SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number
Contact Number

EMail Address

Gender

- 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

aforesaid.	ACCIDENT STATEMENT
	ACCIDENT STATEMENT
Date Of Report	02/08/2019 17:41
Date Of Accident	22/07/2019 07:00
Exact Location Of Accident	BLK 218 MARSILING CRESCENT CARPARK LOT NO:210
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE4742R
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	KOKPENG111@YAHOO.COM
Mobile Phone No	(LOCAL) +65-84811236
Alternative Phone No	OFFICE-84811236
Vehicle Particulars	
Manufacturer	FIAT
Model	DOBLO CARGO MAXI 1.6 MTJ AMT GLAZE
Exact Purpose for which vehicle was being used at time of accident	VAN WAS PARKED
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999994313
Cover Note Number	
Driver	
Name of Driver	YAP KOK PENG
NRIC No	G7621301T
Date Of Birth	16/03/1988
Occupation	OUTDOOR

22/04/2014

MALE

5 YEARS AND 3 MONTHS

(LOCAL) +65-84811236

KOKPENG111@YAHOO.COM

OTHERS-84811236

Address BLK 218 MARSILING CRESCENT

#04-33

Postcode 730218

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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

ambulance?

NO YES

NO

2

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) 0

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name BUKIT PANJANG NORTH NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 27 MARSILING DRIVE , POSTCODE: 730027 , COUNTRY:

SINGAPORE

NO

Police Station Contact **TEL NO**: 1800-3689999 - **FAX NO**: 63682383

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190722/2105

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 SHA8891S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number 91593650

Address

Postcode

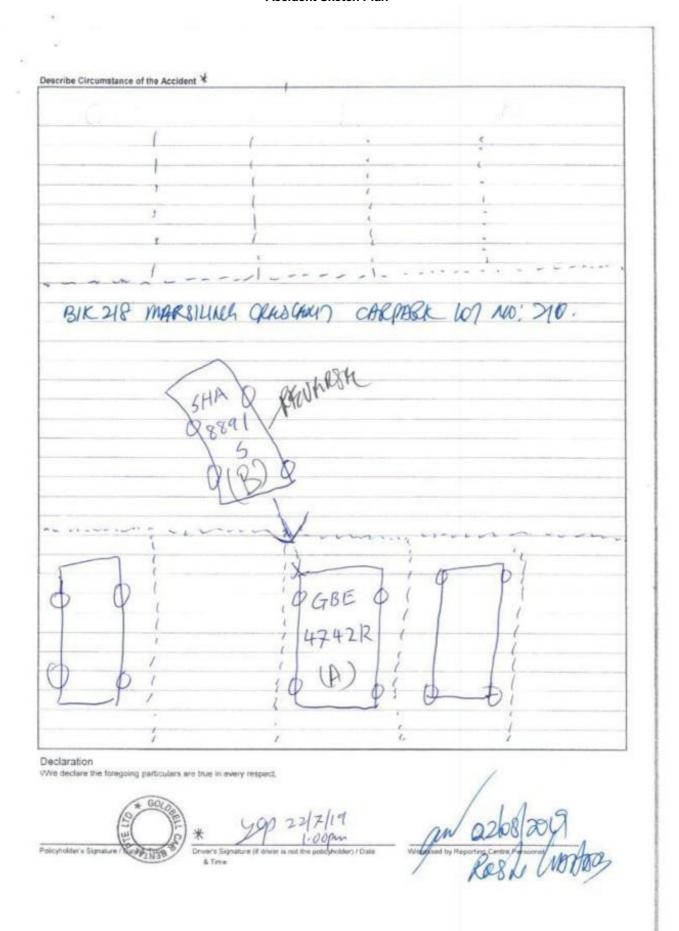
Insurance Company Name

Page 2 of 23

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan



Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 5 Any false reporting may be referred to the Traffic Police Department for investigation.
- This report will be forwarded by the insurers to the GIA Records Mangement Centre establised 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 intorested parties.
- By the ladgement 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 yers/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 taw in administoring, 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

Sketch Plan 4

Accident

My Vehicle GBE4242R is parking in a parking let at open car park Located BIK 218 Marsiling croscent.

The driver of the Taxi SHA8891S reverse the vehicle and knock on my vehicle GBE4242R LEAT front wheel side and caused dented to my vehicle.

PANCH REPORT TIMES OF TORSE TORSE TO MY VEHICLE.

POLICE REPORT





Institution / School Name:

Date of Expiry:

1 of 3

Police Station Of Origin: Bukit Panjang North NPP 27 Marsiling Drive #01-237 SINGAPORE 730027

Report No. T/20190722/2105

Tel No: 1800-3689999

Male

Race:

Chinese Occupation:

REPORT OF A TRAFFIC ACCIDENT

31

COMPANY DRIVER

16/03/1988

Date/Time Repo 22/07/2019 16:0		Vide Report No.:	Station Diary No.:
Informant's Pa	rticulars		
Name of Inform YAP KOK PENG		Address: APT BLK 218 Marsiling Crescent #04-33 SINGAPORE 730	
ID Type / ID No.: FIN NO / G7621301T		Contact No.: Home/Office:	Mobile: 84811236
Nationality: MALAYSIAN		Email:	
Cave Age	Date of Birth	Type of Informant:	

Driving Licence Information:

Driver

Language:

Class: 2B,3

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 22/07/2019 07:00	Type of Location Car Park
Location: Along Road 1 MARSILING		LOT NUMBER 210		
Weather:		Road Surface:	F	Road Speed Limit:
	246	Traffic Control:	1	Traffic Volume:
Traffic Flow:				

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
GBE4742R	Van				Slightly Damaged	0
SHA8891S	TAXI					0

POLICE REPORT



T/20190722/2105

2 of 3 Report No. T/20190722/2105

Police Station Of Origin: Bukit Panjang North NPP 27 Marsiling Drive #01-237 SINGAPORE 730027

Tel No: 1800-3689999

CONTINUATION OF REPORT

Brief Details.

On the 19/07/2019 at about 1600hrs, I parked my company vehicle (GBE4742R) at Bik 218 Marsiling Crescent Open space carpark Lot Number 210 Everything was intact before I left to home. On the 22/07/2019 at about 0700hrs, I went to retrieve my vehicle and I discover there's a yellow note at my windscreen stating that "SHA8891S" Yellow Taxi. I made a check on my vehicle and discover there's a slight damage at the left side of my vehicle. I then called Taxi Hotline to check the vehicle number given. A few mins later the driver of "SHA8891S" called me and informed that he hit onto my vehicle while he was reversing and wanted to park beside my vehicle. He told me that the incident took place at the night and he could not see. A passerby saw the incident and place a note on my van windscreen. I then informed the matter to my company and was told me to lodge a police report.

POLICE REPORT





Police Station Of Origin: Bukit Panjang North NPP 27 Marsiling Drive #01-237 SINGAPORE 730027 3 of 3 Report No. T/20190722/2105

Tel No: 1800-3689999

CONTINUATION OF REPORT

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NP168

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: L / Sgt 2 MOHAMMAD MALIK BIN MOHAMMED ANIFAH	Signature Of Informant:	
Signature Of Interpreter: Not applicable	Date/Time: 22/07/2019 16:09	
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:	
Authentication Stamp		





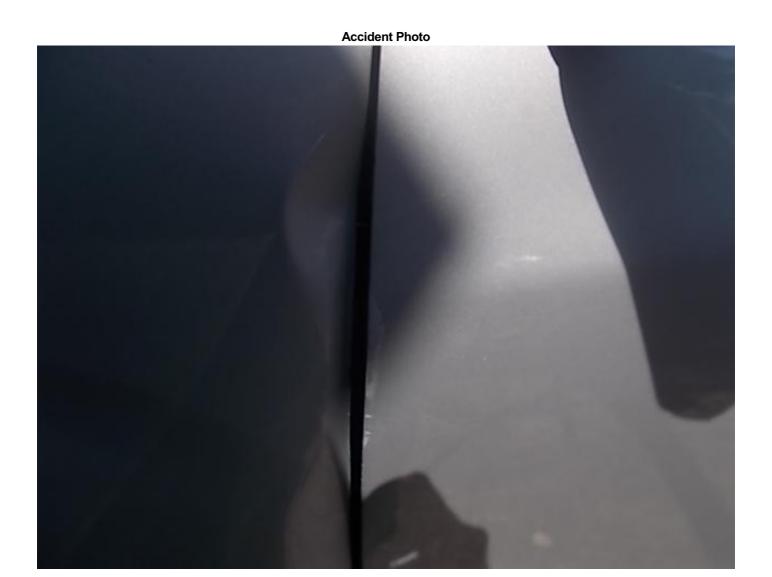










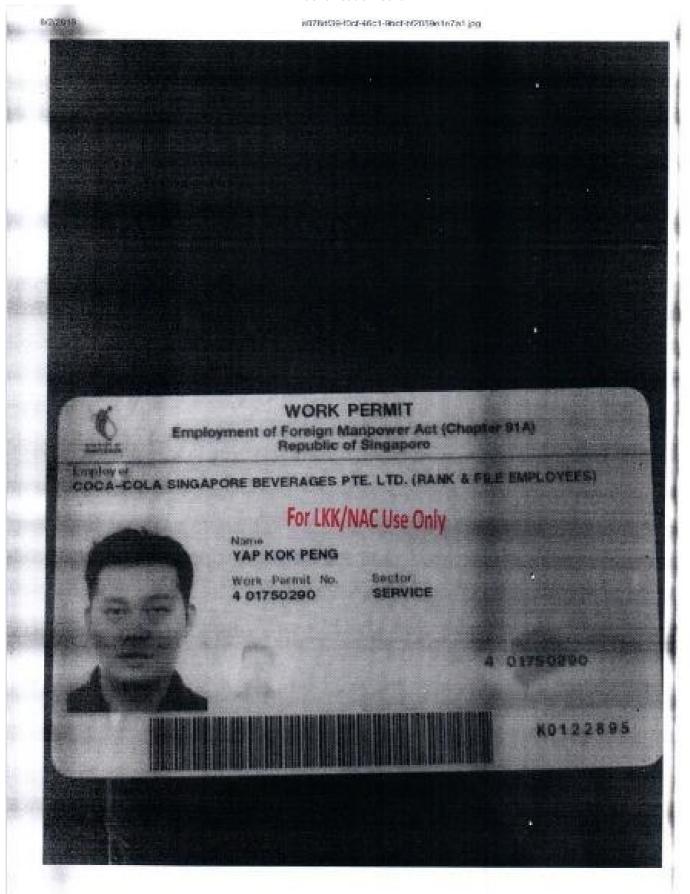








Identification Card



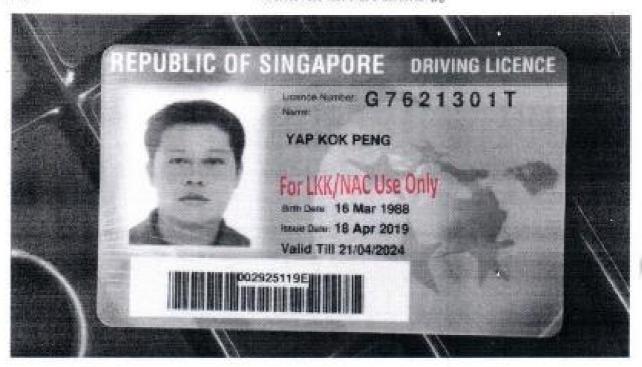
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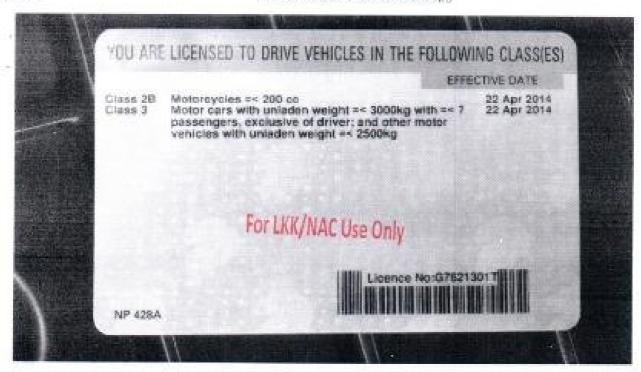


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