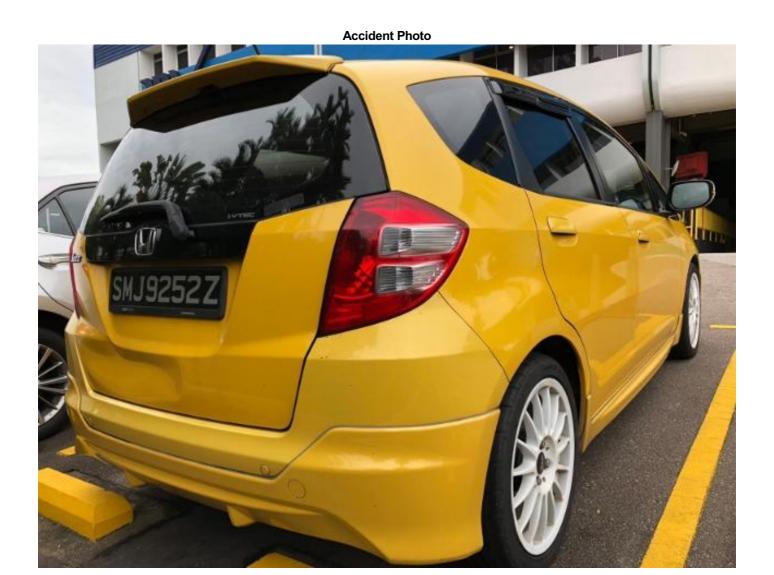


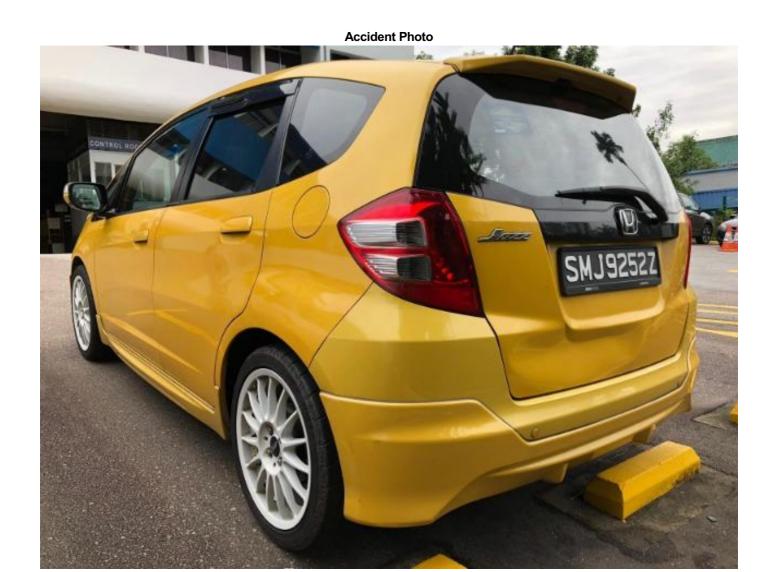






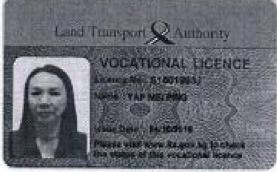


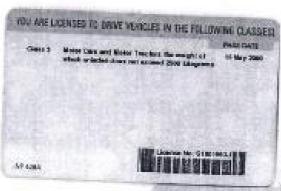




Identification Card









This said is not extracted a simil to the property of the Carlo Transport Authority ETA. If must be surrendered to the UTA on request. It beams, please return to UTA, 10 Section, Drive. Singapore of and.

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02 TAXI VL 24/10/2016