#### 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 <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
Date Of Report	17/10/2019 13:55
Date Of Accident	16/10/2019 13:00
Exact Location Of Accident	27 MOULMEIN RISE SHOW FLAT CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLU9630U
Insured/Policyholder	
Name Of Registered Owner	VALERIE LAUREN LEE (LI WENXIN)
NRIC No	S7728706Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97638887
Alternative Phone No	OFFICE-97638887
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO K3
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	1700089260
Cover Note Number	
Driver	

Name of Driver VALERIE LAUREN LEE (LI WENXIN)

NRIC No S7728706Z

Date Of Birth 19/10/1977

Occupation OUTDOOR

Date Of Driving Pass 31/10/2007

Driving Experience 11 YEARS AND 11 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-97638887

Fax Number

Contact Number OFFICE-97638887

EMail Address NOEMAIL

Address 18 FLORA DR #04-30

Postcode 506946

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?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 0

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name CHANGI N.P.C

Police Station Address ROAD: 9 SIMEI STREET 2, POSTCODE: 529914, COUNTRY:

SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

#### **Circumstances of Accident**

REFER TO POLICE REPORT T/20191016/2222

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 SGR2228U

Vehicle Make/Model/Colour

**Details Of Properties** 

001122200

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

### **IMPORTANT NOTICE**

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- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- The 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.
- 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:
  - 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:
  - 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 Sigrature 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**

CH PLAN		
		A = 510 7530 U
	B	
	2	B = SSR 2228 (
	27 maulmein Rise Sh	ow flat Corpork
NDE CIDCUMETANIC		
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Refer	to Police Repor	+ 7/20191016/2222
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1	-	
RATION		
	rticulars are true in every respect.	10
111		+1
Mo		pure
der's Signature	Driver's Signature	Reporting Centre Personnel's Signature
ime:	(If driver is not the policyholder) Date & Time:	Name: NRIC/FIN No.:

GIARMC SketchPtanForm\_VII

NRIC/FIN No.:

2

### **POLICE REPORT**





Police Station Of Origin: Changi N.P.C

9 Simei Street 2 SINGAPORE 529914

Tel No: 1800-5872999

1 of 3 Report No. T/20191016/2222

### REPORT OF A TRAFFIC ACCIDENT

Date/Tim 16/10/20	e Report N 19 23:23	Made:	Vide Report No.:	Station Diary No.: 23
Informan	t's Partic	ulars		AND THE PERSON NAMED IN COLUMN TWO
	Informant: LAUREN		Address: 18 FLORA DRIVE #04-30 SIN	NGAPORE 506946
ID Type / NRIC NO	ID No.: / S77287	06Z	Contact No.: Home/Office:	Mobile: 97638887
Nationalit SINGAPO	y: DRE CITIZ	EN	Email:	
Sex: Female	Age: 41	Date of Birth: 19/10/1977	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation REAL ES	on: TATE AGI	ENT	Driving Licence Information: Class: 3A	Date of Expiry:

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 16/10/2019 13:00	Type of Location Car Park
Location: Along Road 1 MOULMEIN F 27 Moulmein		rk	4	12
Weather:		Road Surface:	F	Road Speed Limit:
		Dry		todo oposo amini
Clear Traffic Flow:	(4)	Dry Traffic Control:	1	raffic Volume:

Details of Vehicle Involved					THE RESERVE AND THE PERSON NAMED IN	
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SGR2228U	Car					0
SLU9630U	Car	KIA	CERATO K3 1.6A SUNROOF	White	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLU9630U	AIG ASIA PACIFIC INSURANCE PTE.	1700089260	19/12/2017	18/12/2019

#### POLICE REPORT





2 of 3

Report No. T/20191016/2222

Police Station Of Origin: Changi N.P.C 9 Simei Street 2 SINGAPORE 529914

Tel No: 1800-5872999

CONTINUATION OF REPORT

Details of Perso	n Involved				ATES	Winds Delivery
Any Pedestrian I	nvolved: No					
No. of Pedestrian	s Injured: NIL		Use of Pe	destriar	Cross	ing: NA
Driver	THE PROPERTY OF	A STATE OF THE PARTY OF THE PAR	NAME OF TAXABLE PARTY.	RESISTED.		The second second
Name	VALERIE LAUREN	LEE		ID No	•	S7728706Z
Related Vehicle	SLU9630U (Car)			Conta	ct No.	97638887
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g	Class: 3A Date of Expiry: NIL	
Date Treatment	NIL	15.77	Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	fInjury	NIL	

#### Brief Details.

On the 16/10/2019 at about 1250hrs, I had parked my vehicle at the said location head in and did my work. I went back to my vehicle at 1335hrs and didn't check on my vehicle then. I continued to do my daily activities till the end of the day. At about 2130hrs, upon reaching home, I wanted to take some items from the boot and that was when I discovered the damages. My car suffered scratches, dent to the right rear bumper. The rear bumper was also detached and misalign. Reverse sensor was also affected by the hit. I immediately took out my in car CCTV SD card and look at the footage.

I found out that at about 13:00:59sec, there was a Toyota Camry silver colour had hit onto the right rear of my vehicle. I could only make out the following vehicle numbers. Its either SGR2228U or SQR2228U. The driver appears to be a male Chinese driver. No note was left behind on my car. I have already downloaded the video for the investigation officer.

### **POLICE REPORT**





Police Station Of Origin: Changi N.P.C 9 Simei Street 2 SINGAPORE 529914 Tel No: 1800-5872999

3 of 3 Report No. T/20191016/2222

CONTINUATION OF REPORT

# Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:	Signature Of Informant:
Sr Staff Sgt DZULHILMI BIN OMAR	
Signature Of Interpreter:	Date/Time:
Not applicable	16/10/2019 23:23
Officer In Charge Of Case:	Classification Of Case:
Sr Staff Sgt TAN JEOK LENG	
Contact No.: 65476144	























