### 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.

aloresald.	
	ACCIDENT STATEMENT
Date Of Report	06/05/2019 10:23
Date Of Accident	04/05/2019 21:30
Exact Location Of Accident	TAMPINES AVE 1 BLK 806 CARPARK
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLT354G
Insured/Policyholder	
Name Of Registered Owner	TOOH FONG KWANG
NRIC No	S1751446F
Email Address	TOOHFK@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-91011833
Alternative Phone No	OTHERS-91011833
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO
Exact Purpose for which vehicle was being used at time of accident	PARKED VEH
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	1700064439-01
Cover Note Number	
Driver	

Name of Driver TOOH FONG KWANG

NRIC No S1751446F
Date Of Birth 08/09/1966
Occupation OUTDOOR
Date Of Driving Pass 14/10/1986

Driving Experience 32 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91011833

Fax Number

Contact Number OTHERS-91011833

EMail Address TOOHFK@YAHOO.COM.SG

**BLK 176 LOMPANG ROAD** Address

#17-39

Postcode 670176

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

2

NO

0

**General Information of the Accident** 

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by NO

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

Police Station Address **SINGAPORE** 

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

PLS REFER TO THE POLICE REPORT:T/20190505/7007

Attachment(s)

Are accident photos available for attachment? YES YES Was there any video captured by Car Camera?

Remarks/ Reasons: WITH WORKSHOP

NO Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number GQ9872T

Vehicle Make/Model/Colour

**Details Of Properties** 

**COMMERCIAL VEHICLE** Vehicle Category

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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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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:
  - 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

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name:

06 los /10

NRIC/FIN No.:

# **Accident Sketch Plan**

CETCH PLAN	TAMPINES A	AVE I BLE 806
A - SLT 3544 B - GQ 9872T	I I I I I I I I I I I I I I I I I I I	CAR PARIC
SCRIBE CIRCUMSTANCES OF		report: 7/20190505/
CLARATION e declare the foregoing particular	rs are true in every respect.	Alux 06/05/19

### **Individual Statement**



T/20190505/7007

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20190505/7007

### CONTINUATION OF REPORT

<b>Details of Perso</b>				edimin.	1000	
Any Pedestrian I						
No. of Pedestriar	s Injured: NIL		Use of Pe	destriar	Cross	ing: NA
Vehicle Owner	THE RESIDENCE OF THE PERSON NAMED IN	COLUMN TO		Name of Street	-	ang. res
Name	TOOH FONG KWA	TOOH FONG KWANG		ID No		S1751446F
Related Vehicle	SLT354G (Car)			Conta	ct No.	91011833
Hospital/Clinic	NIL		Class Drivin Licend Expire	g	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	harne	NIL	
No. of Days gran	ted Medical Leave			Injury	NIL	

# Brief Details.

I parked me vehicle at blk 806 tampines st 81 carpark lot no.145. When I came back to collect my car around 9.35 pm, I found my car left hand side bumper was dented. I checked my car-in-cam and found the culprit van GQ9872T hit and run.



















# **Police Report**





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. 1/20190505/7007

# REPORT OF A TRAFFIC ACCIDENT

05/05/20	вте/тіте кероп Made: 5/05/2019 16:21		Vide Report No.:	Station Diary No.:
Informa	nt's Partic	ulars		
TOOHE	Informant ONG KWA	NG	Address: 178 LOMPANG ROAD #17-3	9 SINGAPORE 670176
	/ ID No.: D / S17514	46F	Contact No.: Home/Office:	Mobile: 91011833
National SINGAP	ty: ORE CITIZ	EN	Email: toohik@yahoo.com.sg	
Sex: Male	Age: 52	Date of Birth: 08/09/1966	Type of Informant: Vehicle Owner	
Rape: Chinese	0		Language: English	Institution / School Name:
Occupation: Sales and related associate professional nec		ssociate	Driving Licence Information: Class: 3	Date of Expiry:

Type of Accident:	Non-Injury Hit and Run	Drink Drive:	Date/Time of Accident	Type of Location Car Park
Location:		I.NO.	04/05/2019 21:30	
806 Tampines	Street 81			
ALK BAG	CAMBINIE	AVE I CARI	OPAK	
CLEAN GOE	The state of the s			
Weather	Model Problem			Basificantina
Weather	Kondyl Politic	Road Surface: Dry		Road Speed Limit
Weather: Clear Traffic Flow:	KON DOW	Road Surface; Dry		
Weather: Clear Traffic Flow: Two Way	SACILIES SAS	Road Surface:		Traffic Volume:
Weather: Clear Traffic Flow: Two Way Type of Collis parking lot	SACILIES SAS	Road Surface; Dry		

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GQ9872T	Van	TOYOTA		Green	Outdison	0
SLT354G	Car	KIA	CERATO	White	Slightly	0
AST SACRESCON.	NAME OF THE OWNER OWNER OF THE OWNER OWNE	1,000,000	0.0000000000000000000000000000000000000	10000	Damaged	·

Commis of A	shicle Insurance		The Part of the Lot of	E. C.
	ALC: A CLARK THE PROPERTY	Insurance No 1700064439-,1	Effective 16/10/2018	Expiry Date 15/10/2019

### **Police Report**





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470080

2 of 3 Report No. 1/20190505/7007

### CONTINUATION OF REPORT

Details of Perso	n Involved					
Any Pedestrian I	nvolved: No					
No. of Pedestrian	s Injured: NIL		Use of P	edestrier	Ciross	ing NA
Vehicle Owner		161.00				Parameter State
Name	TOOH FONG KWA	TOOH FONG KWANG		ID No		S1751446F
Related Vehicle	SLT354G (Car)			Conta	ct No.	91011833
Hospital/Clinic	NIL			Class Drivin Licen- Expir	g 69 &	Class: 3 Date of Expiry: NIL
	NIL		Date Dis	charge	NIIL	
No. of Days gran	ted Medical Leave	NIL		of Injury	NIL	

# Brief Details.

I parked me vehicle at bik 806 tampines at 81 carpark lot no.145. When I came back to collect my car around 9.35 pm, I found my car left hand side bumper was dented. I checked my car-in-cam and found the culprit van GQ9872T hit and run.

# **Police Report**





Police Station Of Origin: Traffic Police 10 Ubl Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. 1/20190505/7007

CONTINUATION OF REPORT

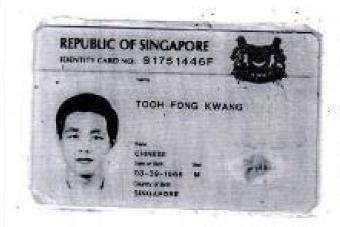
Sketch Plan				
Informant is:	not able.	to provide	sketch	plan

Authentication Stamp

NEWS.

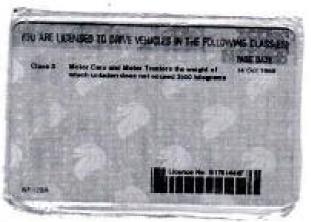
Signature Of Officer Recording The Report: Not applicable	Signature Of Informant The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interprotor: Not applicable	Date/Time: 05/05/2019 18:21
Officer in Charge Of Case: TP / TPIB / ABDUL KAREEM BIN ABDUL HAGUE Contact No.: 65476079	Classification Of Case:

### **Identification Card**









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