# **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.

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   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 17/05/2021 16:10 (SGT) Date of Accident 15/05/2021 19:40 (SGT) Exact Location of Accident Lor 1 Toa Payoh, Singapore Additional Location Information **BLK 43 LORONG TOA PAYOH OSCP** Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SKV7558R

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner OH SOON SENG NRIC No. SXXXX564Z Email Address BOBBYOH28@GMAIL.COM Mobile Phone No (Phone) +65-94503319 Alternative Phone No +65-94503319

VEHICLE PARTICULARS

Manufacturer Kia Model Stonic 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 Transmission Auto CC 998

**INSURANCE COMPANY** 

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 1900099056 Cover Note Number

DRIVER

Name of Driver **OH SOON SENG** NRIC No. SXXXX564Z

Date Of Birth 28/05/1965 Occupation Outdoor Date Of Driving Pass 27/04/1993 Driving experience 28 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-94503319 Alt. Phone Number +65-94503319 Email Address BOBBYOH28@GMAIL.COM Address BLK 671B JURONG WEST ST 65 #05-114 Address complement Postcode 642671 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 Was anybody injured in the Accident? Nο Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Toa Payoh Neighbourhood Police Centre Police Station Phone No (Phone) +65-18002519999 Alt. Police Station Phone No (Fax) +65-63548749 Police Station Address 93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO ATTACHMENT 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 **GBF7058H** 

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	CAR B
No. Of Passenger (Including Driver)	-

# DETAILS OF OTHER VEHICLE PROPERTY 2

SMP2100T
-
-
-
Private car
HONG LENG SAN
(Phone) +65-96863998
-
-
-
-
-
CAR C
-

### **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number	SLA6002H
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	CAR D
No. Of Passenger (Including Driver)	-

# WITNESS DETAILS

### WITNESS 1

Name	 HONG LENG SAN
Phone	 (Phone) +65-96863998
Fmail	,

### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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.
- 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;
- (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")

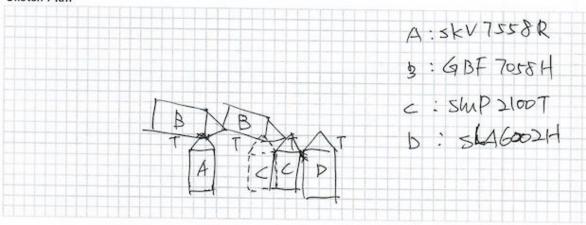
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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

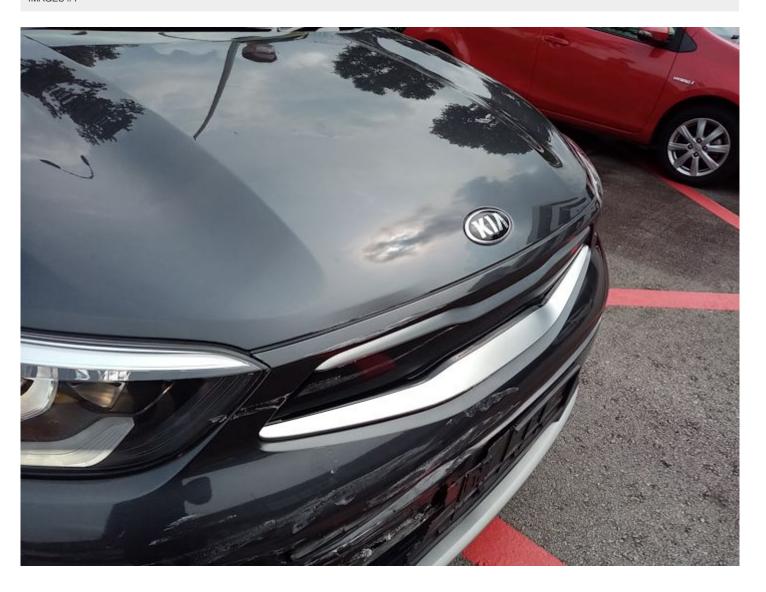


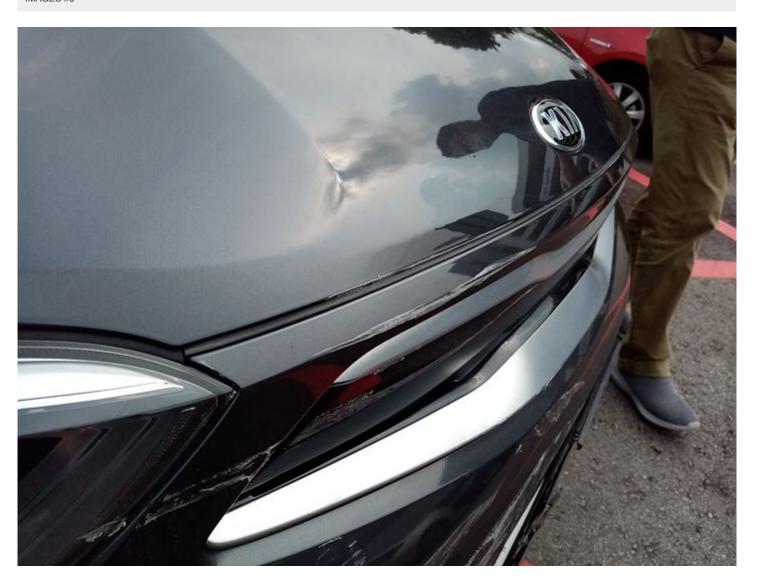
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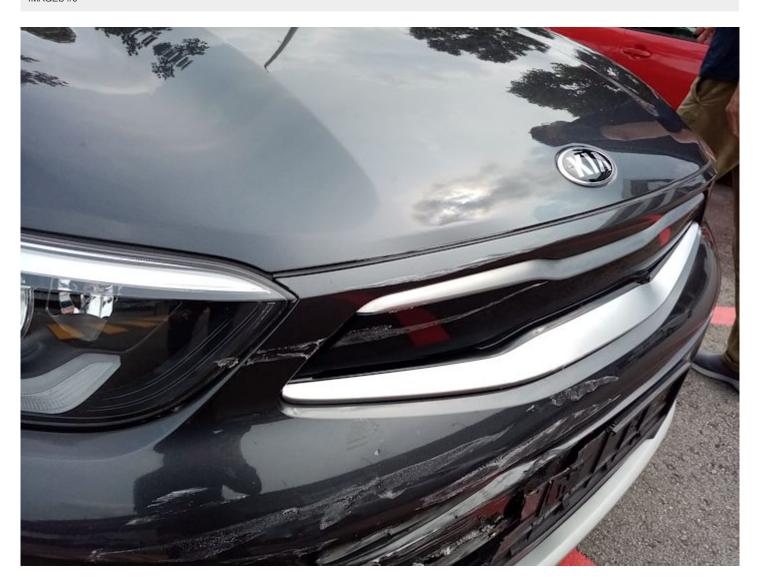














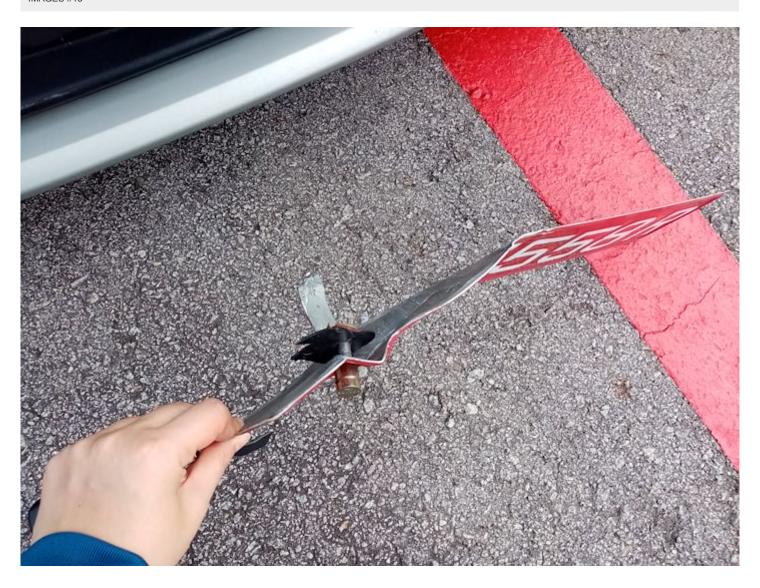






























Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 Tel No: 1800-2519999

Report No. T/20210515/2106

REPORT OF A TRAFFIC ACCIDENT

15/05/2	me Report 021 22:12		Vide Report No.: E/20210515/0202	Station Diary No.:
Informant's Particulars				135
Name of Informant: OH SOON SENG			Address: APT BLK 671B JURONG WI	EST STREET OF HOE 114
ID Type / ID No.: NRIC NO / S1690564Z Nationality: SINGAPORE CITIZEN		64Z	SINGAPORE 642671 Contact No.: Home/Office:	
			Email:	Mobile: 94503319
Sex: Male	Age: 55	Date of Birth: 28/05/1965	Type of Informant: Vehicle Owner	
Race: Chinese Occupation: Student			Language:	Institution / School Name:
		- P113-51	Driving Licence Information: Class:	Date of Expiry:

General Infor	mation of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Date/Time of Accident:		Type of Location Car Park	
Location:		No	15/05/2021 19:40	Cairaik	
LORONG 5 T	OA PAVOL				
	ONTATOR				
Weather:					
		Road Surface:		Road Speed Limit:	
Traffic Flow:		Traffic Control:			
Two Way		Not Controlled		Traffic Volume:	
Type of Collisi	on:	- ist controlled			
			8	Anyone conveyed by ambulance: No	

Vehicle No.	Туре	Make	1.		AND DESCRIPTIONS	
GBF7058H	Lorry	Wake	Model	Color	Condition	No of Passenger
SKV7558R	Car	_				0
S COMMON A	Our				Seriously	0
SMP2100T	Car				Damaged	100
						0





Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 CONTINUATION OF REPORT

2 of 3 Report No. T/20210515/2106

Vehicle Owner	nvolved: No ns Injured: NIL	Use of E	Pode-til a	
Name	OH SOON STATE	OSC OF P	Pedestrian Cross	sing: NA
	OH SOON SENG		ID No.	S1690564Z
Related Vehicle	SKV7558R (Car)		0.0000000000000000000000000000000000000	010905642
	70 33		Contact No.	94503319
Hospital/Clinic NIL				0.000019
			Class of Driving Licence &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Expiry Date	
o of Dave grant	ed Medical Leave NIL	Date Disc	charge NIL	

## Brief Details.

On 15/05/2021 at about 1430hrs, I arrived and parked at Blk 43 Lorong 5 Toa Payoh OSCP lot 173. At that point in time, my car (SKV7558R) was intact. At about 2030hrs, I came back to my car and discovered that my car has been damaged and there are Traffic Police (TP) officers around.

I was then informed by the TP officers that a lorry (GBF7058H) had collided into my car and the car parked on my right (SMP2100T) at lot 172. I did not know what had happened and was only told by the vehicle owner of SMP2100T that the lorry had collided into our cars and attempted to run away. However, the lorry driver was eventually called to come back.

I wish to state that I have an in-car camera but it does not record when the car is parked. After the case concluded, the TP officers passed me a case card (E/20210515/0202) and told me to proceed to lodge a





Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 Tel No: 1800-2519999

3 of 3 Report No. T/20210515/2106

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 <u>report number</u> as reference.

Signature Of Officer Recording The Report: E / Sgt 2 GARY LEW QI HAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 15/05/2021 22:12
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt CHONG GUAN FATT Contact No.: 65476083	Classification Of Case:
Authentication Stamp NP168	