

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	19/07/2019 17:32
Date Of Accident	19/06/2019 13:30
Exact Location Of Accident	7 KALLANG PLACE CARPARK GANTRY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK1104C
Insured/Policyholder	
Name Of Registered Owner	MEN KIM FATT
NRIC No	S6979839Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96856736
Alternative Phone No	OFFICE-96856736

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	GLA180 (R18 BI)
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	2100495186-02
Cover Note Number	

Driver

Name of Driver	MEN KIM FATT
NRIC No	S6979839Z
Date Of Birth	30/10/1969
Occupation	INDOOR
Date Of Driving Pass	22/05/1986
Driving Experience	33 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96856736
Fax Number	
Contact Number	OFFICE-96856736
Email Address	NOEMAIL

Address	BLK 65 KALLANG BAHRU #05-315
Postcode	330065
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	COLLIDED INTO PROPERTY
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

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	ROAD: BLK 72 GEYLANG BAHRU #01-3038 , POSTCODE: 330072 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2969999 - FAX NO: 62937659
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - A/20190717/2134.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GANTRY
Vehicle Make/Model/Colour	G.TECH PTE LTD
Details Of Properties	
Vehicle Category	GOVERNMENT
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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7. 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:
 - (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:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



A. CLK1104C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report No: A/20190717/2134

(Police Station of Origin Kolam Ayer Nip)

72 Geylang Bahru # 01-3088 S' 330072

Tel: 1800-2969999

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.

Police Report



**SINGAPORE
POLICE FORCE**



A/20190717/2134

1 of 2

POLICE REPORT (NP299)

Report No. A/20190717/2134

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

Date/Time Report Made 17/07/2019 17:36	Vide Report No.	Station Diary No. 29
Name Of Informant MEN KIM FATT	Address APT BLK 65 KALLANG BAHRU #05-315 SINGAPORE 330065	
ID Type / ID No. NRIC NO / S6979839Z	Contact No. Home/Office	Mobile 96856736
Nationality SINGAPORE CITIZEN	Email Address	
Occupation Chief operating officer/General Manager	Sex Male	Age 49
Institution/School Name	Date of Birth 30/10/1969	Race Chinese
Date/Time Of Incident 19/06/2019 13:30	Location Of Incident 7 KALLANG PLACE UNNAMED SINGAPORE 339153 Exit Gantry	

Brief details.

On the 19/06/2019 at around 1330hrs, I was driving my vehicle bearing licence plate no. SLK1104C. I was about to exit the gantry. I waited for the gantry to open and I drove past. After moving forward, the gantry barrier came up and while I moved forward, the barrier became loose and dropped on my vehicle. The barrier dropped on the top right side of my vehicle damaging the right top portion of my vehicle. There were scratches on the top right corner of my vehicle and also on the right head lights. I made a check on the barrier and realized it was secured with cable ties to the machine. It came loose and

Signature Of Officer Recording The Report: A / Sgt 2 GLENN CHEAH YONG QUAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 17/07/2019 17:36
Officer In-Charge Of Case: A / Central Police Divisional Investigation Branch / ASP LEE WEI LIANG COLBY Contact No.: 65573346	Classification Of Case:

Authentication Stamp



Police Report



**SINGAPORE
POLICE FORCE**



A/20190717/2134

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20190717/2134

dropped of my vehicle.

I called G-Tech the company of the barrier and they informed me to claim wait for insurance. I have called them to check in regards to the insurance claims but they kept replying me to wait. I have consulted my insurance company and they have advised me to file a report for insurance claims.

As such, I am lodging this report for insurance claims. That is all.

Signature Of Officer Recording The Report:

A / Sgt 2 GLENN CHEAH YONG QUAN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
A / Central Police Divisional Investigation Branch /
ASP LEE WEI LIANG COLBY
Contact No.: 65573346

Signature Of Informant:

Date/Time:
17/07/2019 17:36

Classification Of Case:

Authentication Stamp



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



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: S665500206 / GST Reg. No.: M400017735

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 : MNA119094783 Vehicle Registration No: SLK1104C
Name (as shown in NRIC) : MEN KIM FATT NRIC/FIN/Passport No : S6979839Z
(* ~~Vehicle Driver~~ / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 65 KALLANG BAHRU #05-315 Singapore (330065)
Contact (Tel) : _____ Mobile No. : 96856736
Email Address : _____
Date of Accident : 19/06/2019 Time of Accident : 13:30
Place of Accident : 7 KALLANG PLACE CARPARK GANTRY
Insurance Company: AIG Asia Pacific Insurance Pte. Ltd.

(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:

Amend date of accident _____

Policyholder / Driver's Signature
Date:



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