

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 05/03/2021 09:54 (SGT)
Date of Accident 02/12/2020 20:35 (SGT)
Exact Location of Accident Serangoon North Ave 4, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKM1615X

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ALAN KOO YEW FYE (GU YAOFEI)
NRIC No SXXXX907G
Email Address ALAN_KOO@ME.COM
Mobile Phone No (Phone) +65-96468394
Alternative Phone No +65-96468394

VEHICLE PARTICULARS

Manufacturer Mercedes
Model Glc200
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? No - Claiming third party
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1700087468-02
Cover Note Number -

DRIVER

Name of Driver ALAN KOO YEW FYE (GU YAOFEI)
NRIC No SXXXX907G
Date Of Birth 13/04/1977
Occupation Indoor

Date Of Driving Pass	01/07/1996
Driving experience	24 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96468394
Alt. Phone Number	+65-96468394
Email Address	ALAN_KOO@ME.COM
Address	BLK 526 SERANGOON NORTH AVE 4 #04-136
Address complement	-
Postcode	550526
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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?	Yes
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	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT F/20201203/7005

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	GBG4431C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
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.
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 willful 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 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' 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

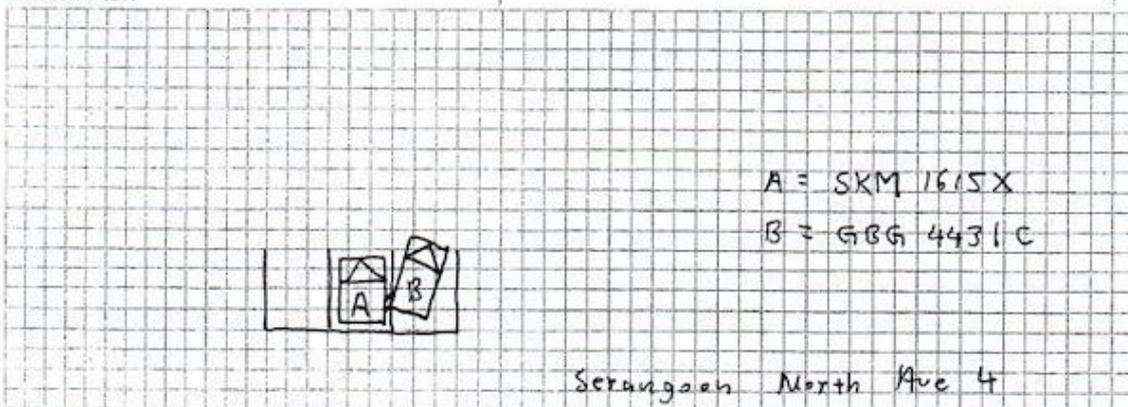
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan





















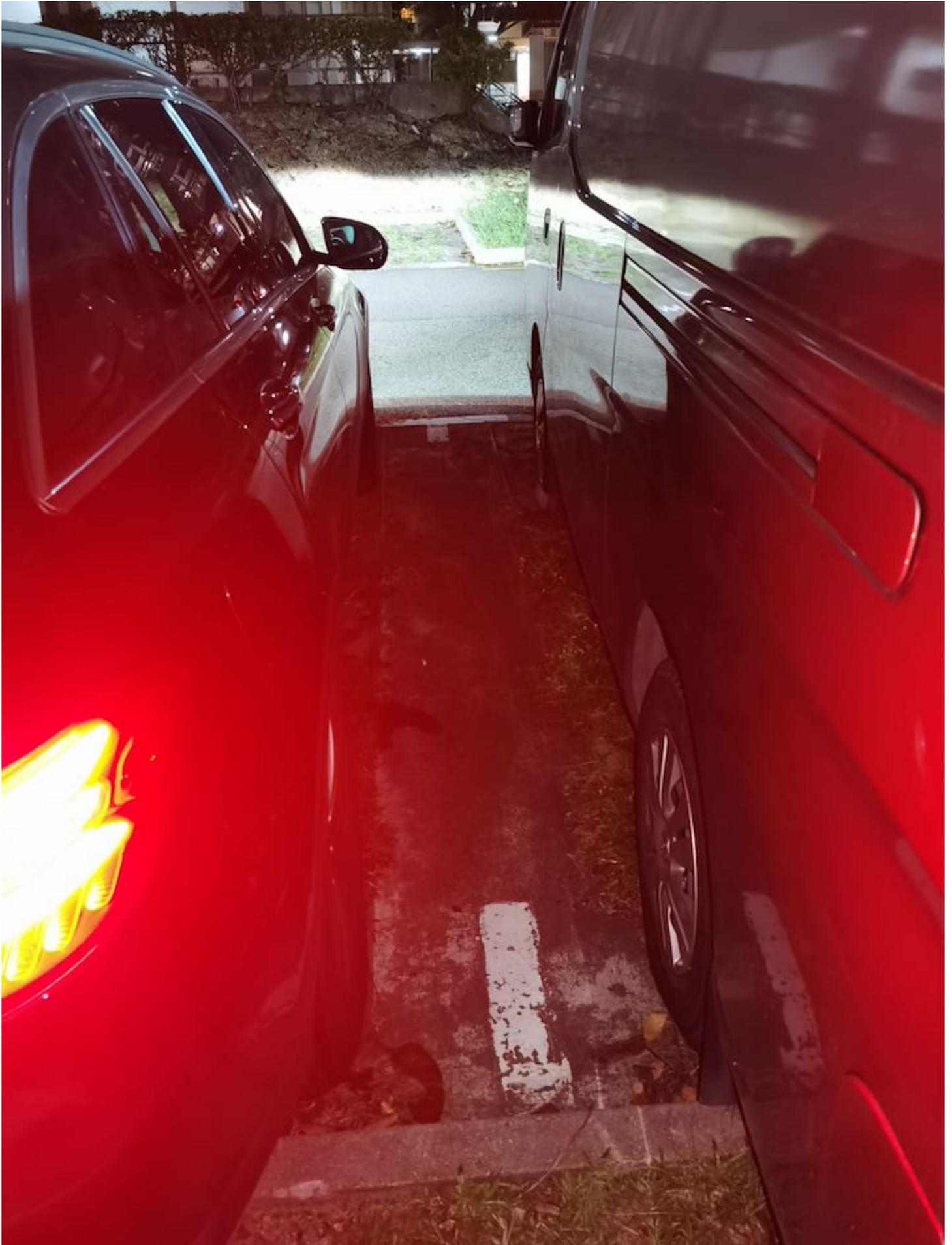


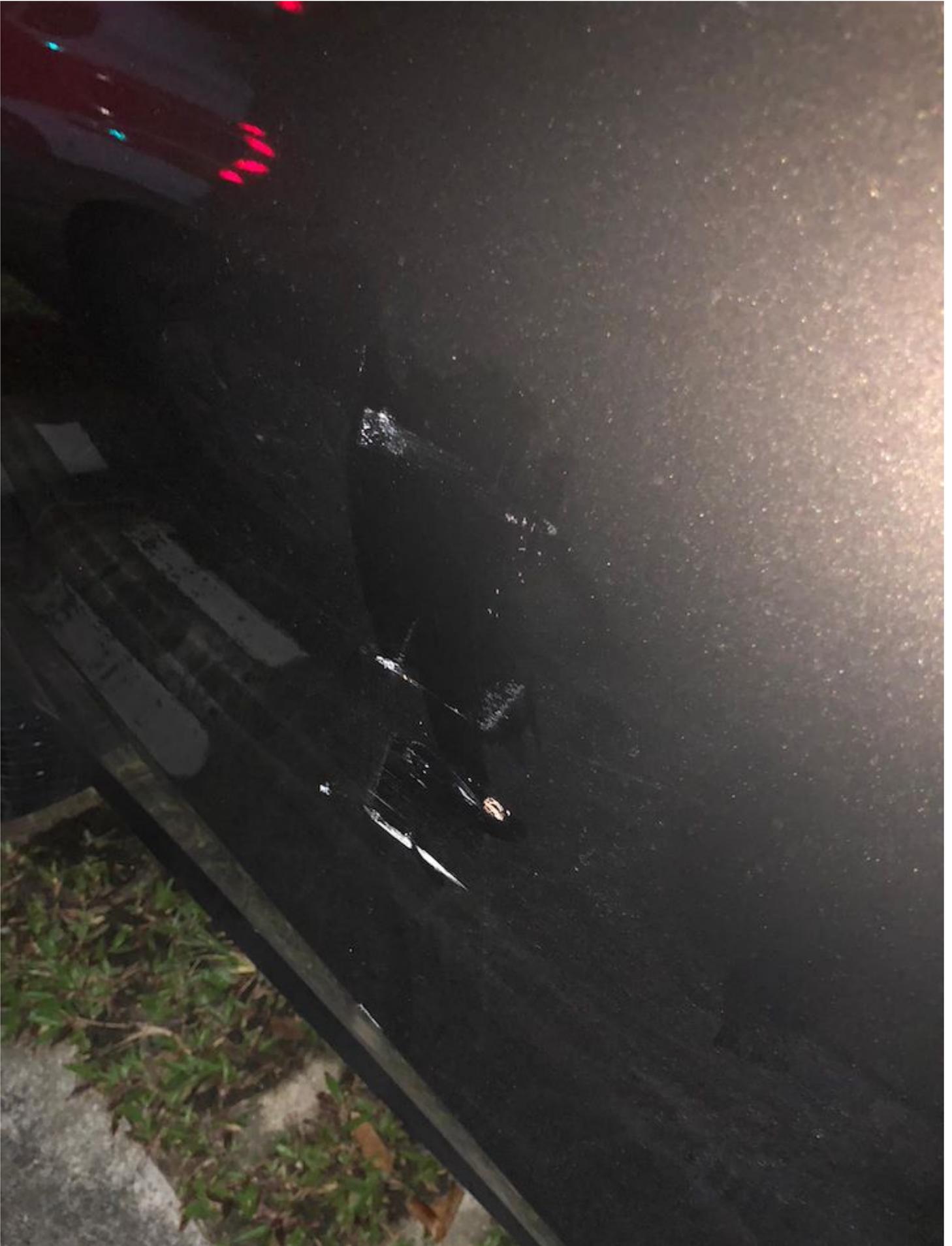
















**SINGAPORE
POLICE FORCE**



F/20201203/7005

1 of 3

POLICE REPORT (NP299)

Report No. F/20201203/7005

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made 03/12/2020 01:03	Vide Report No.	Station Diary No.
Name Of Informant ALAN KOO YEW FYE	Address 526 SERANGOON NORTH AVENUE 4 #04-136 SINGAPORE 550526	
ID Type / ID No. NRIC NO / S7709907G	Contact No. Home/Office:	Mobile: 96468394
Nationality SINGAPORE CITIZEN	Email Address ALAN_KOO@ME.COM	
Occupation Chief operating officer/General Manager	Sex Male	Age 43
Institution/School Name	Date of Birth 13/04/1977	Race Chinese
Date/Time Of Incident 02/12/2020 20:25 - 02/12/2020 20:35	Location Of Incident SERANGOON NORTH AVENUE 4	

Brief details.

My vehicle SKM1615X was parked at above mentioned location from 7:05pm onwards. Upon returning to my car at approximately 8:40pm, my wife and I found vehicle GBG4431C parking relatively close to my car. Upon inspection, we found fresh scratches and dents on the rear passenger door behind driver. I immediately retrieved the in-car camera video recording and found that the male driver of GBG4431C had reversed his van into my car and caused the scratches and dents. The sound of impact and vehicle contact was captured by the in-car video recording and considerably audible.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 03/12/2020 01:03
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



**SINGAPORE
POLICE FORCE**



F/20201203/7005

2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20201203/7005

GBG4431C was registered under "Ming Huey Trading", located at 465 North Bridge Road @02-5041 Singapore 191465 (Co. Reg B52868114A). As there was no apology or contact note for my follow up, I am unable to find the male culprit driver. Furthermore, due to PDPA, I am also unable to find and contact the culprit to claim compensation or insurance.

Subjects Involved			
Suspect			
Person Name	Ming Huey Trading (Owner)		
Gender	Male	Race	Chinese
Occupation	Van driver	Address	465 North Bridge Road #02-5041 SINGAPORE 191465
Home/Office No	62966480	Attire Last Worn	white shirt
Hair Colour	Black	Relation To Informant	none
Victim			
Person Name	ALAN KOO YEW FYE		
ID Type	NRIC NO	ID No	S7709907G
Gender	Male	Age	43
Race	Chinese	Language	English
Occupation	Chief operating officer/General Manager	Address	526 SERANGOON NORTH AVENUE 4 #04-136 SINGAPORE 550526
Mobile No	96468394	Is Informant A Victim?	Yes

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 03/12/2020 01:03
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



**SINGAPORE
POLICE FORCE**



F/20201203/7005

3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20201203/7005

Person Name	ALAN KOO YEW FYE (Informant)
-------------	------------------------------

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SjnoPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 03/12/2020 01:03
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



**SINGAPORE
POLICE FORCE**

Traffic Police
10 Ubi Avenue 3
Singapore 408865
Tel +65 6547 0000
Fax +65 6547 4883
www.police.gov.sg

Our Ref : TP/IP/54301/2020
Date : 8 February 2021

Alan Koo Yew Fye
Blk 526 Serangoon North Ave 4
#04-136
Singapore 550526

Dear Sir / Madam,

**TRAFFIC ACCIDENT INVOLVING SKM1615X AND GBG4431C ALONG SERANGOON
NORTH AVENUE 4 ON 02/12/2020 AT ABOUT 2035 HRS**

I refer to the above accident.

1. Please be informed that we have completed our investigations which revealed that the driver of GBG4431C had committed the following offence:
 - (i) Careless Driving under Section Sec 65(1)(a) of the RTA Cap 276 P/U Sec 65(5)(a) of the RTA.

Action has been initiated against the driver for the said offence.

2. If you have any clarification, you may contact the Investigation Officer, SI Nor Affendy Bin Jaffar at office number: 6547 6368.
3. Thank you.

Yours faithfully,

**HEAD INVESTIGATION
TRAFFIC POLICE
SINGAPORE POLICE FORCE**

This is a computer-generated letter. No signature is required.