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.

aforesaid.				
	ACCIDENT STATEMENT			
Date Of Report	21/03/2020 14:42			
Date Of Accident	20/03/2020 10:05			
Exact Location Of Accident	Location Of Accident 335 A SEMBAWANG CLOSE CAR PARK			
Country/State of Loss	SINGAPORE			
	DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SMG1822Y			
Insured/Policyholder				
Name Of Registered Owner	KOH CHEE HWEE, JEFFERY			
NRIC No	SXXXX252G			
- "	FIGURAL COMMISSION			

Email AddressEIGWAN@GMAIL.COMMobile Phone No(LOCAL) +65-94385476Alternative Phone NoOFFICE-94385476

Vehicle Particulars

Manufacturer AUDI

Model A3 SEDAN 1.4 TFSI

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?

YES

If No, Please state action to be taken

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 1800145592-01

Cover Note Number

Driver

Name of Driver KOH CHEE HWEE, JEFFERY

 NRIC No
 SXXXX252G

 Date Of Birth
 23/11/1988

 Occupation
 INDOOR

 Date Of Driving Pass
 05/01/2009

Driving Experience 11 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94385476

Fax Number

Contact Number OFFICE-94385476
EMail Address EIGWAN@GMAIL.COM

Address BLK 332

#05-429 SEMBAWANG CLOSE

Postcode

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

ambulance?

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

NO

Was any other material or property damaged?

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

NO 0

YES

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

YES

NO

If Yes,Please state which Police Station

Police Station Name
Police Station Address

SEMBAWANG NEIGHBOURHOOD POLICE CENTRE

ROAD: 4 SEMBAWANG CRESCENT , POSTCODE: 757633 , COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**:

Was notice of intended Prosecution given?

If Yes, against whom?

TEL NO: 1800-5549999 - FAX NO: 68522499

Circumstances of Accident

PLEASE REFER TO THE POLICE REPORT T/20200320/2094

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category NA/UNKNOWN

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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- 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:

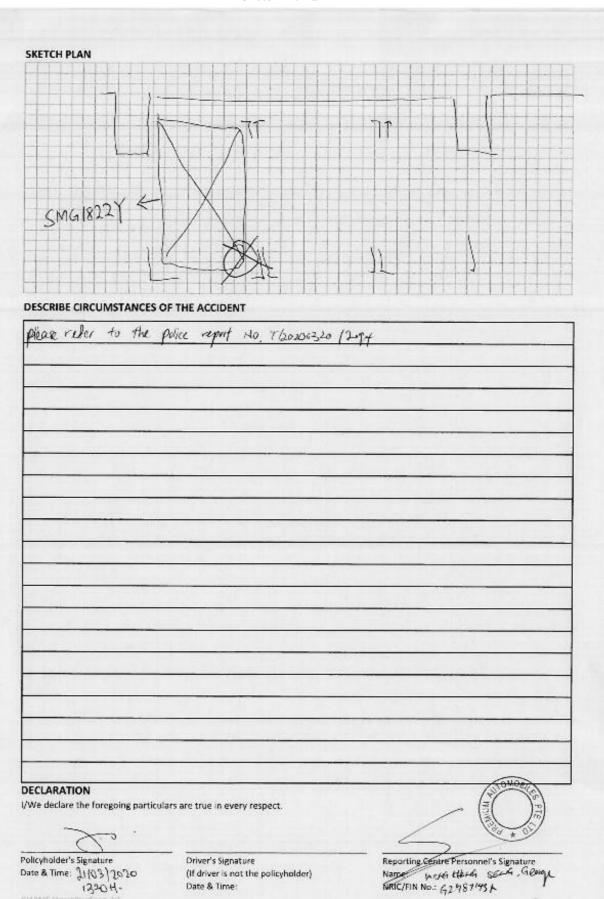
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 & Time:

1930-31 [03] 5030 Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature
Warne: Weth Elbarg 5548, 196491
NRIC/FIN No.: 629871431 X

MOA







Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633 1 of 3 Report No. 1/20200320/2094

Tel No: 1800-5549999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/03/2020 17:07		dade:	Vide Report No.:	Station Diary No. 98		
Informa	nt's Partic	ulars				
	Informant IEE HWEE	, JEFFERY	Address: APT BLK 333 SEMBAWANG 750333	CLOSE #05-429 SINGAPORE		
ID Type / ID No.: NRIC NO / S8847252G			Contact No.: Home/Office:	Mcbile: 94385476		
National SINGAP	ily. ORE CITIZ	EN EN	Email:			
Sex: Male	Age: 31	Date of Birth: 23/11/1988	Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name:		
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 3	Date of Expiry:		

	nation of the Accide		Et 4 (M)		
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 20/03/2020 10:05	Type of Location MSCP	
Location: Along Road 1 SEMBAWAN: 335A Semba:	G CLOSE vang Close MSCP				
Weather Unknown		Road Surface Unknown		Road Speed Limit:	
	Traffic Flow: Traffic Centrol: One Way Not Controlled				
				Traffic Volume No Traffic	

Details of Vi Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMG1822Y	Car	AUDI	A3 SEDAN 1.4 TFSI COD S TRONIC	Blue	Slightly Damaged	0

PRINCE AL A.	shicle Insurance		836	
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMG1822Y	AJG ASIA PACIFIC INSURANCE PTE. LTD	1800145592-01	07/12/2019	06/12/2020

Police Report





2 of 3 Report No. T/20200320/2094

Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescant SINGAPORE 757633

Tel No: 1800-5549999

CONTINUATION OF REPORT

Any Pedestrian In	ivelved: No				-	
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Driver						
Name	KOH CHEE HWEE, JEFFERY			ID No.		\$8847252G
Related Vehicle	SMG1822Y (Car)			Conta	ct No.	94385476
Hospital/Clinic	NIL			Class Drivin Licens Expiry	9 5e &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	1000	Date Disc		NIL	
	ted Medical Leave	NIL	Degree o	finjury	NIL	

Brief Details.

On 20/03/2020 at about 1005hrs, I went to my vehicle a blue Audi A3 bearing the plate number SMG1822Y as I wanted to go out. I always park my vehicle at deck 1B or 2B noticing my damage may be from a lorry where the direct hit was on the headlight. This 2 decks usually will be packed with vans and lorries. As such as I was approaching my car, to my surprise I realise that there was water inside my headlight. As such I made further checks on my vehicle and realise that my headlight had a crack on it and also a dent towards my headlight which is at my front left sided bumper. As such I believed that someone may have hit and run my vehicle.

I would also like to state that I do have an in car carriers which doesn't show anyone hitting my vehicle as it only shows footage within the same day and also the day before. As such I believed that this may had happened within a few days as I did not check on my car everyday till I spotted the water marks. There isn't any paint marks which was left on my vehicle.





3 of 3 Report No. T/20200320/2064

Police Station Of Origin: Sembawang N.P.C. 4 Sembawang Crescent SINGAPORE 757633 Tel No: 1800-5549999

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 65474865 stating the report number as reference.

Signature Of Officer Recording The Report: L / SC2 MOHAMMAD NUR ILHAM BIN AHMAD SHAHARUDDIN	Signature Of Informanc
Signature Of Interpreter: Not applicable	Date/Time: 20/03/2020 17:07
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt TAN JEOK LENG Contact No.: 85476144	Classification Of Case:
Authentication Stamp	
Singapore Police Force	

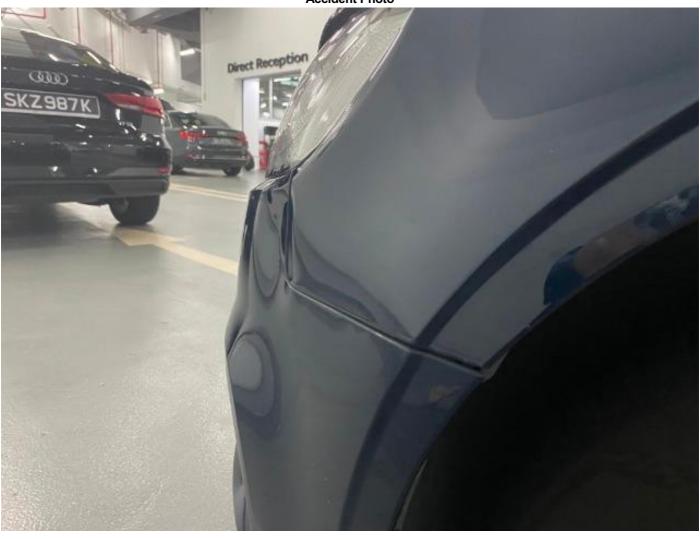


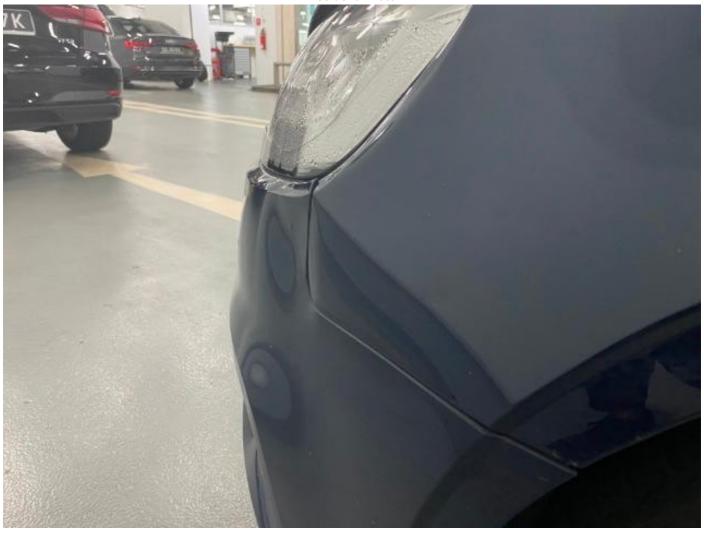


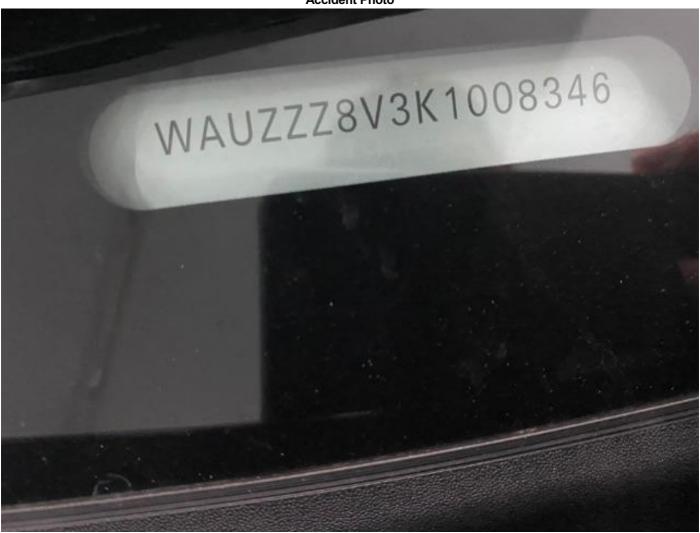












Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Finday, 09:00 – 17:00 UEN: 5665500206 / GST Rep. No.: M400017735

<u>IMPORTANT NOTE</u>: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : MPA120035194-01 ___Vehicle Registration No: SMG1822Y Name(as shown in NRIC): KOH CHEE HWEE, JEFFERY ____NRIC/FIN/Passport No : SXXXX252G (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate BLK 332, #05-429 SEMBAWANG CLOSE _Singapore(Address 94385476 Contact (Tel) Mobile No.:_ EIGWAN@GMAIL.COM **Email Address** 20/03/2020 _Time of Accident : _ 10:05 Date of Accident Place of Accident : 335 A SEMBAWANG CLOSE CAR PARK Insurance Company: AIG ASIA PACIFIC INSURANCE PTE. LTD. (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: TO CORRECT THE DRIVER CLASS 3 PASS DATE. Reporting Centre Personnel's Signature Policyholder / Driver's Signature Name: KANA PLANAS SEMA, GRAGE Date:

NRIC/FINNo.: みょうをかりる× Date: 23/6/2の20