

# 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 ..... 12/04/2021 17:12 (SGT)  
Date of Accident ..... 10/04/2021 10:15 (SGT)  
Exact Location of Accident ..... 110 Bukit Batok West Ave 6, Singapore 651194  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLX9951C

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LIU YUE  
NRIC No ..... SXXXX715I  
Email Address ..... LIU.YUE.LOUIS@HOTMAIL.COM  
Mobile Phone No ..... (Phone) +65-92996496  
Alternative Phone No ..... +65-92996496

### VEHICLE PARTICULARS

Manufacturer ..... Kia  
Model ..... Carens  
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 ..... 1700

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 1800041466-02  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LIU YUE  
NRIC No ..... SXXXX715I

Date Of Birth .....	05/03/1984
Occupation .....	Indoor
Date Of Driving Pass .....	04/09/2010
Driving experience .....	10 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92996496
Alt. Phone Number .....	+65-92996496
Email Address .....	LIU.YUE.LOUIS@HOTMAIL.COM
Address .....	BLK 110 BUKIT BATOK WEST AVE 6 #14-116
Address complement .....	-
Postcode .....	650110
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 .....	Bukit Batok Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18006659999
Alt. Police Station Phone No .....	(Fax) +65-64252661
Police Station Address .....	21 Bukit Batok East Ave 4 Singapore 659840
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210410/2104

#### 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 .....	SJA5855T
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 ..... -  
No. Of Passenger (Including Driver) ..... -

#### WITNESS DETAILS

##### WITNESS 1

Name ..... MR DAVE NG  
Phone ..... (Phone) +65-81012068  
Email ..... -

##### WITNESS 2

Name ..... MR LINCLON  
Phone ..... (Phone) +65-96279279  
Email ..... -

SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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' 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;
  - (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 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

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

VEH A - SLX9951C  
VEH B - SJAS85ST

Blk 110 Bukit Batok West Ave 6



## Describe Circumstances of the Accident

REFER TO POLICE REPORT T/20210410/2104

### Declaration

We declare the foregoing particulars are true in every respect.

Yes

Policyholder's Signature / Date &  
Time

Yes

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

*[Signature]*

Witnessed by Reporting Centre  
Personnel



























**SINGAPORE  
POLICE FORCE**



T/20210410/2104

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Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

Report No. T/20210410/2104

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/04/2021 17:08	Vide Report No.:	Station Diary No.: 85
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**Informant's Particulars**

Name of Informant: LIU YUE			Address: APT BLK 110 BUKIT BATOK WEST AVENUE 6 #14-116 SINGAPORE 650110	
ID Type / ID No.: NRIC NO / S84787151			Contact No.: Home/Office: Mobile: 92996496	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 37	Date of Birth: 05/03/1984	Type of Informant: Vehicle Owner	
Race: Chinese			Language:	Institution / School Name:
Occupation: ENGINEER @ SINGAPORE POWER			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: 10/04/2021 10:15	Type of Location: Car Park
Location:  BUKIT BATOK WEST AVENUE 6				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two 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 Passenger
SJA5855T	Car	SUBARU	XV	Blue	Slightly Damaged	0
SLX9951C	Car	KIA	Caren	White	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/20210410/2104

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

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Report No. T/20210410/21

**CONTINUATION OF REPORT**

<b>Vehicle Owner</b>			
Name	LIU YUE	ID No.	S8478715I
Related Vehicle	SLX9951C (Car)	Contact No.	92996496
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 10/04/2021 at about 1030hrs, I drove my vehicle out. Upon returning at about 1530hrs, I discovered scratches to my vehicle near to the rear right passenger door. I was then approached by two witnesses namely:

Mr Dave Ng, HP: 81012068 and Mr Linclon, HP: 96279279 who informed me that earlier on they witnessed a blue color Subaru XV bearing registration: SJA5855T had reversed onto the rear right passenger door of my vehicle. I managed to check the said vehicle and saw there was scratches on the rear left bumper which correlates to the damage sustain on my vehicle. I proceeded to inform my car insurance who then advised me to lodge a Traffic accident report.

My vehicle was parked at Blk 110 BB West Ave 6 lot number 12 since 09/04/2021 at about 2100hrs. The Subaru was parked in lot 11, on right of my vehicle.





**SINGAPORE  
POLICE FORCE**



T/20210410/2104

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

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Report No. T/20210410/2104

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:

J /

Sgt 3 MUHAMMAD AMIRUL HASIF BIN  
MOHAMED YUNOS

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

Insp GQH GEOK LYE  
Contact No: 65476148

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

10/04/2021 17:08

Classification Of Case: