SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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

The state of the s	ACCIDENT STATEMENT
Date Of Report	20/01/2020 15:09
Date Of Accident	18/01/2020 20:10
Exact Location Of Accident	FAR EAST FLORA OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SFF380A
Insured/Policyholder	
Name Of Registered Owner	ALVIN TAN YONG BENG
NRIC No	SXXXX110H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97617927
Alternative Phone No	OFFICE-97617927
Vehicle Particulars	
Manufacturer	BMW
Model	216I GT LED NAV
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	1800127732-01
Cover Note Number	
Driver	
Name of Driver	ALVIN TAN YONG BENG
NRIC No	SXXXX110H
Date Of Birth	05/02/1974
Occupation	INDOOR
Date Of Driving Pass	23/10/2000
Driving Experience	19 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97617927
Fax Number	
Contact Number	OFFICE-97617927

NOEMAIL

Address BLK 54 HAVELOCK ROAD

#29-120

Postcode 161054

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

2

NO

NO

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

Was any body injured in the Accident?

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.

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 - SINGAPORE CITY

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?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200120/7010.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera? YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLT256G

YES

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

MPORTANT NOTICE

- In Figure report correctly the setalated the accordance to research the stand process.
- 1. This form must be completed by the Polloyholder and Jamba Assnayted Orliver
- Information provided must be as truthful and network as possible. Any will distinguished sense sense or with foreign of material facts may allow insurance companies to repud size policy. Exhibity.
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 Association of Singapore (GIA) for archiving and that copies of this report will for a feet be made aveilable upon application by
 indepented parties.
- By the indigment of this report to the insurers, you hareful consent to the proving affairs inport at the carrie and to copies at the report being made available attracted.
- 4. Consent under the Personal Data Protection Air (PDPA)
 - tundentand, animawiedge, agraw and comment mate.
 - (a) My insurer, my workshop and the General Insurence Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/porsonal 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 Monstary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of
 - If providing handling and or Shaling with my do me including the settlement of the claims and any necessary managers are related to the diagraphs.
 - (u) investigating the acculent and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - If y administering my claims including the mailing of correspondence, statements, invokes, reports or notices to me, which could excelve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of onvelopes/mail pediagos); and/or
 - The four of with applicated day is somittaining, processing, handling and/or dealing with my daines (uslies) with the chargests."
 - (a) Interest place was insured with less involved in this solitions and the insurers' leaver(flow forms, may/are permitted to solition, using disclose and flow process and permitted to solition and the solit
 - The first of the first of the second of the first of the first and far SIA to their third party service provide a provide a first of the first of the first of the choice furnished of the galaxy, we are at the choice furnished.
 - To Personal Trial Labors and the residenced and used to complete a majoritary for the instruction of Product Applications and Applications and
 - A STATE OF THE PARTY OF THE PAR
 - 4 to all heurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agandes as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder a Signature Data & Timat Tinyer & Signature (if driver is not the policyholder) Date & Time: Properting Contro Personnel Signature Name:

SKETCH PLAN For East Flora No 555 (R) SLT 256 G Thomson Road On 18/01/2020 at about 2010 has at outside Premises of For East Flora, No 555 Thomson Road My vehicle was stationary mentioned premises and everything was return back to my vehicle noticed that there was no damages at my Rear Right Portion of my vehicle (A). When I reach home, I realised from my vehicle ccTU footoge that a vehicle (B) had collided owto my Rear Right Portion of my which (A) while moving out from the lot bekind my vehicle. Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information. I/Wa fadigra the foregoing narriculars are true in every respect Policyhold a Signature Driver's Signature Reporting Camire Parsonnel's (if driver is not the policyholder) Kame:

Police Report



T/20200120/7010

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

1 of 3 Report No. T/20200120/7010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/01/2020 12:06		Made:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars			
	Informant: AN YONG		Address: APT BLK 54 HAVELOCK RO	AD #29-120 SINGAPORE 161054	
ID Type NRIC NO	/ ID No.: D / S74041	10H	Contact No.: Home/Office:	Mobile: 97617927	
Nationali SINGAP	ty: ORE CITIZ	EN	Email: alvintyb@gmail.com		
Sex: Male	Age: 45	Date of Birth: 05/02/1974			
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Senior Logistic Specialist		cialist	Driving Licence Information: Class: Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 18/01/2020 20:10	Type of Location Car Park
Location:		31.7	100/11/20/20 20 10	
THOMSON F	CAD			
	197.16			
		Road Surface:		Road Speed Limit:
Clear		Road Surface: Dry		Road Speed Limit: 20 Km/h
Clear Traffic Flow:		Dry Traffic Control:		20 Km/h
Weather: Clear Traffic Flow: One Way		Dry		Road Speed Limit: 20 Km/h Traffic Volume: Moderate
Clear Traffic Flow: One Way Type of Collis	ion: le Against - Parked Ve	Traffic Control: Not Controlled		20 Km/h Traffic Volume:

Details of V	ehicle Invo	lved	THE RESIDENCE			
Vehicle No.		Make	Model	Color	Condition	No of Passenger
SFF380A	Car					0
SLT256G	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20200120/7010

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

2 of 3 Report No. T/20200120/7010

CONTINUATION OF REPORT

Vehicle Owner						
Name	ALVIN TAN YONG BENG		ID No.		S7404110H	
Related Vehicle	NIL			Conta	ect No.	97617927
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	charge	NIL	
No, of Days gran	ted Medical Leave	NIL	Degree o		NIL	

Brief Details.

On the stated date and time, at outside premises of Far East Flora, No 555 Thomson Road S(298140), my Vehicle SFF380A was stationary parked at the above mentioned premises and everything was intact. When i returned back to my Vehicle, I noticed that there was some damages at my Rear Right Portion of my Vehicle. When i reached home, I realised from my Vehicle CCTV Footage that a Vehicle SLT256G had collided into my rear right portion of my Vehicle SFF380A while moving out from the lot behind my Vehicle



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



3 of 3 Report No. T/20200120/7010

CONTINUATION OF REPORT

Sketch Plan
Informant is not able to provide sketch plan

Authentication Stamp

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.

Date/Time:
20/01/2020 12:06

Officer In Charge Of Case:
TP / TPIB /
KALESWARI PALANI
Contact No.: 65476902