

## 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	20/07/2020 16:20
Date Of Accident	19/07/2020 10:40
Exact Location Of Accident	BLK 56 UPPER CHANGI RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP1754M
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### Insured/Policyholder

Name Of Registered Owner	HO KEE TEE @ SERENE TOH
NRIC No	S1489429B
Email Address	ZETONG.SERENE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96384944
Alternative Phone No	Office-96384944

### Vehicle Particulars

Manufacturer	AUDI
Model	Q2 1.0 TFSI S TRONIC
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	
Cover Note Number	

### Driver

Name of Driver	TOH TIONG BEE
NRIC No	S0422911H
Date Of Birth	24/05/1937
Occupation	INDOOR
Date Of Driving Pass	19/03/1960
Driving Experience	60 YEARS AND 4 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-96384944
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	BLK 14 EUNOS CRESCENT #07-2811
Postcode	400014
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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?	YES
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	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 30 BEDOK NORTH ROAD , <b>POSTCODE:</b> 469676 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2449999 - <b>FAX NO:</b> 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT

#### 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	SFF8028R
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)

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SMP1754M

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

## Sketch Plan

### SKETCH PLAN

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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:  
NRIC/FIN No.:



**SKETCH PLAN**

A - SMP 1754M  
B - SPF 802R

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Please Refer To Police Report.

**DECLARATION**

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

Policyholder's Signature  
Date & Time:

GIARIMC SketchPlanForm\_V3

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

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



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



G/2020/720/2033

1 of 2

**POLICE REPORT (NP299)**

Police Station Of Origin  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469678  
Tel No: 1800-2449999

Report No. G/20200720/2033

Date/Time Report Made 20/07/2020 12:05		Vide Report No.		Station Diary No. 19	
Name Of Informant TOH TIONG BEE		Address APT BLK 14 EUNOS CRESCENT #07-2811 SINGAPORE 400014			
ID Type / ID No. NRIC NO / S0422911H		Contact No. Home/Office 96384944 Mobile 96623998			
Nationality SINGAPORE CITIZEN		Email Address			
Occupation Retiree		Sex Male	Age 83	Date of Birth 24/05/1937	Race Chinese
Institution/School Name		Language			
Date/Time Of Incident 19/07/2020 10:40		Location Of Incident 56 NEW UPPER CHANGI ROAD HDB-BEDOK SINGAPORE 461056 open carpark			

**Brief details.**

On 19/7/2020 at about 10:40am, I was driving my vehicle SMP1754M at the open carpark of Blk 56 New Upper Changi Road. I was in my vehicle waiting for a available parking lots. While waiting, a vehicle SFF8028R collided with me from the rear portion of my vehicle. After wards, the said driver just drive past me and told me to park my car properly and drive off. The driver did not stop to exchange particulars.

Signature Of Officer Recording The Report: G / Sgt 3 MUHAMMAD SYAHIR BIN MAMAT	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 20/07/2020 12:05
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Sgt 3 MUHAMMAD HAFIZ BIN YUNOS Contact No.: 62447200	Classification Of Case:

Authentication Stamp

# Police Report



## CONTINUATION OF REPORT

Report No. G/20200720/2033 2 of 2

I wish to state that no government property damaged. No one was injured. No ambulance or police came to scene. My vehicle sustained scratches and dent on my right rear portion. The right black rubber casing just above the rear tire also was damaged.

I have a inbuilt car camera from the rear and recorded the accident. From the video, I manage to capture the vehicle no as SFF8028R. I do not have any passenger with me.

After the incident, I felt giddiness and uncomfortable as such I went to Heartland Health to seek treatment. The doctor advice me to go to A&E to seek treatment. I left the doctor with a medication, Cinnaron 25. I do not received any Medical Certificate.

I am lodging this report for insurance claim purpose.

Signature Of Officer Recording The Report:  
G / Sgt 3 MUHAMMAD SYAHIR BIN MAMAT

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
G / Bedok Police Divisional Investigation Branch /  
Sgt 3 MUHAMMAD HAFIZ BIN YUNOS  
Contact No.: 62447200

Authentication Stamp

Signature Of Informant:

Date/Time:  
20/07/2020 12:05

Classification Of Case: