

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	30/10/2020 17:18
Date Of Accident	29/10/2020 14:00
Exact Location Of Accident	BLK 301 UBI AVE 1 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF2065U
Insured/Policyholder	
Name Of Registered Owner	LANTRO (S) PTE LTD
Co Reg No	2XXXXX982Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67781668

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350 PANEL VAN 2.5 5MT 5DR EURO V
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100477519-04
Cover Note Number	

Driver

Name of Driver	SONG YEE BOON
NRIC No	SXXXX142Z
Date Of Birth	06/08/1972
Occupation	OUTDOOR
Date Of Driving Pass	24/09/1992
Driving Experience	28 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90880717
Fax Number	
Contact Number	OFFICE-90880717
EEmail Address	NOEMAIL

Address	BLK 442A BUKIT BATOK WEST AVENUE 8 #09-869
Postcode	651442
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20201030/2056.

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	UNKNOWN
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)

Accident Sketch Plan

SKETCH PLAN

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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' 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.:

Accident Sketch Plan

SKETCH PLAN

A: GBE 20674
B: unknown

Blk 301 NSI Ave. 1
carpark

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/22/030/2056.

DECLARATION

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

Policyholder's Signature
Date & Time:

GIARMC SketchPlanForm_V3

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

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20201030/2056

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

1 of 3

Report No. T/20201030/2056

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/10/2020 14:01	Vide Report No.: G/20201029/0106	Station Diary No.:
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Informant's Particulars

Name of Informant: SONG YEE BOON		Address: APT BLK 442A BUKIT BATOK WEST AVENUE 8 #09-869 WEST RIDGES @ BUKIT BATOK SINGAPORE 651442	
ID Type / ID No.: NRIC NO / S7228142Z		Contact No.:	Mobile: 90880717
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 48	Date of Birth: 06/08/1972	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: NETWORK TECHNICIAN		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury Others	Drink Drive: No	Date/Time of Accident: 29/10/2020 14:00	Type of Location: Car Park
Location: UBI AVENUE 1			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Light	
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
GBF2065U	Lorry	NISSAN	NV350 PANEL VAN 2.5 5MT 5DR EURO V			0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report



SINGAPORE
POLICE FORCE



T 20201030/2056

2 of 3

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

Report No. T/20201030/2056

CONTINUATION OF REPORT

Driver			
Name	SONG YEE BOON		ID No. S7228142Z
Related Vehicle	GBF2065U (Lorry)		Contact No. 90880717
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON 29/10/2020 AT AROUND 1400HRS, I PARKED MY CAR AT CARPARK LOCATED AT BLK 301 UBI AVENUE 1 FOR LUNCH BREAK. I PARKED MY CAR IN BETWEEN TWO CARS. WHEN I WAS ABOUT TO MOVE OFF FROM THE PARKING LOT AFTER FINISHING MY LUNCH, I FEEL SOME IMPACT ON MY LEFT SIDE OF THE CAR. I ASSUMED THAT I HIT A HOLE. I DIDN'T CAME OUT AND PERFORM FURTHER CHECK. THUS, I REVERSED MY CAR TO AVOID THE HOLE AND MOVE OFF FROM THE PARKING LOT.

ON 30/10/2020, I WAS TOLD BY MY COMPANY TO CALL IO KEN FOR MORE DETAILS. AFTER CONSULTED IO KEN, I WAS TOLD TO VISIT TPHQ AND LODGE A TRAFFIC ACCIDENT REPORT. THAT'S ALL.

IO IN CHARGE: IO KEN

Police Report



SINGAPORE
POLICE FORCE



T/20201030/2056

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

3 of 3

Report No. T/20201030/2056

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 / ONG PENG HUA	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	

Signature Of Informant:	
Date/Time: 30/10/2020 14:01	

Classification Of Case:	
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Authentication Stamp
NP168

	SINGAPORE POLICE FORCE
Signature: _____	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

