

MSME20074599 / SME Motor Pte Ltd - Kaki Bukit
 ENTRY DATE & TIME: 31/08/2020 12:32
 SUBMITTED BY: Chia Pei Ying

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	31/08/2020 12:32
Date Of Accident	30/08/2020 11:20
Exact Location Of Accident	MSCP LEVEL 4 OF CHINATOWN COMPLEX (LOT 288)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB490R
Insured/Policyholder	
Name Of Registered Owner	GAN CHIH JOU
NRIC No	SXXXX635J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90070044
Alternative Phone No	OFFICE-90070044

Vehicle Particulars

Manufacturer	SUBARU
Model	FORESTER

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	1800029090-02
Cover Note Number	

Driver

Name of Driver	GAN CHIH JOU
NRIC No	SXXXX635J
Date Of Birth	28/03/1964
Occupation	INDOOR
Date Of Driving Pass	04/08/1986
Driving Experience	34 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90070044
Fax Number	
Contact Number	OFFICE-90070044
Email Address	NOEMAIL

Address 19 JALAN JAMAL
 Postcode 457616
 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 BEDOK NEIGHBOURHOOD POLICE POST
 Police Station Address **ROAD:** BLK 15 BEDOK SOUTH ROAD #01-117 , **POSTCODE:** 460015 , **COUNTRY:** SINGAPORE
 Police Station Contact **TEL NO:** 1800-2419999 - **FAX NO:** 64431687
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT: T/20200830/2048.

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 SMD8861D
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 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 Pg. 1

SKETCH PLANIMPORTANT 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. 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:
NRIC/FIN No.:

Attachment: Sketch Plan Form 1/2

NEW HOOK TREE

SKETCH PLAN

A: SLB490R
B: SMD8861D

WISCP L4
of Chinatown
Complex
(Lot 288)

Lot
288

Refer to police report : T/20200830/2048

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

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

Sketch Plan #3 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200830/2048

Police Station Of Origin:
Bedok NPP
15 Bedok South Road #01-117 SINGAPORE
460015
Tel No: 1800-2419999

1 of 3

Report No. T/20200830/2048

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/08/2020 15:22	Vide Report No.:	Station District No.: 10
--	------------------	-----------------------------

Informant's Particulars

Name of Informant: GAN CHIH JOU			Address: 19 JALAN JAMAL SINGAPORE 457616		
ID Type / ID No.: NRIC NO / S1642635J			Contact No.: Home/Office:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 30/08/2020 11:20	Type of Location: Car Park
Location: SMITH STREET				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLB490R	Car	SUBARU	FORESTER 2.0XT CVT AWD SR	White	Slightly Damaged	0
SMD8861D	Car	MITSUBISHI	Eclipse	White		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLB490R	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800029090-02	26/03/2020	25/03/2021

Sketch Plan #4 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200830/2048

Police Station Of Origin:
Bedok NPP
15 Bedok South Road #01-117 SINGAPORE
460015
Tel No: 1800-2419999

2 of 3

Report No. T/20200830/2048

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GAN CHIH JOU	ID No.	S1642635J
Related Vehicle	SLB490R (Car)	Contact No.	90070044
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 30/08/2020 at around 1035hrs, I parked my car at the multi storey carpark of Chinatown Complex. I think the level that I parked was at the 4th level. I parked my car reversed-in. I do not know the lot number. After parking my car, I locked it and leave my car there. Nothing was amiss.

On the same day at around 1140hrs, I came back to my car and discovered that there was some scratch marks on the front right corner of my car. I checked my in-vehicle camera and it shows that at around 1121hrs, the car that was parked on the right side of my car had collided onto my car. The car on the right side was driving out of the lot and turn left while coming out. While the car was turning left, its left side grazed onto the front right corner of my car. The video shows that the other car stopped, the male driver came out to see both my car and his own car and just drove off after that without leaving any note.

I wish to state that my in-vehicle camera captures clearly the male driver face and his vehicle plate number. There was no one in my car when the accident happened.

Station
Date

Signature
Date

Signature
Date

Signature
Date

Signature
Date

Sketch Plan #5 Pg. 1

SINGAPORE
POLICE FORCE

T/20200830/2048

Police Station Of Origin:
Bedok NPP
15 Bedok South Road #01-117 SINGAPORE
460015
Tel No: 1800-2419999

3 of 3

Report No. T/20200830/2048

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

OK

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 / Sr Staff Sgt AHMAD RIDZWAN BIN MD YAT
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt NEO ZHI YUAN Contact No.: 65476079

Authentication Stamp
MP168

Signature Of Informant:
Date/Time: 30/08/2020 15:22
Classification Of Case: