

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	07/09/2019 17:36
Date Of Accident	07/09/2019 13:55
Exact Location Of Accident	ALONG ROAD 1 TRAVELLING TOWARD ROAD 2 ORCHARD LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP7074B
Insured/Policyholder	
Name Of Registered Owner	FOO MAO GENG
NRIC No	S8426212I
Email Address	MALIE.FOO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90076711
Alternative Phone No	OFFICE-90076711

Vehicle Particulars

Manufacturer	AUDI
Model	Q5 2.0 TFSI
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	1900114472
Cover Note Number	

Driver

Name of Driver	FOO MAO GENG
NRIC No	S8426212I
Date Of Birth	26/08/1984
Occupation	INDOOR
Date Of Driving Pass	28/04/2004
Driving Experience	15 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90076711
Fax Number	
Contact Number	OFFICE-90076711
Email Address	MALIE.FOO@GMAIL.COM

Address	21 SENGKANG EAST AVENUE #06-26
Postcode	544809
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	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	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)	2
Passenger 1	NAME: : QUEK SHU JUN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOGANG N.P.C
Police Station Address	ROAD: 60 HOUGANG AVE 9 SINGAPORE 538775 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO THE SKETCH PLAN AND POLICE REPORT T /20190907/211

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKN6338H
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)

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.

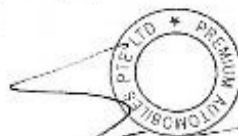
Policyholder's Signature
Date & Time:

07/09/19 5pm

(Signature of Policyholder)

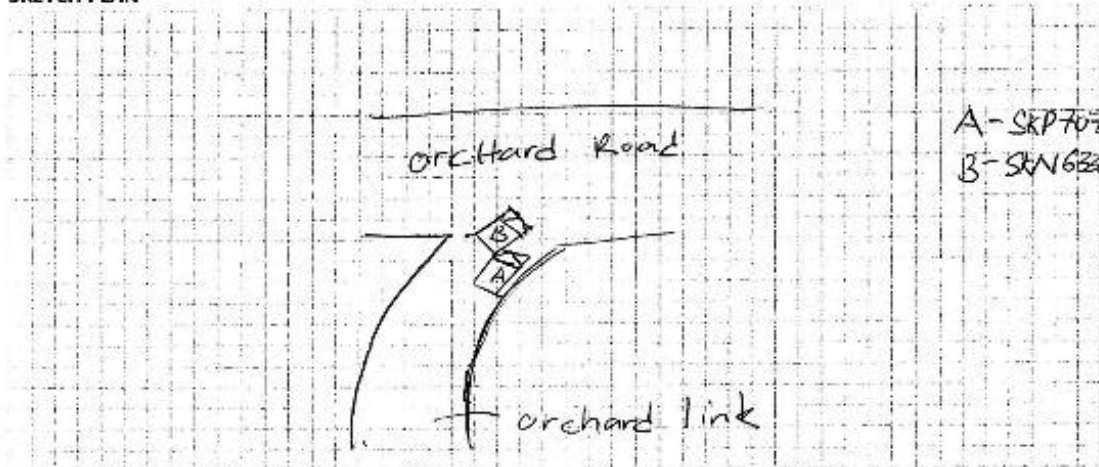
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: *WONG KIM HONG*
NRIC/FIN No.: *G298746X*



Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to the police report : 7/20190907/2111

DECLARATION

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

Policyholder's Signature _____

Date & Time:

07/04/19 5pm

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Driver's Signature _____

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: WIGG KNOX SMITH, George

NRIC/FIN No.: G298745K



Police Report



**SINGAPORE
POLICE FORCE**



T/20190907/2111

1 of 3

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4950999

Report No: T/20190907/2111

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/09/2019 18:09		Vide Report No.:		Station Diary No.: 93	
Informant's Particulars					
Name of Informant: FOO MAO GENG			Address: 21 SENGKANG EAST AVENUE #08-26 SINGAPORE 544809		
ID Type / ID No.: NRIC NO / S84262121			Contact No.:		Mobile: 90076711
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 35	Date of Birth: 26/09/1984	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: BANKER			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: 07/09/2019 13:55	Type of Location: RIGHT TURNING LANE
Location: Along Road 1 Traveling Toward Road 2 ORCHARD LINK				
ORCHARD LINK TOWARDS ORCHARD ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKN8338H	Car					0
SKP7074B	Car	AUDI	Q5 SPORT 2.0 TFSI QU S TRONIC	White		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SKP7074B	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1900114472	26/06/2019	25/06/2020

Police Report



**SINGAPORE
POLICE FORCE**



T/20190907/2111

2 of 3

Police Station Of Origin:

Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

Report No. T/20190907/2111

CONTINUATION OF REPORT

Brief Details.

On 07/09/2019 at about 1358hrs, I was driving my vehicle (SKP7074B) along Orchard Link towards Orchard Road, on the extreme right lane. When I was performing the right turn, there was a vehicle (SKN6338H) from my left collided onto the front left of my vehicle and drove off while making the right turn. There is camera installed in my vehicle and it captured the incident. The damages on my vehicle was scratches and dents on the front left bumper

Police Report



**SINGAPORE
POLICE FORCE**



T/20190907/2111

3 of 3

Report No. T/20190907/2111

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No. 1800-4890999

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:
F /
Sgt 3 JANSEN KWOK SHU HAO

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
07/09/2019 16:09

Officer In Charge Of Case:
TP / HRT /
Sr Staff Sgt TAN JEOK LENG
Contact No.: 65476144

Classification Of Case:

Authentication Stamp
NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

