



## 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	20/01/2020 11:25
Date Of Accident	18/01/2020 18:50
Exact Location Of Accident	MULTISTOREY CARPARK AT PARKWAY PARADE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN4721K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HONG GHIM GUAN
NRIC No	SXXXX197E
Email Address	GGHONG26@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90991977
Alternative Phone No	OTHERS-90991977

### Vehicle Particulars

Manufacturer	OPEL
Model	ASTRA-1.4 HB (A)

Exact Purpose for which vehicle was being used at time of accident

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	1900090657
Cover Note Number	

### Driver

Name of Driver	HONG GHIM GUAN
NRIC No	SXXXX197E
Date Of Birth	26/06/1977
Occupation	INDOOR
Date Of Driving Pass	22/07/1999
Driving Experience	20 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90991977
Fax Number	
Contact Number	OTHERS-90991977
Email Address	GGHONG26@GMAIL.COM

Address	APT BLK 61 NEW UPPER CHANGI ROAD #04-1204
Postcode	461061
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	COLLISION - HEAD TO REAR
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)	2
Passenger 1	NAME: : PAX 1 GENDER: : FEMALE

#### 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	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY KAREN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

#### 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	SKJ8621Y
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

Vehicle  
A - SLN 4721 K  
B - SKJ 8621 Y

Legend  
Vehicle  
Motorcycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

DECLARATION

I/We declare the foregoing particulars are true in every respect.  
Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



## Sketch Plan #2

### SKETCH PLAN

#### IMPORTANT NOTICE

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

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

Reporting Centre Personnel's Signature  
Name: Ram  
NRIC/FIN No.:

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200118/2181

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

1 of 3

Report No: T/20200118/2181

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/01/2020 23 23			Vide Report No :		Station Diary No
<b>Informant's Particulars</b>					
Name of Informant: HONG GHIM GUAN			Address: APT BLK 61 NEW UPPER CHANGI ROAD #04-1204 SINGAPORE 461061		
ID Type / ID No : NRIC NO / S7717197E			Contact No : Home/Office: Mobile: 90991977		
Nationality SINGAPORE CITIZEN			Email		
Sex: Male	Age: 42	Date of Birth: 26/06/1977	Type of Informant: Driver		
Race			Language:		Institution / School Name:
Occupation: OTHERS			Driving Licence Information: Class: 3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 18/01/2020 18:50	Type of Location:
Location: Along Road 1 MARINE PARADE ROAD MULTISTOREY CAPARK AT PARKWAY PARADE				
Weather: Cloudy		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision:				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKJ8621Y	Car					0
SLN4721K	Car	OPEL	ASTRA HB 1.4 AT	Green		0

## Details of Vehicle Insurance

Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
SLN4721K	AIG ASIA PACIFIC INSURANCE PTE. LTD	1900090657	04/05/2019	03/05/2020

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200118/2181

2 of 3

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

Report No: T/20200118/2181

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HONG GHIM GUAN	ID No.	S7717197E
Related Vehicle	SLN4721K (Car)	Contact No	90991977
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

ON THE ABOVE MENTIONED DATE AND TIME,

I WAS DRIVING IN THE MULTISTOREY CARPARK WHEN THE DRIVER OF THE CAR THAT WAS ORIGINALLY BEHIND ME TRIED TO OVERTAKE ME AND ENDED UP COLLIDING INTO THE FRONT RIGHT SIDE OF MY CAR'S BUMPER. BOTH VEHICLES SUFFERED MINOR DAMAGES DUE TO THE ACCIDENT. AS THERE WERE MANY OTHER VEHICLES BEHIND US, I SUGGESTED TO THE DRIVER TO PARK SOMEWHERE FIRST TO SEE WHAT CAN BE DONE. THE DRIVER SUGGESTED THAT WE EACH MAKE OUR OWN POLICE REPORTS AT A POLICE STATION. HE ALSO SEEMED A LITTLE UNWILLING TO PROVIDE ME WITH HIS PARTICULARS. AFTERWARDS WE BOTH WENT OUR SEPERATE WAYS. I MANAGED TO TAKE PHOTOS OF THE TWO VEHICLES AS WELL AS THE DAMAGES CAUSED BY THE ACCIDENT.

THAT IS ALL



POLICE REPORT



SINGAPORE  
POLICE FORCE



1/20200118/2181

3 of 3

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

Report No. 1/20200118/2181

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 /  
LEE CHEN EN

Signature Of Interpreter  
Not applicable

Officer In Charge Of Case  
TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No. 65476151

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time  
18/01/2020 23.28

Classification Of Case

SINGAPORE  
POLICE FORCE

Signature: