

## 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 .....	22/03/2021 10:59 (SGT)
Date of Accident .....	20/03/2021 10:45 (SGT)
Exact Location of Accident .....	116 Lengkong Tiga, Block 116, Singapore 410116
Additional Location Information .....	CARPARK LOT NO 29
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMJ8928P
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	RUTH CHOECHENG KIM
NRIC No .....	S6812297Z
Email Address .....	CHOERUTH@GMAIL.COM
Mobile Phone No .....	(Phone) +65-97262083
Alternative Phone No .....	(Home) +65-65921838

#### 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? .....	No - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	999

#### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	1900061390-01
Cover Note Number .....	-

#### DRIVER

Name of Driver .....	RUTH CHOECHENG KIM
NRIC No .....	S6812297Z

Date Of Birth .....	28/03/1968
Occupation .....	Indoor
Date Of Driving Pass .....	27/06/2008
Driving experience .....	12 YEARS AND 9 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-97262083
Alt. Phone Number .....	(Home) +65-65921838
Email Address .....	CHOERUTH@GMAIL.COM
Address .....	116 LENGKONG TIGA
Address complement .....	#11-191
Postcode .....	410116
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? .....	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

I PARKED MY CAR AT HDB LENGKONG TIGA CARPARK ONE, LOT NO. 29 AT 9.30PM ON FRIDAY, 19 MARCH 2021.

WHEN I WENT TO MY CAR AT 10.45AM ON SATURDAY, 20 MARCH 2021, I REALISED THAT THE DRIVER'S CAR DOOR COULD NOT BE OPENED. THE FRONT RIDE SIDE OF THE DOOR ABOVE THE WHEEL HAD BEEN HIT AND DAMAGED, CAUSING THE DRIVER'S DOOR TO BE STUCKED.

#### 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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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.

*[Signature]*

Policyholder's Signature / Date & Time

20/3/2021. 12:14pm

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

*[Signature]*



Witnessed by Reporting Centre Personnel

## **Sketch Plan**



## Describe Circumstances of the Accident

I parked my car at HDB Lengking Nga car park one, lot no. 29 at 9.30pm on Friday, 19 March 2021.

When I went to my car at 10.45am on Saturday, 20 March 2021, I realised that the driver's door could not open. The front right side of the door above the wheel had been hit and damaged, causing the driver's door to be stuck.

## Declaration

We declare the foregoing particulars are true in every respect.

*Julyane*

Policyholder's Signature / Date &  
Time 20/3/2021

12.14pm.

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

Witnessed by Reporting Centre  
Personnel



*Sh.*











































































**SINGAPORE  
POLICE FORCE**



T/20210320/7011

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

1 of 3

Report No. T/20210320/7011

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/03/2021 11:22		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: RUTH CHOE CHENG KIM			Address: 116 LENGKONG TIGA #11-191 SINGAPORE 410116		
ID Type / ID No.: NRIC NO / S6812297Z			Contact No.: Home/Office: Mobile: 97262083		
Nationality: SINGAPORE CITIZEN			Email: CHOERUTH@GMAIL.COM		
Sex: Female	Age: 52	Date of Birth: 28/03/1968	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Administration manager			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 20/03/2021 10:45	Type of Location: Car Park
Location:  LENGKONG TIGA				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
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
SMJ8928P	Car	AUDI	A3 Sportback	White	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMJ8928P	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1900061390-1	14/03/2021	13/03/2022



**SINGAPORE  
POLICE FORCE**



T/20210320/7011

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

3 of 3

Report No. T/20210320/7011

**CONTINUATION OF REPORT**Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
NEO ZHI YUAN  
Contact No.: 65476079

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
20/03/2021 11:22

Classification Of Case:







**SINGAPORE  
POLICE FORCE**



T/20210320/7011

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

2 of 3

Report No. T/20210320/7011

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	RUTH CHOE CHENG KIM	ID No.	S6812297Z
Related Vehicle	NIL	Contact No.	97262083
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

I parked my car at HDB Lengkong Tiga car park one, lot no. 29 (in front of Blk 116 Lengkong Tiga) at 9.30 p.m. on Friday, 19 March 2021.

When I went to my car at 10.45 a.m. on Saturday, 20 March 2021, I realised that the driver's door could not open. The front right side of the car above the wheel had been hit and damaged, causing the driver's door to be stuck.



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : SP0R213M0001 Vehicle Registration No: SMJ 8928P  
Name(as shown in NRIC) : RUTH CHOE CHENG KIM NRIC/FIN/Passport No : SXXXX297Z  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 116 Leng Kong Tiga #11-191. Singapore (410 116)  
Contact (Tel) : 9726 2083 Mobile No. : -  
Email Address : CHOERUTH@GMAIL.COM  
Date of Accident : 20/03/21 Time of Accident : 10:45 AM  
Place of Accident : 116 Leng Kong Tiga, Carpark Lot No. 29.  
Insurance Company: AIG

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend to THIRD PARTY CLAIM.

*[Signature]*

Policyholder / Driver's Signature  
Date:



Reporting Centre Personnel's Signature  
Name: Eryx Tan  
NRIC/FIN No.: SXXXX519D  
Date: 30/03/21