Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 10/03/2020 17:30

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 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.	
	ACCIDENT STATEMENT
Date Of Report	10/03/2020 17:08
Date Of Accident	27/02/2020 15:00
Exact Location Of Accident	TOH GUAN ROAD BLK 282A MULTI STOREY CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLV4283R
Insured/Policyholder	
Name Of Registered Owner	WILLIAM TAN
NRIC No	S7070932E
Email Address	WILLIAM_88_SG@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96508417
Alternative Phone No	Others-96508417
Vehicle Particulars	
Manufacturer	MAZDA
Model	3 SEDAN 1.5 AT EU6
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	REPORTING ONLY
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	1800063798-01
Cover Note Number	
Driver	
Name of Driver	WILLIAM TAN
NRIC No	S7070932E
Date Of Birth	12/12/1970

OUTDOOR

14/12/1993

26 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96508417

Fax Number

Contact Number OTHERS-96508417

EMail Address WILLIAM_88_SG@YAHOO.COM

Address BLK 704 CHOA CHU KANG STREET 53

#10-78

Postcode 680704
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 NO COLLISION

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?

YES

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

Was any other material or property damaged?

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 SKETCH PLAN AND POLICE REPORT: T/20200310/2107.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLA8988A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category Name of Driver PRIVATE CAR

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.
- 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:
 - (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 & Timen MAR 2070

17-0860

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature
Name: Poh Kwee Choo

NRIC/FIN No.:

SKETCH PLAN		
DESCRIBE CIRCUMSTANCES OF T	THE ACCIDENT	
Refer to attache	ed police report.	
		-
		
		man and a second leave of
		and the second second
DECLARATION I/We declare the foregoing particulars	are true in every respect.	
(14-14-)		
Thinking		45
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature

Date & Time: 10 3 2000

(If driver is not the policyholder)
Date & Time:

Name: NRIC/FIN N**Poh Kwee Choo**





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20200310/2107

DEDADT	OE A	TDAEEIC	ACCIDENT

Date/Time Report Made: 10/03/2020 16:04		Made:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars	grand de la companya		
Name of WILLIAM	f Informant: // TAN		Address: APT BLK 704 CHOA CHU KANG STREET 53 #10-78 SINGAPORE 680704		
ID Type / ID No.: NRIC NO / S7070932E			Contact No.: Home/Office:	Mobile: 96508417	
National SINGAP	ity: ORE CITIZ	ΈN	Email:		
Sex: Age: Date of Birth: Male 49 12/12/1970			Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: ADHOC DELIVERY		,	Driving Licence Information: Class: 3	Date of Expiry:	

General Infor	mation of the Accide	nt			
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 27/02/2020 15:00	Type of Location:	
Location: Along Road 1 TOH GUAN F	ROAD				
Weather:		Road Surface:	F	Road Speed Limit:	
Traffic Flow:		Traffic Control:	1	Traffic Volume:	
Type of Collision:			8	Anyone conveyed by ambulance: No	

Details of V	CITICIC IIIVO	IVOU.	The second secon	Total and the second	Company of Participants and Company	
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLV4283R	Car	MAZDA	MAZDA3 SEDAN 1.5 AT EU6	Grey		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLV4283R	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800063798-01	29/06/2019	28/06/2020





T/20200310/2107

2 of 3

Report No. T/20200310/2107

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

CONTINUATION OF REPORT

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION I WAS DRIVING OUT FROM THE PARKING LOT OF TOH GUAN ROAD MULTI STORY CARPARK WHEN I WAS MOVING OFF FROM THE PARKING LOT I CHECKED MY SIDE MIRROR AND NOTICED THAT MY VEHICLE WAS VERY CLOSE TO OTHER VEHICLE ON THE LEFT SO I STOPPED AND REVERSE BEFORE DRIVING OFF SUBSEQUENTLY I FOUND OUT THAT THERE WAS SCRATCHES ON MY VEHICLE ON THE FOLLOWING DAY (28/02/2020). SUBSEQUENTLY I RECEIVED A CALL FROM IO IVAN AND I WAS INFORMED THAT I WAS ALLEDGED IN A HIT AND RUN INCIDENT.





3 of 3

Report No. T/20200310/2107

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

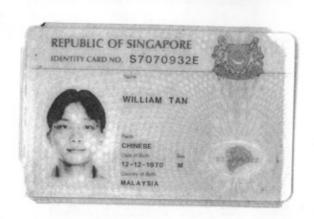
CONTINUATION OF REPORT

Sketch Plan

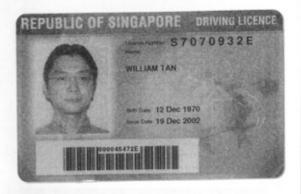
Informant is not able to provide sketch plan

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: TP / BERNARD KOH REN JUN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 10/03/2020 16:04
Officer In Charge Of Case: TP / HRT / SI NOR AFFENDY BIN JAFFAR Contact No.: 65476368	Classification Of Case: SINGAPORE POLICE FORCE
Authentication Stamp NP168	
	Sanature:







YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

PASS DATE

Class 3

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilogram 14 Dec 1993

NP 428A

Licence No: \$7070932E

Accident Photo



Accident Photo









CHASSIS NUMBER

