

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	07/06/2021 17:31 (SGT)
Date of Accident	04/06/2021 11:00 (SGT)
Exact Location of Accident	111B Depot Rd, Block 111B, Singapore 102111
Additional Location Information	CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFG825D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YAM SZE KOON
NRIC No	SXXXX718C
Email Address	ERICYAM82289988@GMAIL.COM
Mobile Phone No	(Phone) +65-82289988
Alternative Phone No	+65-82289988

VEHICLE PARTICULARS

Manufacturer	Opel
Model	Astra
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	7210021399
Cover Note Number	-

DRIVER

Name of Driver	YAM SZE KOON
NRIC No	SXXXX718C

Date Of Birth	02/05/1965
Occupation	Outdoor
Date Of Driving Pass	27/10/1984
Driving experience	36 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82289988
Alt. Phone Number	+65-82289988
Email Address	ERICYAM82289988@GMAIL.COM
Address	BLK 458 SEGAR RD
Address complement	#05-141
Postcode	670458
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	Collided into Parked Vehicle
Weather Conditions	Raining
Road Surface	Wet

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 Panjang Neighbourhood Police Centre
Police Station Address	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210605/2020

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	YQ1363K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ONG SOON PENG
NRIC No	SXXXX782G

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 NEIGHBOUR
Phone -
Email -

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

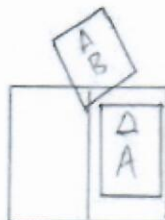
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Vehicle A: SFG825D

Vehicle B: YQ1363K

car park
of Blk 111B Depot Rd

Describe Circumstances of the Accident

Refer To Police Report : T/20210605/2020

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20210605/2020

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

2 of 3

Report No. T/20210605/2020

CONTINUATION OF REPORT

Vehicle Owner			
Name	YAM SZE KOON		ID No. S1737718C
Related Vehicle	SFG825D (Car)		Contact No. 82289988
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

04/06/2021 at about 11am, I parked my vehicle, SFG825D at Blk 111 Depot Road S(102111) unloading and unloading bay to unload my items to my unit. Shortly after I came down and discovered a note that states " 88159187 please WhatsApp thanks. Took photo already"

Upon reading the note I noticed that my left headlight was badly damaged. My neighbor told me that he saw a truck, YQ1363K was in front of my car when it happened.

I manage to contact the driver who informed me that it was raining at that point of time and the road was wet. As they wanted to park beside my vehicle, the vehicle accidently crashed my left headlight.


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T/20210605/2020

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1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

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Report No. T/20210605/2020

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/06/2021 10:43		Vide Report No.:		Station Diary No.: 22	
Informant's Particulars					
Name of Informant: YAM SZE KOON			Address: APT BLK 425 BEDOK NORTH ROAD #12-551 SINGAPORE 460425		
ID Type / ID No.: NRIC NO / S1737718C			Contact No.: Home/Office: Mobile: 82289988		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 02/05/1965	Type of Informant: Vehicle Owner		
Race: Chinese			Language:		Institution / School Name:
Occupation: Real estate agent			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 04/06/2021 11:00	Type of Location: Loading and unloading bay
Location: DEPOT ROAD				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		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
SFG825D	Car	OPEL	ASTRA ST 1.0 AT (LED)	Red	Slightly Damaged	0
YQ1363K	Lorry					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA


**SINGAPORE
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T/20210605/2020

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2 of 3

Report No. T/20210605/2020

CONTINUATION OF REPORT

Vehicle Owner			
Name	YAM SZE KOON		ID No. S1737718C
Related Vehicle	SFG825D (Car)		Contact No. 82289988
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

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Tel No: 1800-8929999



T/20210605/2020

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Report No. T/20210605/2020

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 1 MUHAMMAD YUSRI BIN YUSOFF

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

05/06/2021 10:43

Officer In Charge Of Case:

TP / HRT /

SI STEPHANIE CHEUNG TSZ YING

Contact No. 96208032

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE

> Back to OneMotoring



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 07 Jun 2021 / 17:41:30

Receipt Date/Time : 07 Jun 2021 / 17:41:30

Tax Invoice/Receipt

Receipt No. : ITNET-00000-210607-003609

Previous Receipt No. :

**S/N Item Description/
Business Transaction Reference
No.**

Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - YQ1363K

As at 04 Jun 2021/11:00:00

Insurance Co: INDIA INT'L INS PTE LTD

1 Insurance Enquiry - YQ1363K

Enquiry Fee

20210607174040569337

SFG825D

7.00	0.49	7.49
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Sub-Total

7.00	0.49	7.49
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Total Before Rounding

7.00	0.49	7.49
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Rounding Difference

0.04

Total Amount Payable

7.45

Paid By

20210607174051234

Direct Debit: eNETS Debit
(Internet Banking)

7.45

Total

7.45

Cash Change

0.00

Tendered Amount

7.45

Excess Refundable Amount

0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.