

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	04/07/2019 13:17
Date Of Accident	24/06/2019 14:40
Exact Location Of Accident	CLEMENT ARCADE (SUNSET WAY) OUTSIDE DAILY SCOOP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	ES888X
Insured/Policyholder	
Name Of Registered Owner	HOONG MIN CHOO
NRIC No	S1335315H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97888613
Alternative Phone No	OTHERS-97888613

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180
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	REPORTING ONLY
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	1900020928
Cover Note Number	

Driver

Name of Driver	HOONG MIN CHOO
NRIC No	S1335315H
Date Of Birth	04/10/1958
Occupation	INDOOR
Date Of Driving Pass	21/01/1983
Driving Experience	36 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97888613
Fax Number	
Contact Number	OTHERS-97888613
EEmail Address	NOEMAIL

Address	47 HINDHEDE WALK #01-09
Postcode	587977
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	- - -

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	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8729999 - FAX NO: 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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	SHB5165U
Vehicle Make/Model/Colour	TOYOTA PRIUS
Details Of Properties	
Vehicle Category	TAXI
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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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:
- (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.

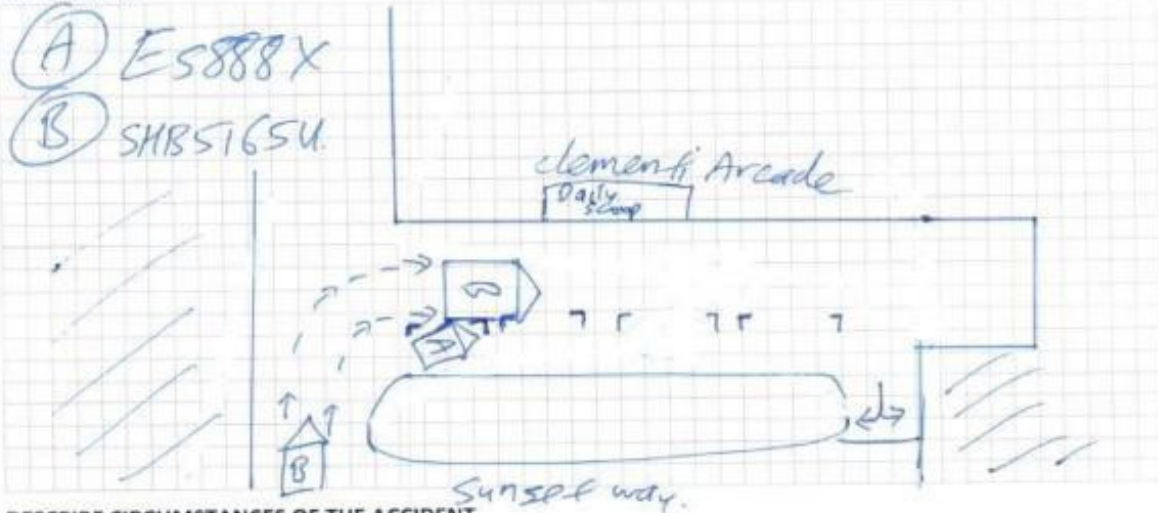

Policyholder's Signature
Date & Time:


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


Reporting Centre Personnel's Signature
Name: Reski Hartono
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was trying to make adjustments to park my car when vehicle (B) turned into the carpark behind me.

I noticed it immediately and depressed the foot brake. I wanted to wait

I waited for vehicle (B) to pass which was why my car (A) was stationary.

However, vehicle (B) drove passed my car (A) but the rear right car's portion hit my front left portion.

I wished to state that my car (A) was stationary when the accident happened.

DECLARATION

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Annex D

NOTICE OF REPORTING

This is to confirm that Hoong Min Choo, NRIC/FIN S1335315H, has reported to the Police a non-injury traffic accident which

occurred at along 41 Sunset Way

on 24.06.2019 at 2.30 am/pm involving the following vehicles:

ES888X (complainant)

SHB5165U (other party)

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SI 96080 Loh Wee Choon

Date: 03.07.2019 Time: 1407hrs

S/D Ref: 100

Police Post/Unit : Clementi NPC

Clementi NPC
20 Clementi Ave 5
S (129858)
Tel: 68729999
Fax: 68728039

Original - to be issued to informant
Duplicate - to be submitted to Traffic Police

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1335315H



HOONG MIN CHOO

洪明球

Race
CHINESE

Date of Birth
08-10-1955

Country of Birth
SINGAPORE

Sex
P

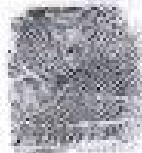
For LKK/NAC Use Only

S1335315H



08-10-1955

Ident No. S1335315H



For LKK/NAC Use Only

Ident No.
S1335315H

Date of Birth
08-10-1955

APT BLK 47 HINDUSTAN WALK 801/01
SINGAPORE 587071

Ident No. S1335315H

Date 08-10-1955

Sex P



**SINGAPORE
POLICE FORCE**



D/20190703/2036

1 of 2

POLICE REPORT (NP322)

Report No. D/20190703/2036

Police Station Of Origin
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Date/Time Report Made 03/07/2019 14:16	Vide Report No.	Station Diary No. 105	
Name Of Informant HOONG MIN CHOO	Address APT BLK 47 HINDHEDE WALK #01-09 SINGAPORE 587977		
ID Type / ID No. NRIC NO / S1335315H	Contact No. Home/Office	Mobile 97888613	
Nationality SINGAPORE CITIZEN	Email Address		
Occupation Self Employed	Sex Female	Age 80	Date of Birth 04/10/1958
Institution/School Name	Race Chinese		
Date/Time Of Incident 01/07/2019 12:00 - 01/07/2019 12:00	Language Mandarin		
	Location Of Incident 47 HINDHEDE WALK #01-09 SPRINGDALE CONDOMINIUM SINGAPORE 587977		

Brief details.

On the above mentioned place, date and time, I discovered the lost of my Singapore Driving Licence whereby I do not know exactly where I had dropped or misplaced it. I did made a search for it but to no avail.

Subjects Involved

Victim

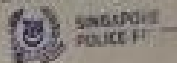
Signature Of Officer Recording The Report

D / SI LOH WEE CHOON

Signature Of Interpreter
Not applicable

Officer In-Charge Of Case:
D / Clementi Police Divisional Investigation Branch /
Insp JELENE ONG WEE SUAN
Contact No.: 87740000

Authentication Stamp



SIGNATURE

Signature Of Informant:

Date/Time:
03/07/2019 14:16

Classification Of Case:

FUPO hotline number: 68429845