# **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 witholding 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 26/02/2021 16:58 (SGT) Date of Accident 25/02/2021 14:24 (SGT) Exact Location of Accident 21 Jurong East Street 21, Singapore Additional Location Information BLK 203 JURONG EAST ST 21 CARPARK Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number FA2318G

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner PANG CHING HOO NRIC No. SXXXX111D Email Address PANGBOBBY@GMAIL.COM Mobile Phone No (Phone) +65-90096086 Alternative Phone No (Office) +65-90096086

VEHICLE PARTICULARS

Manufacturer Audi Model A4 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 Policy Number 1900083224 Cover Note Number

DRIVER

Name of Driver PANG CHING HOO NRIC No SXXXX111D Date Of Birth 04/06/1963 Occupation Indoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	19/03/1986 34 YEARS AND 11 MONTHS Male (Phone) +65-90096086 (Office) +65-90096086 PANGBOBBY@GMAIL.COM BLK 201 JURONG EAST ST 21 #03-103 600201 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Hit and run / Vandalism / Damaged whilst parked Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other material or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 No - Yes 0 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Jurong East Neighbourhood Police Centre (Phone) +65-18008999999 (Fax) +65-66655791 No. 92 Boon Lay Way Singapore 609962 No -
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO THE POLICE REPORT T/20210225/2130 & SUPLOADED.	SKETCH PLAN. THE VIDEO FOOTAGE IS AVAILABLE &
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes Yes No VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver	Black Commercial vehicle

Contact Number Address						-
						-
Address complement		 				 -
Postcode					 	-
Insurance Company Name						 -
Nature Of Damage		 			 	-
Details of property damaged in accident		 				 -
No. Of Passenger (Including Driver)	 				 	_

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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 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.
- 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;
- (ii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (w) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, w hich 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 yers/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 yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

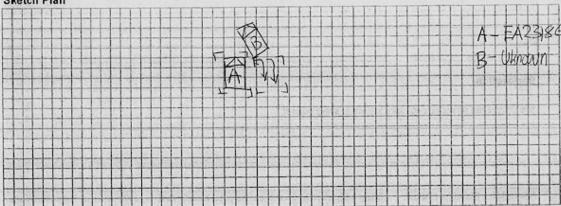
Policyholder's Signature / Date & Time 8/ 27/2/2021 @ 10.00

mme)

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

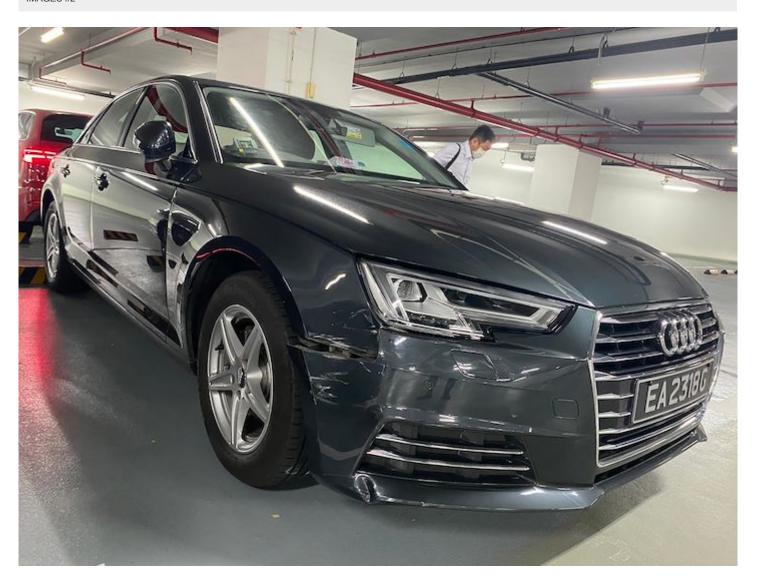
Witnessed by Reporting Centre personnel

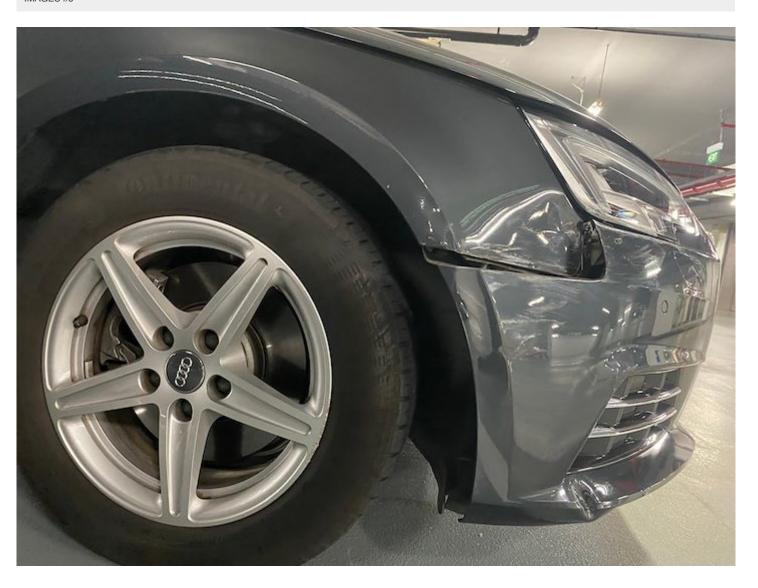
Sketch Plan

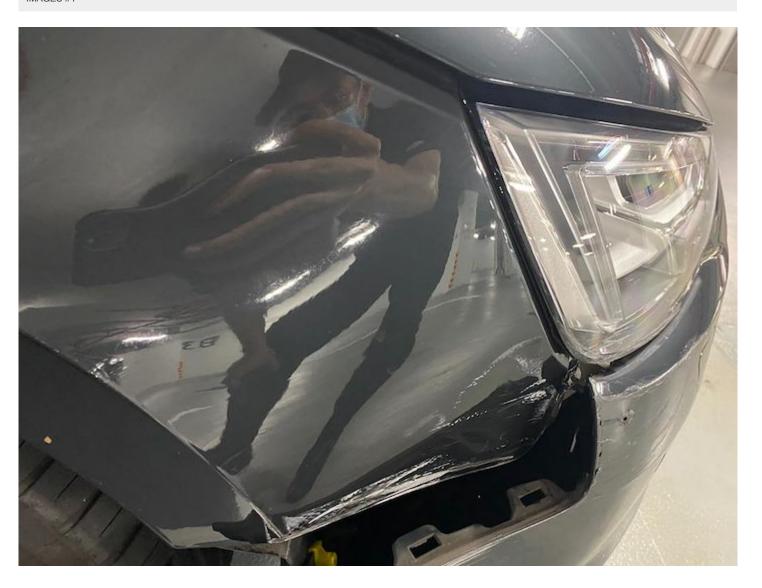


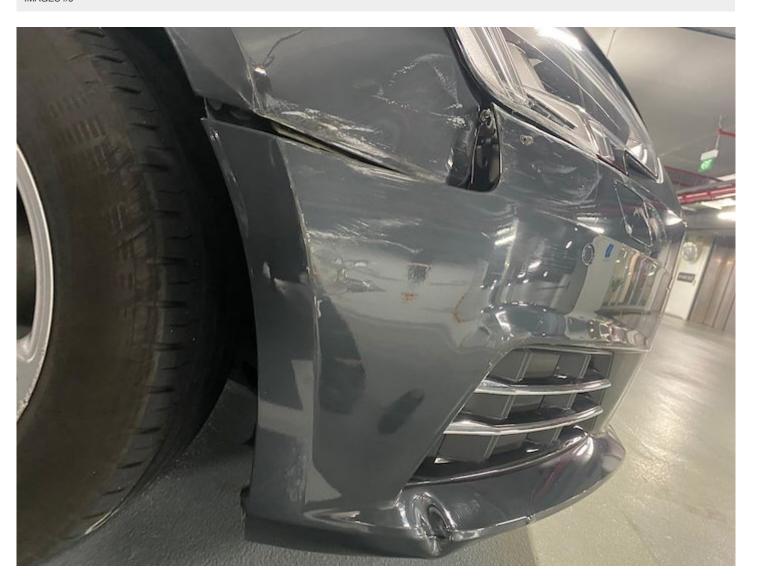
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		media all series
Declaration		
We declare the foregoing particular	ars are true in every respect.	
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7 Commo		
6		Some
Policyholder's Signature / Date & Time 27/2/2021 @ 10:00	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel



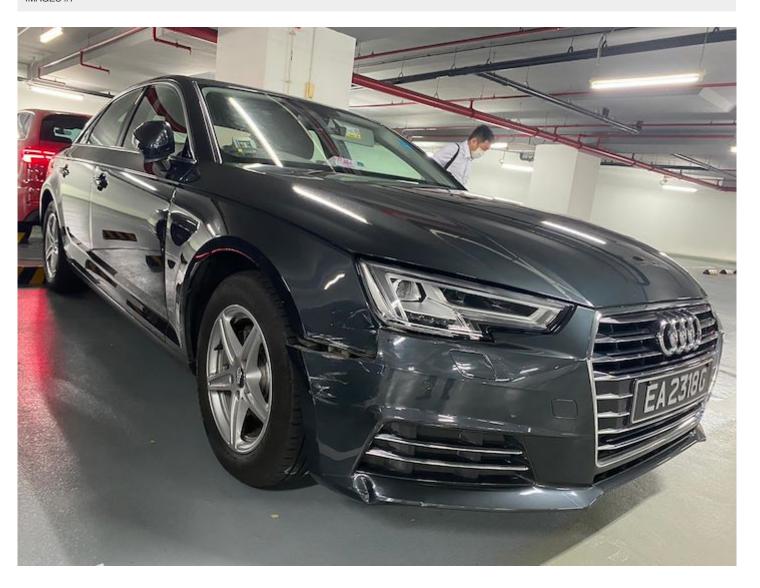






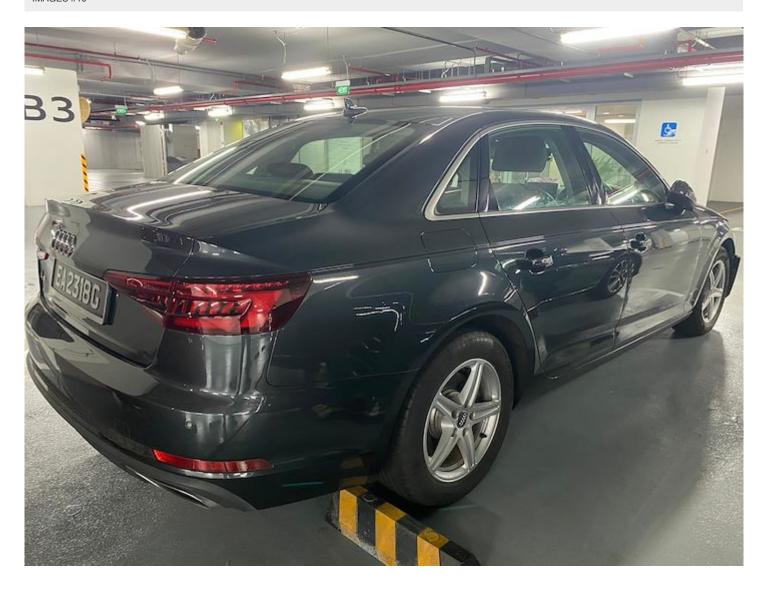








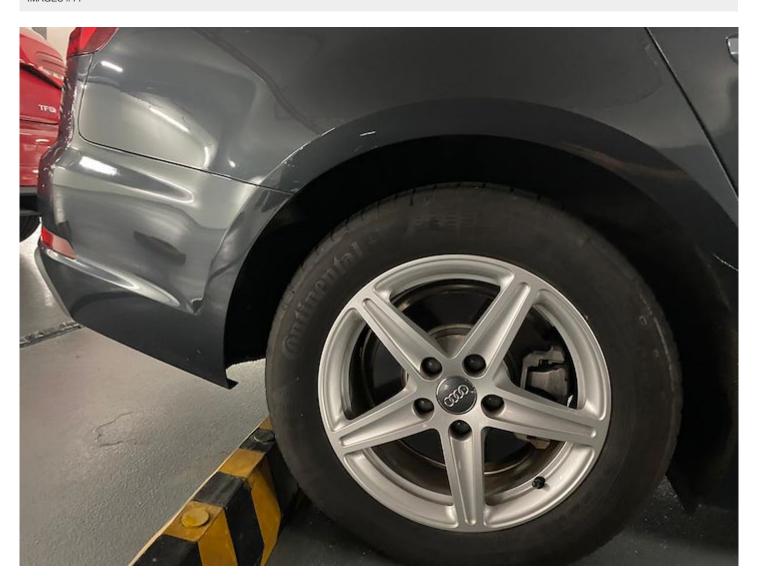






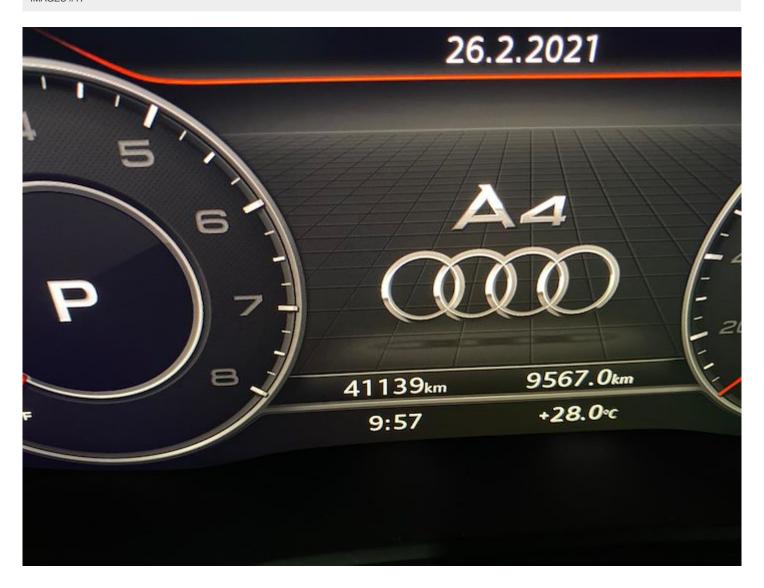
















Police Station Of Origin: Jurong East N.P.C 92 Boon Lay Way SINGAPORE 609962 Tel No: 1800-8999999 1 of 3 Report No. T/20210225/2130

	TRAFFIC	

Date/Time Report Made: 25/02/2021 23:54			Vide Report No.:	Station Diary No.: 73			
Informa	nt's Partic	ulars		AND REPORT OF PROPERTY OF THE			
	Informant: HING HOO		Address: APT BLK 201 JURONG EAS' SINGAPORE 600201	T STREET 21 #03-103			
CONTRACTOR AND ADDRESS OF THE PARTY.	/ ID No.: D / S25601	11D	Contact No.: Home/Office:	Mobile: 90096086			
National SINGAP	ity: ORE CITIZ	EN.	Email:				
Sex: Male	Age: 57	Date of Birth: 04/06/1963					
Race: Chinese			Language: English	Institution / School Name:			
Occupation: Retiree			Driving Licence Information: Class:	Date of Expiry:			

General Infor	mation of the Accide	nt and the same of	S 4-14-1 5-24-538		
Type of Accident:	Non-Injury Hit and Run	Non-Injury Drink Date/Tim		Type of Location:	
Location:					
JURONG EA	ST STREET 21				
Weather:		Road Surface:	R	oad Speed Limit:	
Traffic Flow:		Traffic Control:	Tı	Traffic Volume:	
Type of Collis Moving Vehic	sion: le Against - Parked Vo	ehicle		nyone conveyed by mbulance;	

Vehicle No.	Tyron	Make	Model	Color	Condition	No of Passeng
EA2318G	Car	AUDI	A4	Grey	Slightly Damaged	0
	Van			Black		0

Details of Person Involved	PROPERTY OF THE PROPERTY OF TH
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin: Jurong East N.P.C 92 Boon Lay Way SINGAPORE 609962 Tel No: 1800-8999999



2 of 3 Report No. T/20210225/2130

#### CONTINUATION OF REPORT

Vehicle Owner						
Name	PANG CHING HOO		ID No		S2560111D	
Related Vehicle	EA2318G (Car)	EA2318G (Car)		Contact No.		90096086
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	
			A CONFIDENCE			
Name	Unknown			ID No.		NIL
Related Vehicle	(Van)			Contact No.		NIL
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

#### Brief Details.

On the 25.02.2021 at about 9.30am, I had parked my vehicle bearing registration number EA2318G, an Audi A4 (Dark Grey in colour) at the open carpark of Blk 202 Jurong East St 21. I could not remember the carpark lot number. On the same day at about 6pm, I went to retrieve my vehicle and discovered that the front right bumper of my vehicle was damaged and slightly detached from my vehicle. I then checked on my In car camera and discovered that on the same day at about 2.24pm, one black in colour van parked beside my vehicle on the right was moving out from the carpark lot. The black van was moving out from his lot and turning left. As a result, it collided onto my vehicle. In the video, I spotted one male subject wearing cap seated at the front passenger seat. However the video did not capture the black van registration plate number and their further actions as the video recording only lasted for few seconds. There was no note left behind. I am making this record to claim insurance.



Police Station Of Origin: Jurong East N.P.C 92 Boon Lay Way SINGAPORE 609962 Tel No: 1800-8999999



3 of 3 Report No. T/20210225/2130

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: D / Sgt 2 BENJAMIN LEE JIA HUI	Signature Of Informant:
Signature Of Interpreter:  Not applicable	Date/Time: 25/02/2021 23:54
Officer In Charge Of Case: TP / HRT / SI NOR AFFENDY BIN JAFFAR Contact No.: 65476368	Classification Of Case:
Authens cation Stamp NP168 SN 34	