

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 Submission 04/01/2021 12:04 (SGT)
Date of Accident 30/12/2020 16:20 (SGT)
Exact Location of Accident Bukit Timah, Singapore
Additional Location Information BUKIT TIMAH ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMD5435X

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner WAH SYN ENGINEERING PTE LTD
Company Reg No 2XXXXX666Z
Email Address WSEPL@SINGNET.COM.SG
Mobile Phone No (Phone) +65-67473785
Alternative Phone No (Office) +65-67473785

VEHICLE PARTICULARS

Manufacturer Audi
Model A3
Variant -
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? Yes
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1800098835-01
Cover Note Number -

DRIVER

Name of Driver WONG KAH PONG
NRIC No SXXXX952G
Date Of Birth 21/03/1960
Occupation Indoor

Date Of Driving Pass	28/04/1987
Driving experience	33 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97568025
Alt. Phone Number	-
Email Address	WSEPL@SINGNET.COM.SG
Address	BLK 468 HOUGANG AVE 8
Address complement	#09-1506
Postcode	530468
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	No
Number of Passengers (Including Driver)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20201230/2101


ATTACHMENT(S)

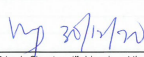
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No


SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 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.
- 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 firms/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' law firms/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 law firms/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

no sketch available

[illegible]





































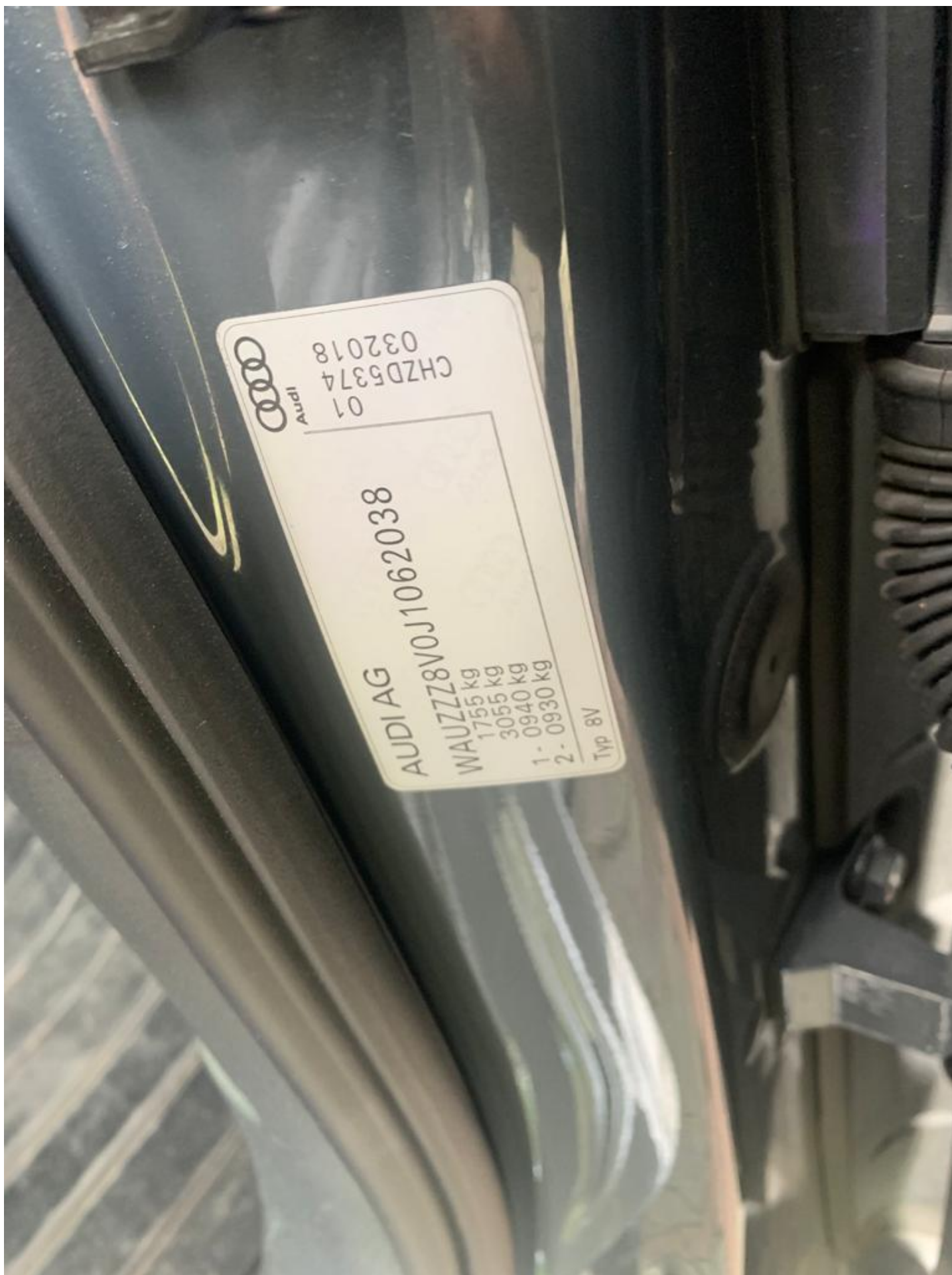
















SINGAPORE POLICE FORCE		T/20201230/2101				
Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408665 Tel No: 65470000		1 of 3 Report No. T/20201230/2101				
REPORT OF A TRAFFIC ACCIDENT						
Date/Time Report Made: 30/12/2020 17:12		Vide Report No.:	Station Diary No.:			
Informant's Particulars						
Name of Informant: WONG KAH PENG		Address: APT BLK 468 HOUGANG AVENUE 8 #09-1506 SINGAPORE 530468				
ID Type / ID No.: NRIC NO / S2570952G		Contact No.: Home/Office: Mobile: 97568025				
Nationality: SINGAPORE CITIZEN		Email:				
Sex: Male	Age: 60	Date of Birth: 21/03/1960	Type of Informant: Driver			
Race: Chinese	Language:		Institution / School Name:			
Occupation: OTHERS	Driving Licence Information: Class: 2B,3		Date of Expiry:			
General Information of the Accident						
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 30/12/2020 16:20			
Type of Location:						
Location: BUKIT TIMAH ROAD						
Weather: Clear	Road Surface: Dry	Road Speed Limit:				
Traffic Flow:	Traffic Control:	Traffic Volume: No Traffic				
Type of Collision:	Anyone conveyed by ambulance: No					
Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMD5435X	Car				Slightly Damaged	0
Details of Person Involved						
Any Pedestrian Involved: No						
No. of Pedestrians Injured: NIL				Use of Pedestrian Crossing: NA		



SINGAPORE
POLICE FORCE



T/20201230/2101

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

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Report No. T/20201230/2101

CONTINUATION OF REPORT

Driver			
Name	WONG KAH PENG	ID No.	S2570952G
Related Vehicle	SMD5435X (Car)	Contact No.	97568025
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

AT THE ABOVEMENTIONED DATE AND TIME,

AFTER I FILLED UP MY PETROL AT SHELL STATION. AFTER PAYMENT I REALIZED MY CAR'S FRONT RIGHT PORTION HAD SUSTAINED DAMAGES. I SUSPECT THAT IT IS A HIT AND RUN ACCIDENT.

THAT IS ALL.

