

## 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	23/05/2019 12:17
Date Of Accident	21/05/2019 18:55
Exact Location Of Accident	ALONG BALESTIER ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR4395Y
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#### Insured/Policyholder

Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	CHEWZIHANGALEX1990@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-82927869
Alternative Phone No	OFFICE-82927869

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 E (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING HOME FROM WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

#### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994316
Cover Note Number	

#### Driver

Name of Driver	CHEW ZI HANG
NRIC No	S9005511I
Date Of Birth	14/02/1990
Occupation	OUTDOOR
Date Of Driving Pass	17/05/2013
Driving Experience	6 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82927869
Fax Number	
Contact Number	OTHERS-82927869
EEmail Address	CHEWZIHANGALEX1990@HOTMAIL.COM

Address	BLK 10A BENDEMEER ROAD #18-101
Postcode	331010
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
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KOLAM AYER NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 72 GEYLANG BAHRU #01-3038 , <b>POSTCODE:</b> 330072 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2969999 - <b>FAX NO:</b> 62937659
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20190521/2158

#### 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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage  
No. Of Passenger (Including Driver)

# POLICE REPORT




## SKETCH PLAN

### 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 willful 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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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 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' law firms/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' law firms/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/are be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature (Date & Time) \_\_\_\_\_ Date \_\_\_\_\_  
 Driver's Signature (If driver is not the policyholder) (Date & Time) \_\_\_\_\_ Date \_\_\_\_\_  
 Witnessed by Reporting Centre Personnel \_\_\_\_\_ Date \_\_\_\_\_

Sketch Plan # \_\_\_\_\_

**ALONG BALKHSTER ROAD**



**A) SLR 4395Y**  
**B) UNKNOWN BIKE**

# POLICE REPORT

Describe Circumstance of the Accident \*

On 21/5/2019 at about 1900 hours, I Chew Z Hong of NRIC S94055111 I was driving the said vehicle SLR4395Y home from work. The said vehicle SLR4395Y was stationary on the second lane from the right along Balestier Road crossing the junction into Lavender Street. I heard a loud bang and something had bump onto the side of the said vehicle SLR4395Y that I was driving, and I saw a motorcycle drove pass from the left side of my said vehicle unsteadily without stopping. I did not manage to get the licence plate number and the rider detail. I tried to catch up with him but was not able to due to heavy traffic. There were <sup>fresh</sup> scratches on the rear left door of the said vehicles SLR4395Y after I parked the vehicle and did the damage check.

POLICE REPORT 7/20190521/2158

## Declaration

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

Policeholder's Signature: 

\* Driver's Signature (If Driver is not the policeholder) / Date & Time: 

Witnessed by Reporting Centre Personnel:  27/05/2019

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190521/2158

Police Station Of Origin:  
Kolam Ayer NPP  
72 Geylang Bahru #01-3038 SINGAPORE  
330072  
Tel No: 1800-2969999

1 of 3

Report No. T/20190521/2158

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/05/2019 19:39	Vide Report No.:	Station Diary No.: 49
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### Informant's Particulars

Name of Informant: CHEW ZI HANG	Address: APT BLK 10A BENDEMEER ROAD #18-101 SINGAPORE 331010
ID Type / ID No.: NRIC NO / S90055111	Contact No.: Home/Office: Mobile: 82927869
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 29 Date of Birth: 14/02/1990	Type of Informant: Driver
Race: Chinese	Language: Institution / School Name:
Occupation: Advertising salesman	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: 21/05/2019 19:00	Type of Location: X-Junction
Location: Along Road 1 Traveling Toward Road 2 BALESTIER ROAD LAVENDER STREET On the second from right lane along Balestier Rd crossing the junction into Lavender St.			
Weather: Clear	Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Dual Carriage Way	Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction	Anyone conveyed by ambulance: No		

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLR4395Y	Car	TOYOTA	VIOS 1.5E CVT	Grey	Slightly Damaged	0

### Details of Person Involved

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



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190521/2158

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Police Station Of Origin:  
Kolam Ayer NPP  
72 Geylang Bahru #01-3038 SINGAPORE  
330072  
Tel No: 1800-2969999

Report No. T/20190521/2158

## CONTINUATION OF REPORT

Driver			
Name	CHEW ZI HANG	ID No.	S90055111
Related Vehicle	SLR4395Y (Car)	Contact No.	82927869
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 21/5/19 at about 1900 hours, I was stationary on the second from right lane along Balestier Rd crossing the junction into Lavender St. I heard a loud bump into the side of my car and I saw a motorcycle pass me on the left hand side without stopping. I did not manage to get the license plate of the rider. I tried to catch up to him to see his license plate but I was not able to due to heavy traffic.

When I made a check on my vehicle I discovered that there were scratches on the rear-left passenger door.

I am lodging this report for insurance and investigation purposes.

# POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20190521/2158

3 of 3

Police Station Of Origin:  
Kolam Ayer NPP  
72 Geylang Bahru #01-3038 SINGAPORE  
330072  
Tel No: 1800-2969999

Report No: T/20190521/2158

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:

A /

Sgt 2 POON HONG PIN JAMES

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

21/05/2019 19:39

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt ESTHER CHONG

Contact No.: 65476368

Classification Of Case:

38

Authentication Stamp

NP168

Singapore Police Force



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



## Identification Card



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