

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 14/06/2021 09:28 (SGT)
Date of Accident 01/04/2021 19:00 (SGT)
Exact Location of Accident 935 Yishun Central 1, #01-47, Singapore 760935
Additional Location Information MULTISTORY CAR PARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMS597R

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner EUROKARS LEASING PTE LTD
Company Reg No 199200636C
Email Address jessica-h.shastri@eurokars.com.sg
Mobile Phone No (Phone) +65-63310653
Alternative Phone No +65-63310653

VEHICLE PARTICULARS

Manufacturer Mini
Model One
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
Vehicle Category Commercial vehicle
Transmission Auto
CC 1999

INSURANCE COMPANY

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

DRIVER

Name of Driver LIANG ENG KEE VICTOR
NRIC No S1826793D

Date Of Birth	25/12/1967
Occupation	Indoor
Date Of Driving Pass	19/01/1994
Driving experience	27 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96468233
Alt. Phone Number	-
Email Address	victor_liangek@hotmail.sg
Address	BLK 50 BT BATOK ST 31
Address complement	-
Postcode	659442
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	Collided into Parked Vehicle
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	RACHEL CHUA
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong Division Headquarters
Police Station Phone No	(Phone) +65-18007910000
Alt. Police Station Phone No	(Fax) +65-68965647
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE SEE ATTACHED SKETCH PLAN

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	SJF5815H
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	SCRATCH ON LEFT BUMPER
No. Of Passenger (Including Driver)	-

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.:















**SINGAPORE
POLICE FORCE**



J/20210414/7047

1 of 2

POLICE REPORT (NP299)

Report No. J/20210414/7047

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No:1800-7910000

Date/Time Report Made 14/04/2021 16:41	Vide Report No.	Station Diary No.
Name Of Informant LIANG ENG KEE VICTOR	Address 50 BUKIT BATOK STREET 31 #07-02 SINGAPORE 659442	
ID Type / ID No. NRIC NO / S1826793D	Contact No. Home/Office:	Mobile: 96468233
Nationality SINGAPORE CITIZEN	Email Address VICTOR.LIANGKE@HOTMAIL.SG	
Occupation Chef	Sex Male	Age 53
Institution/School Name	Date of Birth 25/12/1967	Race Chinese
Date/Time Of Incident 01/04/2021 19:15 - 02/04/2021 19:30	Language English	
	Location Of Incident 50 BUKIT BATOK STREET 31 #07-02 SINGAPORE 659442	

Brief details.

I was parking at yishun car park, i accidentally scratch a vehicle parked opposite me. I forgot to write the vehicle number of the car. I would like to contact the driver to settle the damage cost and resolve the case. Thanks

Subjects Involved Suspect	
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: 14/04/2021 16:41
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



SINGAPORE
POLICE FORCE



J/20210414/7047

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20210414/7047

Person Name	RACHEL CHUA		
ID Type	NRIC NO	ID No	S7047469G
Gender	Female	Age	50-51
Race	Chinese	Language	English
Occupation	Management executive	Address	50 BLK 50, BT BATOK ST31, #07-02 #07-02 THE MADEIRA SINGAPORE 659442
Home/Office No	66003091	Mobile No	96468233
Complexion	Fair	Build	Medium
Height About	155cm	Attire Last Worn	DRESS
Hair Colour	Black	Hair Style	Short-Straight
Relation To Informant	SPOUSE	Habits & Oddities	NIL

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: 14/04/2021 16:41
Officer In-Charge Of Case:	Classification Of Case:
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