

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	28/07/2020 15:12
Date Of Accident	16/07/2020 15:20
Exact Location Of Accident	CGH MEDICAL CENTRE CAR PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDD7100E
Insured/Policyholder	
Name Of Registered Owner	THAM KOK HOE
NRIC No	S0158032I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96745150
Alternative Phone No	Office-96745150

Vehicle Particulars

Manufacturer	VOLVO
Model	S80-2.0 T5 (A)
Exact Purpose for which vehicle was being used at time of accident	SOCIAL
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	2100453598
Cover Note Number	

Driver

Name of Driver	THAM KOK HOE
NRIC No	S0158032I
Date Of Birth	07/12/1949
Occupation	INDOOR
Date Of Driving Pass	19/03/1974
Driving Experience	46 YEARS AND 3 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-96745150
Fax Number	
Contact Number	OFFICE-96745150
EMail Address	NOEMAIL
Address	71 JALAN LIMAU KSATURI
Postcode	468452
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TANAH MERAH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 51 NEW UPPER CHANGI ROAD #01-1514 , POSTCODE: 461051 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4499999 - FAX NO: 62447251
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT

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	EY5885P
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

SINGAPORE ACCIDENT STATEMENT	
IMPORTANT NOTICE	
1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for filing. 2. Please report correctly the details of the accident to speed up the claims process. 3. This Form must be completed by the Policyholder and/or the Authorised Driver. 4. 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. 5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies. 6. Any false reporting may be referred to the Traffic Police Department for investigation.	
ACCIDENT STATEMENT	
Date and Time of Accident	Date: 16/07/2020 Time: 1520
Exact Location of Accident	CGH MEDICAL CENTRE CAR PARK.
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	8DD 700P.
INSURED / POLICYHOLDER (OWN VEHICLE)	
Name of Registered Owner (See Insurance Cert.)	THAM KOK HOE.
Personal Identification - NRIC (Singaporean/PR)	SD1580321.
- FIN/Passport Number	
- Not Applicable	
VEHICLE PARTICULARS (OWN VEHICLE)	
Vehicle Make / Model	Manufacturer: WEN Model: SBU
Type of Vehicle*	<input checked="" type="checkbox"/> Saloon <input type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> M/cycle <input type="checkbox"/> Others, _____
Exact Purpose for which vehicle was being used at time of accident	SOCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, Pls select: <input type="checkbox"/> Third Party <input checked="" type="checkbox"/> Reporting)
Vehicle Category*	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle
INSURANCE COMPANY (OWN VEHICLE)	
Name of Insurance Company *	ALL ASIA PACIFIC
Type of Policy	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party Fire & Theft <input type="checkbox"/> TP Only
Fleet Policy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Policy Number	2100453598
Motor CI	
DRIVER	
<input type="checkbox"/> Same as Insured above	
Name of Driver	THAM KOK HOE.
Personal Identification - NRIC (Singaporean/PR)	SD1580321
- FIN/Passport Number	
Date of Birth	07 dd/12 mm/1989/yy
Driving Date Pass	19 dd/03 mm/1990/yy
Year of Driving Experience	Year(s) Month(s)
Occupation	<input checked="" type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
Gender	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Contact Number / Mobile Phone / Fax No.	96745150.

Address of Driver	H JALAN LIMAU KASTURI	
Email Address	NOCMAIL	
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
If No, Relationship of the Driver with the Insured	OWNER	
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes <input type="radio"/> No	
Vehicle Registration Number of Driver's Own Vehicle (if applicable)		
Insurance Company of Driver's Own Vehicle (if applicable)		
GENERAL INFORMATION OF THE ACCIDENT		
Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	F01 & RUN	
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others, _____	
Road Surface	<input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others, _____	
OTHER INFORMATION		
Was any foreign vehicle involved in this accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Was any body injured in the accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Was any other vehicle or property damaged?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Was there any video captured by Car Camera?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Number of Passengers (Including Driver)		
DETAILS OF POLICE ACTION		
Was the Accident reported to the Police?	<input checked="" type="radio"/> Yes <input type="radio"/> No (If Yes, please state which Police Station.)	
Police Station Name	TANAH MERAH NPP.	
Police Station Address		
Police Station Contact	Tel No.	Fax No.
Was notice of intended Prosecution given?	<input type="radio"/> Yes <input type="radio"/> No (If Yes, against whom?)	
DETAILS OF OTHER VEHICLE / PROPERTY 1		
Vehicle Registration Number	G1SPSP.	
Vehicle Make/ Model/ Colour		
Details of Properties		
Name of Driver		
Personal Identification - NRIC (Singaporean/PR)		
- FIN/Passport Number		
Contact Number		
Address		
Name of Insurance Company		
Nature of Damage		
No. of Passenger (Including Driver)		
(Note - Please use page 6 if you need to add more vehicles)		

SKETCH PLAN

IMPORTANT NOTICE

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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' law yers/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.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstance of the Accident

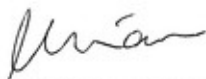
Refer to police report.

IMPORTANT NOTE

Under General Condition – Conduct of Claim of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

Declaration

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



Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20200723/2067

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

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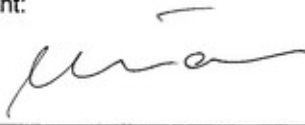

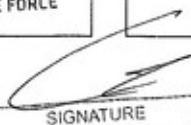
Report No. T/20200723/2067

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: G / Staff Sgt LEE WEE CHANG 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 23/07/2020 14:35
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151 	Classification Of Case:  SIGNATURE

Authentication Stamp
NP168

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200723/2067

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

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Report No. T/20200723/2067

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/07/2020 14:35	Vide Report No.:	Station Diary No.: 7
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Informant's Particulars

Name of Informant: THAM KOK HOE			Address: 71 JALAN LIMAU KASTURI SINGAPORE 468452	
ID Type / ID No.: NRIC NO / S0158032I			Contact No.: Home/Office: Mobile: 96745150	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 70	Date of Birth: 07/12/1949	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Retiree			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: 16/07/2020 15:20	Type of Location: Straight Road
Location: Along Road 1 SIMEI STREET 3.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: unsure				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDD7100E	Car	VOLVO	S80 T5 2.0 A/T ABS D/AIRBAG 2WD	Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SDD7100E	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100453598-04	23/02/2020	22/02/2021

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200723/2067

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Report No. T/20200723/2067

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Driver			
Name	THAM KOK HOE	ID No.	S01580321
Related Vehicle	SDD7100E (Car)	Contact No.	96745150
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 23/07/2020, I received a letter from the Traffic Police informing me that there was a traffic accident which occurred involving my vehicle, SDD7100E along Simei Street 3 on the 16/07/2020 at about 1520hrs.

I wished to state that I had indeed drove along the above mentioned road as I had visited Changi General Hospital. However, I did not got into any accident and there was no incidents which took place while I travelled along the stretch of road.

However, I wished to highlight that I realized there were some light scratches at my front right bumper one day after, on the 17/07/2020 while I was washing my car. I do not know how my car obtained the scratches and did not make any police or insurance reports as the scratches were minor. That's all.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

