

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	02/07/2019 12:18
Date Of Accident	27/02/2019 08:15
Exact Location Of Accident	ALONG THOMSON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR5180S
Insured/Policyholder	
Name Of Registered Owner	MARIC & PARTNERS PTE LTD
Co Reg No	20162071N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86661789
Alternative Phone No	OFFICE-86661789

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
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	REPORTING ONLY
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	999994654
Cover Note Number	

Driver

Name of Driver	NG TECK CHYE
NRIC No	S9103608H
Date Of Birth	06/02/1991
Occupation	OUTDOOR
Date Of Driving Pass	14/04/2012
Driving Experience	6 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86661789
Fax Number	
Contact Number	OTHERS-86661789
Email Address	NOEMAIL

Address	BLK 784A WOODLANDS RISE #03-42
Postcode	733784
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	NO COLLISION
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)	0

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 - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190308/2134

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	SLV5488B
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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E. 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 purposes 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


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


Reporting Centre Representative's Signature
Name: Ralph Lim
NRIC/ID No: 010101234

Accident Sketch Plan

SKETCH PLAN

No sketch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I am not the driver. I am the person-in-charge of Maric &

Partners Pte Ltd.

Refer to police report T/2019 0308/2134

IO Phillip : 9817 1397

DÉCLARATION

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

Report of Gender Personnel's Signature
Name
NRCTIN No

02/07/2019
Rohi Luvdon

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190308/2134

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

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Report No. T/20190308/2134

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/03/2019 16:30	Vide Report No.: E/20190227/0046	Station Diary No.:
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Informant's Particulars

Name of Informant: NG TECK CHYE	Address: 450B SENGKANG WEST WAY #21-339 FERNVALE CREST SINGAPORE 792450		
ID Type / ID No.: NRIC NO / S9103608H	Contact No.: Home/Office: Mobile: 86661789		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 28	Date of Birth: 06/02/1991	Type of Informant: EMPLOYEE OF LEASING COMPANY
Race: Chinese	Language: English		Institution / School Name:
Occupation: OPERATIONS MANAGER	Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 27/02/2019 08:15	Type of Location:
Location: Along Road 1 THOMSON ROAD				
Weather:	Road Surface:		Road Speed Limit:	
Traffic Flow:	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
SJR5180S						0

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190308/2134

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

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Report No. T/20190308/2134

CONTINUATION OF REPORT

Brief Details.

WE RENTED OUT ONE OF OUR CARS WITH VEHICLE NUMBER: SJR5180S ON 17/1/19 TO A MALAY PERSON, MUHAMMAD NUR ALIF BIN AZHAR, IC: S9628749F. AFTER CHECKING HIS DOCUMENTS, AN EMPLOYEE, GOH SHU FANG (G8523795R) RENTED OUT THE CAR TO HIM FOR 3 MONTHS. SOON AFTER THAT, WE REPO HIS CAR AS HE HAD OUTSTANDING FEES. WHEN HE CAME BACK FOR THE VEHICLE, THE SAME EMPLOYEE GAVE BACK THE VEHICLE BUT SHE COULD NOT REALLY REMEMBER THE FACE.

ON 28/2/19 MY COMPANY RECEIVED A CALL FROM TRAFFIC POLICE SAYING THAT ONE OF OUR CARS WITH THE CAR PLATE NO: SJR5180S THAT WE RENTED OUT WAS INVOLVED IN AN ACCIDENT. WE THEN CONTACTED HIM AND ASKED HIM TO MAKE A REPORT AND HE ACKNOWLEDGED. THEN AFTER THAT WE WENT TO REPO THE CAR. WHEN WE REACHED THE MULTI-STOREY CARPARK OF BLK 524A TAMPINES CENTRAL 7 WE SAW THAT THE CAR HAD THE NUMBER PLATES REMOVED SO WE ASSUMED HE ABANDONED THE CAR AND REPO THE CAR.

THEN WE WERE ASKED TO COME TO TP TO MEET IO PHILIP. THE IO TOLD US THAT THE HIRER WAS NOT THE ONES WE THOUGHT WE RENTED OUT TO.

POLICE REPORT



SINGAPORE
POLICE FORCE

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



T/20190308/2134

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Report No. T/20190308/2134

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:
TP /
MUHAMMAD SYUKRI BIN ABU BAKAR

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
08/03/2019 16:30

Officer In Charge Of Case:
TP / HRT /
SI ABDUL KAREEM BIN ABDUL HAGUE
Contact No.: 65476079

Classification Of Case:

Authentication Stamp
NP 168



SINGAPORE
POLICE FORCE

Signature: _____

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: S685500100 / GST Reg. No: M420017733

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MAY 19085914 Vehicle Registration No: SJR 5200 S
Name (as shown in NRIC): NG JACK CHYE NRIC/FIN/Passport No: S90836084
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 86661789
Email Address: _____
Date of Accident: 27/07/2019 Time of Accident: 08:15
Place of Accident: Alone 1st Avenue Road
Insurance Company: OLG

(B) ADDITIONAL INFORMATION / AMENDMENTS

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

DATE OF ACCIDENT 27/07/2019

Policyholder / Driver's Signature
Date:

03/07/2019
Reporting Centre Personnel's Signature
Name: ROS LIAH
NRIC/FIN No.: _____
Date: _____