

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	09/12/2019 16:18
Date Of Accident	08/12/2019 10:40
Exact Location Of Accident	BLK 531 JURONG WEST STREET 52 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP4248M
Insured/Policyholder	
Name Of Registered Owner	GOH AI TEE
NRIC No	S7805573A
Email Address	AITEE78@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97450889
Alternative Phone No	OFFICE-65601796

Vehicle Particulars

Manufacturer	AUDI
Model	A4 SEDAN 2.0 TFSI 8W
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	1900166952
Cover Note Number	

Driver

Name of Driver	GOH AI TEE
NRIC No	S7805573A
Date Of Birth	25/02/1978
Occupation	INDOOR
Date Of Driving Pass	05/06/1999
Driving Experience	20 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97450889
Fax Number	
Contact Number	OFFICE-65601796
Email Address	AITEE78@GMAIL.COM

Address	BLK 531 JURONG WEST ST 52 #11-421
Postcode	640531
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	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER BACK TO ATTACHMENT POLICE REPORT T/20191209/2001

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	SJZ91G
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

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. 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.

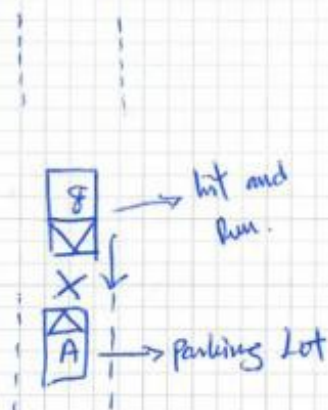
Policyholder's Signature
Date & Time: 9/12

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

Reporting Centre Personnel's Signature
Name: Goh Shi Hao, Tay
NRIC/FIN No.: G5877426

Sketch Plan #2

SKETCH PLAN



A → SMP 4248M

B. \rightarrow 352 a1 G.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer back to attachment Police Report T/20191209/2007

DECLARATION

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

Policyholder's Signature

Date & Time:

9/12

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

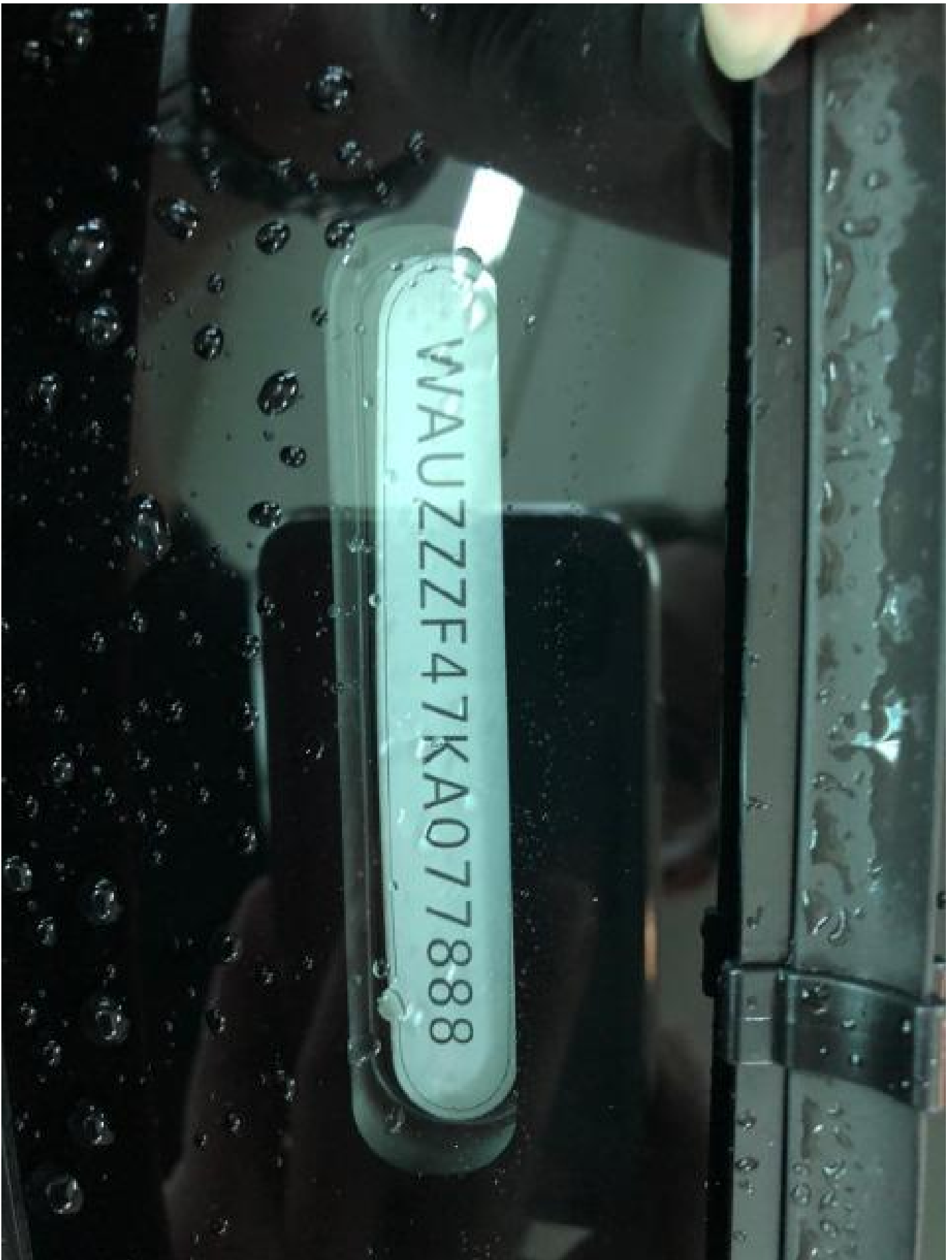


Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20191209/2901

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 648818
Tel No: 1800-2689999

1 of 3

Report No: T/20191209/2901

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/12/2019 00:16		Vide Report No.:		Station Diary No.: 1	
Informant's Particulars					
Name of Informant: DAVID NG			Address: APT BLK 531 JURONG WEST STREET 52 #11-421 SINGAPORE 640531		
ID Type / ID No.: NRIC NO / S7835529H			Contact No.: Home/Office: Mobile: 98372335		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 41	Date of Birth: 04/12/1978	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: LORRY DRIVER			Driving Licence Information: Class: 3,4,5		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 08/12/2019 22:30	Type of Location: Car Park
Location: Along Road 1 JURONG WEST STREET 52 BLK 531 JURONG WEST ST 52 OPEN CAR PARK LOT 303				
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	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMP4248M	Car				Seriously Damaged	0

Police Report



**SINGAPORE
POLICE FORCE**



T/20191209/2001

Police Station Of Origin:

2 of 3

Jurong West N.P.C

Report No: T/20191209/2001

700 Corporation Road SINGAPORE 649818

Tel No: 1800-2669989

CONTINUATION OF REPORT

Brief Details.

On 08/12/2019 at about 10.00pm, I have parked and secured my vehicle (SMP4248M) at Blk 531 Jurong West St 52 open car park lot number 303 Everything intact.

On 08/12/2019 at about 10.45pm, my neighbor (staying at 7th floor) came over to my unit and showed a video which he had earlier taken from his handphone. The video had showed at about 10.38pm, that there is one black Merc had left the gantry of Blk 531 Jurong West St 52 car park. The video did not show that the said Merc had hit my vehicle. My said neighbor is Jimmy Teo and his contact number is 88235656. My neighbor informed me that earlier he had saw the said Merc had hit my vehicle and left the carpark. My neighbour had whatsapp the said video to me. My neighbor also informed me that there is one male Chinese uncle at the car park and he also had saw it. The said male Chinese uncle is also my neighbor staying at 9th floor. I am currently do not have the uncle's name but I have his contact number is 96371378.

I have installed in-car camera inside my vehicle. However, after I had viewed the footages from my handphone, it is too dark to see the Merc registration plate number. I will view the footages again from my computer to check whether am I able to see the said Merc registration plate number or not.

My vehicle's front bumper dented and crack and registration plate number dented. There is white cement mark on my right rear tyre. I believed that the mark was caused by the impact after the said Merc had hit my car which caused my vehicle to push backward causing the said white cement mark on my said tyre.

This is the first time such incident had happened to my vehicle. I am lodging the police report to claim insurance.

Police Report



**SINGAPORE
POLICE FORCE**



T/2019/1208/2001

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689989

3 of 3

Report No. T/2019/1208/2001

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:

J /

Sr Staff Sgt ONG BOON TIONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

Contact No:

Authentication Stamp

NP/CS

Signature:

Singapore Police Force

Signature Of Informant:

Date/Time:

09/12/2019 00:16

Classification Of Case: