

## 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	26/11/2019 17:31
Date Of Accident	25/11/2019 19:40
Exact Location Of Accident	TAMPINES ST 11 ROUND MARKET OPEN CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW5211Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE LAI CHYE(LI LAICAI)
NRIC No	S7735741F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96252035
Alternative Phone No	OTHERS-96252035

### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA 3
Exact Purpose for which vehicle was being used at time of accident	PARKED VEH
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	1900166432
Cover Note Number	

### Driver

Name of Driver	LEE LAI CHYE(LI LAICAI)
NRIC No	S7735741F
Date Of Birth	21/12/1977
Occupation	OUTDOOR
Date Of Driving Pass	08/09/1996
Driving Experience	23 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96252035
Fax Number	
Contact Number	OTHERS-96252035
Email Address	NOEMAIL

Address	BLK 852 TAMPINES ST 82 #05-211
Postcode	520852
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 PARKED VEHICLE
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	TAMPINES N.P.C
Police Station Address	<b>ROAD:</b> TAMPINES N.P.C , <b>POSTCODE:</b> 529682 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLIE REPORT:T/20191125/2237

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLX2757T
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)

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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)**

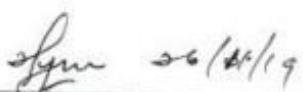
I understand, acknowledge, agree and consent that:

- (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 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:  
26/11/2019

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



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS POLICE REPORT : T/20191125/2237 ATTACH

## DECLARATION

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

Policyholder's Signature

Date & Time:

26/11/2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20191125/2237

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

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Report No. T/20191125/2237

## CONTINUATION OF REPORT

<b>Vehicle Owner</b>			
Name	LEE LAI CHYE		ID No. S7735741F
Related Vehicle	SKW5211Z (Car)		Contact No. 96252035
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On 25/11/2019 at about 1915hrs to 1920hrs, I parked my car (SKW5211Z) at the said carpark. Weather was clear and road surface was dry. No other vehicle parked beside my car and all was intact.

At about 1955hrs, I went to retrieve my car and did not make a check. At about 2015hrs, I went to Tampines SPC along Tampines St-91 to top-up patrol. I discovered dents and scratch marks with red stain near the left rear passenger door and rear wheel area. The oil tank door was also loosen.

I viewed my in-car camera footage and there were two cars parked on the left side of my car. One white car parked first and followed by one red Mercedes (SLX2757T). From the footage, the red car can be seen adjusting multiple times to park into the lot. At one point of time, my car can be seen shaking.

I did not find any contact details left behind and from the footage, the driver did not alight from the car at all. The damage repair cost will be about few thousand dollars.



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



T/2019/125/2237

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

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Report No: T/2019/125/2237

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/11/2019 23:13		Vide Report No.:		Station Diary No.: 173
<b>Informant's Particulars:</b>				
Name of Informant: LEE LAI CHYE		Address: APT BLK 852 TAMPINES STREET 82 #05-211 SINGAPORE 520852		
ID Type / ID No.: NRIC NO / S7735741F		Contact No.: Home/Office: Mobile: 96252035		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 41	Date of Birth: 21/12/1977	Type of Informant: Vehicle Owner	
Race: Chinese		Language: English		Institution / School Name:
Occupation: SELF-EMPLOYED		Driving Licence Information: Class: 3,4,5 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 25/11/2019 19:40	Type of Location: Car Park
Location: Along Road 1 TAMPINES STREET 11 Tampines Round Market Open carpark				
Weather: Clear		Road Surface: Dry	Road Speed Limit	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.:	Type:	Make:	Model:	Color:	Condition:	100-310 Passenger
SKW5211Z	Car					0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

# Police Report



**SINGAPORE  
POLICE FORCE**



T/2019/125/2237

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

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Report No. T/2019/125/2237

## CONTINUATION OF REPORT

Vehicle Owner			
Name	LEE LAI CHYE	ID No.	S7735741F
Related Vehicle	SKW5211Z (Car)	Contact No.	96252035
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

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Police Report



SINGAPORE  
POLICE FORCE



T/20191125/2237

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

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Report No: T/20191125/2237

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:  
G /  
Sgt 3 ZHANG LINHAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
25/11/2019 23:13

Officer In Charge Of Case:  
TP / HRT /  
SI KALESWARI PALANI  
Contact No: 65476902

Classification Of Case:



SINGAPORE  
POLICE FORCE

Authentication Stamp  
NP168

SIGNATURE