### 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.

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	ACCIDENT STATEMENT
Date Of Report	09/07/2019 15:39
Date Of Accident	08/07/2019 15:40
Exact Location Of Accident	100 BUKIT TIMAH RD (KK HOSPITAL)
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SE4101P
Insured/Policyholder	
Name Of Registered Owner	CHIOK POH SUAN
NRIC No	S7307667F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94505677
Alternative Phone No	OFFICE-94505677
Vehicle Particulars	
Manufacturer	RENAULT
Model	GRAND SCENIC IV
Exact Purpose for which vehicle was being used at time of accident	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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700017520-02
Cover Note Number	-
Driver	
Name of Driver	CHIOK POH SUAN
NRIC No	S7307667F

NRIC No S7307667F

Date Of Birth 01/03/1973

Occupation INDOOR

Date Of Driving Pass 27/08/1994

Driving Experience 24 YEARS AND 10 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-94505677

Fax Number

Contact Number OFFICE-94505677

EMail Address NOEMAIL

Address BLK 95A HENDERSON RD #35-06

Postcode 15109

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) 0

### **Details of Police Action**

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ

Police Station Address ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

#### **Circumstances of Accident**

PLEASE REFER TO POLICE REPORT.

### Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO CAPTURE BY OTHER VEHICLE

Was there any audio recorded?

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SGK7277G

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR

Vehicle Category

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Accident Sketch Plan



### IMPORTANT NOTICE

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- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. 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
- 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 cartain 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")
- 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
- 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 Sleneture

Date & Time:

Oriver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name

NRIC/FIN No.:

COMMON Shorth Management (10)

### **Accident Sketch Plan**

SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Attach Report Alice DECLARATION I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

Driver's Signature

Date & Time:

(If driver is not the policyholder)

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## **POLICE REPORT**





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No. 65470000

1 of 3 Report No. T/20190709/7016

REPORT OF	A TRAFFIC	ACCIDENT							
Date/Time Report Made: 09/07/2019 14:43			Vide	Vide Report No.:				Station Diary No.:	
Informant		ılars	Born.			14.12/2	<b>阿拉斯</b>		
Name of Ir CHIOK PC	H SUAN		Addre APT	BLK 95A H	HENDERSON I	ROAD #3	5-06	SINGAPORE	
ID Type / ID No.: NRIC NO / S7307667F		Conta	Contact No.: Home/Office: Mobile: 94				505677		
Nationality	RE CITIZI	EN	Email		OK@YAHOO.COM.SG				
Sex: Female	Age: 46	Date of Birth: 01/03/1973	Type Vehic	Type of Informant: Vehicle Owner					
Race: Chinese				Language: In English			nstitution / School Name:		
Occupation Marketing a (ICT)	i: and sales	representative	Drivin Class	Driving Licence Informatio Class:		Date of	Date of Expiry:		
100 bukit tir Weather: other	mah road		Road	Surface:					
Traffic Flow: Traffic Cont Two Way Not Control				ourrace;			Road	Speed Limit:	
The second secon	5		Dry	Control:		-	Traffic	Volume:	
Two Way Type of Col	lision:	nst - Parked Vehic	Dry Traffic Not Co	Control:			Traffi No Tr Anyor	Volume:	
Two Way Type of Col Moving Veh	lision: icle Agair		Dry Traffic Not Co	Control:			Traffic No Tr Anyor ambu	c Volume: affic	
Two Way Type of Col Moving Veh	lision: icle Agair /ehicle In	volved	Dry Traffic Not Co	Control: ontrolled	Galac		Traffi No Tr Anyor ambu No	c Volume: affic ne conveyed by lance;	
Two Way Type of Col Moving Veh Details of V	lision: icle Agair	volved	Dry Traffic Not Co	Control:	Gölor Black		Traffi No Tr Anyor ambu No	c Volume: affic ne conveyed by lance:	
Two Way Type of Col Moving Veh  Details of V Vehicle No. SE4101P	lision: icle Agair /ehicle In	volved Make	Dry Traffic Not Co	Control: ontrolled	Married Street, Square, Square		Traffi No Tr Anyor ambu No	C Volume: affic ne conveyed by lance:	
Two Way Type of Col Moving Veh  Details of V Vehicle No. SE4101P SGK7277G	lision: icle Again /ehicle In Type Car	Make RENAUL TOYOTA	Dry Traffic Not Co	Control: ontrolled	Black		Traffi No Tr Anyor ambu No	No of Passenger	
Two Way Type of Col Moving Veh Details of V Vehicle No. SE4101P SGK7277G Details of V	lision: icle Again fehicle In Type Car Car	Make RENAUL TOYOTA	Dry Traffic Not Co	Control: ontrolled	Black	Gono	Traffii No Tr Anyoi ambu No	No of Passenger	

### **POLICE REPORT**





Police Station Of Origin; Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20190709/7016

#### CONTINUATION OF REPORT

Any Pedestrian I	nvolved: No	THE SHOOT		-		STATE OF THE STATE
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Vehicle Owner	A STATE OF THE PARTY OF THE PAR	THE PERSON		COLUMN 1	TANK A	A CONTRACTOR
Name	CHIOK POH SUAN			ID No	),	S7307667F
Related Vehicle	NIL			Contact No.		94505677
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date D			harne	NIL	
No. of Days granted Medical Leave NIL			Date Discharge NIL Degree of Injury NIL			

#### Brief Details

Video recorded by other. (Video recording is unable to upload) (please let me have your email address so i can send it over )

The incident happened at KK Hospital afternoon, 340pm, where i parked my car at lot 51 next to a pillar. When i am back, i noticed one note was left on the my wind screen stating that I have a helpful witness has video recording that a toyota was trying to park the lot next to my car but it had missed his judgement. His car collided lightly to my left side of car leaving dent on my left door and scratches on the paint work. The witness had honked him but he just drove off away.

## **POLICE REPORT**





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Informant is not able to provide sketch plan

Sketch Plan

Authentication Stamp

NP168

3 of 3 Report No. T/20190709/7016

CONTINUATION OF REPORT

Signature Of Office D. II. The	
Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 09/07/2019 14:43
Officer in Charge Of Case: TP / TPIB /	Classification Of Case:
GOH GEOK LYE Contact No.: 65476148	

## **DRIVING DOC**





















