

## 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	26/04/2019 11:27
Date Of Accident	24/04/2019 19:30
Exact Location Of Accident	BLK 403 AMK AVE 10 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC1947S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SNG LEE MENG
NRIC No	S1780123F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81007157
Alternative Phone No	OFFICE-81007157

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA AERAS 2.4 A SR
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	1800090477
Cover Note Number	

### Driver

Name of Driver	TEO LOW YOW
NRIC No	S1553389G
Date Of Birth	14/10/1962
Occupation	OUTDOOR
Date Of Driving Pass	30/01/1980
Driving Experience	39 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97581717
Fax Number	
Contact Number	OFFICE-97581717
Email Address	NOEMAIL

Address	BLK 404 ANG MO KIO AVENUE 10 #03-645
Postcode	560404
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	WET

#### 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
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	SERANGOON GARDENS NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> 51 SERANGOON GARDEN WAY , <b>POSTCODE:</b> 555947 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2879999 - <b>FAX NO:</b> 62815969
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190425/2108.

#### 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 Witness 1

Name	ASHLEY HO
Phone Number	86689555
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJA5565E
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


#### 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
  - (ii) For complying with requirements under my regulations, laws or court orders.

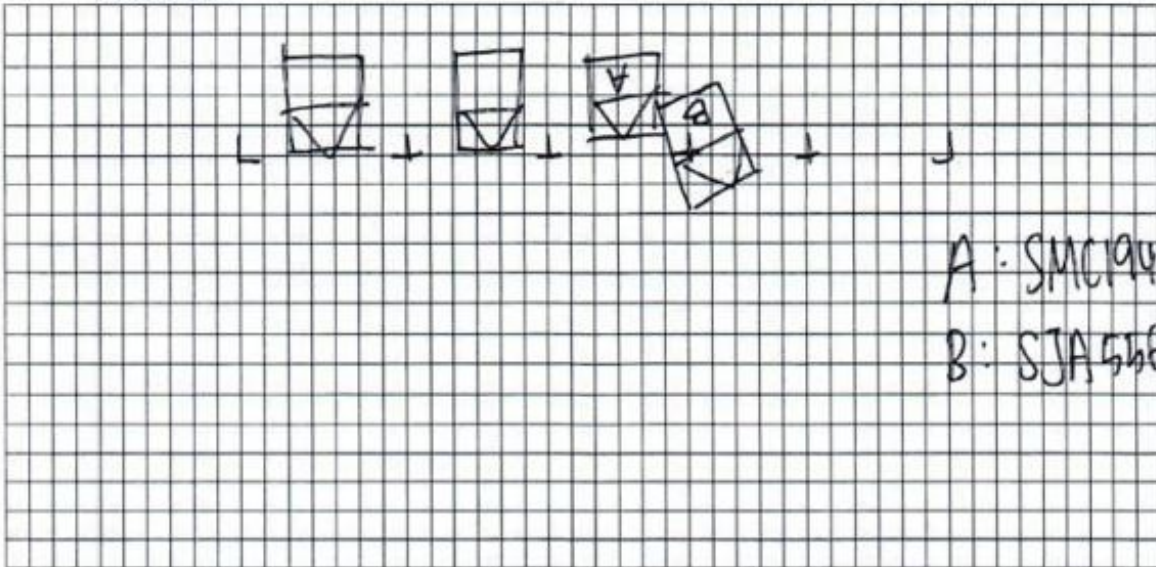
\_\_\_\_\_  
Policy holder's signature  
Date / time:

  
\_\_\_\_\_  
Driver's signature  
(if driver is not policy holder)  
Date / time:

  
\_\_\_\_\_  
reporting centre personnel's Signature  
Date / time:

## Accident Sketch Plan

### SKETCH PLAN



A: SMC1907S

B: SJA566SE

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

### DECLARATION

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

Policy holder's signature  
Date & time:

Driver's signature  
(if driver is not policy holder)  
Date & time:

reporting centre personnel's Signature  
Name:  
NRIC/FIN No.:



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190425/2108

Police Station Of Origin:  
Serangoon Gardens NPP  
51 Serangoon Garden Way SINGAPORE  
555947  
Tel No: 1800-2879999

1 of 3

Report No. T/20190425/2108

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/04/2019 15:26	Vide Report No.:	Station Diary No.: 10
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### Informant's Particulars

Name of Informant: TEO LOW YOW			Address: APT BLK 404 ANG MO KIO AVENUE 10 #03-645 SINGAPORE 560404		
ID Type / ID No.: NRIC NO / S1553389G			Contact No.: Home/Office: Mobile: 97581717		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 14/10/1962	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: WATCH MAKER			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: 24/04/2019 19:30	Type of Location: Car Park
Location: Along Road 1 ANG MO KIO AVENUE 10  blk 403 Ang Mo Kio Avenue 10 open carpark lot 281				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: No Traffic
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
SJA5565E	Car					0
SMC1947S	Car				Slightly Damaged	0

### Details of Person Involved

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

## Police Report



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51 Serangoon Garden Way SINGAPORE  
555947  
Tel No: 1800-2879999

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Report No. T/20190425/2108

### CONTINUATION OF REPORT

Driver			
Name	TEO LOW YOW	ID No.	S1553389G
Related Vehicle	SMC1947S (Car)	Contact No.	97581717
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 24/04/2019 at about 1930hrs, I went back to my vehicle and I realized that my left side bumper was slightly out of shape.

On 25/04/2019 at about 1130hrs, I realized that there was a name card with writings on my windscreen stating 'video of e car who bang into u'. As such, I contact the said witness (Ashley Ho, Tel: 86689555) and she told me that on 24/04/2019, she saw a vehicle SJA5565E collided onto the left side of my bumper while the said vehicle was trying to park at the carpark lot next to me. She also sent me 2 videos of the accident. That is all.

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190425/2108

3 of 3

Police Station Of Origin:  
Serangoon Gardens NPP  
51 Serangoon Garden Way SINGAPORE  
555947  
Tel No: 1800-2879999

Report No. T/20190425/2108

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 /  
Sgt 3 LEE SHENG XIANG

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
25/04/2019 15:26

Officer In Charge Of Case:  
TP / HRT /  
Sr Staff Sgt TAN JEOK LENG  
Contact No.: 65476144

Classification Of Case:

SN 154

Authentication Stamp  
NP168



Signature:

Singapore Police Force



Accident Photo



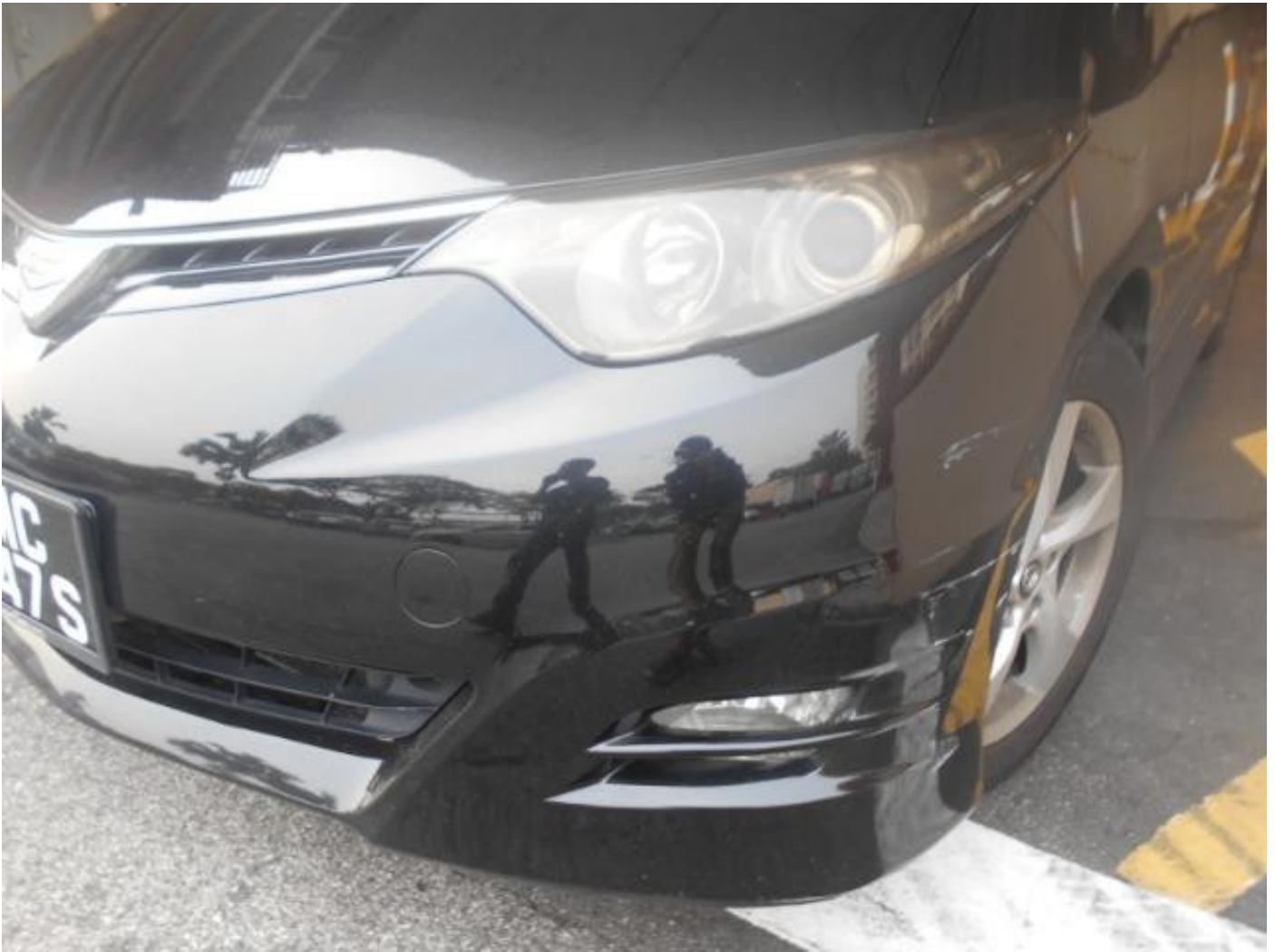
Accident Photo



Accident Photo



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