

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 22/07/2021 10:44 (SGT)
Date of Accident 03/07/2021 12:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information Block 233 Ang Mo Kio Avenue 3
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLL4209J

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Teh Leong Thian
NRIC No S2551837C
Email Address inspirations8@gmail.com
Mobile Phone No (Phone) +65-96363149
Alternative Phone No +65-64593471

VEHICLE PARTICULARS

Manufacturer Subaru
Model Forester
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
Vehicle Category Private car
Transmission Auto
CC 1995

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2100501814-04
Cover Note Number -

DRIVER

Name of Driver SAW CHENG SUAN
NRIC No S2551836E

Date Of Birth	17/11/1950
Occupation	Indoor
Date Of Driving Pass	01/01/1982
Driving experience	39 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96363149
Alt. Phone Number	-
Email Address	NOEMAIL@AIG.COM
Address	72 Springleaf Avenue
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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

R2000007706	Circumstances Of Accident	Refer to attachment.
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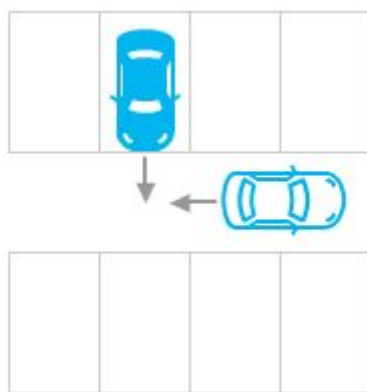
ATTACHMENT(S)

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	SHD6725L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

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) -







1 of 3
Report No: T 20210715.2022

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No: T 20210715.2019

Report Number: T 20210715.2022

Vide Report Number:

Date/Time of Report Made: 15/07/2021 10:39

Place Report Lodged: Traffic Police

Type of Informant: Driver

Name of Informant: SAW CHENG SUAN

ID Type / ID No: NRIC NO / S2551836E

Home/Office: 64593471

Mobile: 8222879

Email:

Type of Accident: Non-Injury / Others

Drink Drive: No

Anyone conveyed by ambulance: No

Date/Time of Accident: 03.07.2021 12.30

Accident Location: ANG MO KIO AVENUE 3

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLL4209J	Car				No Damage	0

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



T/20210715/2022

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Report No. T/20210715/2022

Continuation of CSF For NP168

Driver Name	SAW CHENG SUAN	ID No.	S2551836E
Related Vehicle	SLL4209J (Car)	Contact No.	64593471
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 Facts:

ON THE ABOVE MENTIONED DATE TIME AND LOCATION.

I WAS DRIVING IN A CARPARK AT BLOCK 233 AT ANG MO KIO AVENUE 3.

I WAS TRYING TO PARK MY CAR BUT AS I WAS REVERSING I ACCIDENTALLY LIGHTLY BUMPE INTO A CAR.


I DID NOT ALLIGHT FROM MY CAR AND CHECK FOR DAMAGES TO THE OTHER CAR FROM INSIDE MY CAR.

I DID NOT SEE ANY VISIBLE DAMAGES TO THE OTHER CAR. I THEN DROVE OFF.

WHEN I REACHED HOME I CHECKED MY CAR FOR DAMAGES AND I THERE IS NONE

NOBODY WAS INURED. I DID NOT EXCHANGE PARTICULARS WITH THE DRIVER AS HE WAS ABSENT WHEN THE INCIDENT OCCURED.

THAT IS ALL.


 7/20210715/2022
 3 of 3
 Report No. 7/20210715/2022

Continuation of CSF For NP168


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 65474655 stating the report number as reference.

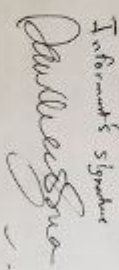
Case Sensitivity ☐ No


Officer-in-Charge of Case TP / CIA /
TAN JEOK LENG

Classification of Case ☐ NON-INJURY / OTHERS


 SINGAPORE
 POLICE FORCE


Signature: 

Informant's Signature




**SINGAPORE
POLICE FORCE**

1202107152019



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

Report No. 1202107152019

1 of 3

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/07/2021 10:45		Vide Report No.:		Station Diary No.:	
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Informant's Particulars

Name of Informant: SAW CHENG SUAN		Address: 72 SPRINGDALE AVENUE SINGAPORE 789476	
ID Type / ID No.:	NRIC NO / S2551838E	Contact No.:	Mobile: 82223879
Nationality:		Email:	
Sex:	Age:	Date of Birth:	
Female	70	17/11/1950	
Race:	Chinese	Language:	English
Occupation:	RETIREE	Driving Licence Information:	Class: 3
Institution / School Name:		Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Others	Driver:	Driver:	Date/Time of Accident:	03/07/2021 12:30	Type of Location:
Location: ANG MO KIO AVENUE 3						
Weather:	Clear	Road Surface:	Dry	Road Speed Limit:		
Traffic Flow:		Traffic Control:		Traffic Volume:		
Type of Collision:						Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLL4208J	Car				No Damage	0

Details of Person Involved

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

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Report No. T/20210715/2022

Continuation of CSF For NP168


Sketch Plan
Informant is not able to provide sketch plan

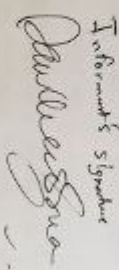
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474655 stating the report number as reference.

Case Sensitivity No

Officer-in-Charge of Case TP / CIA /
TAN JEOK LENG

Classification of Case 1) NON-INJURY / OTHERS

Signature:  SINGAPORE
POLICE FORCE

Informant's Signature: 



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408965
Tel No: 65470000



T202107192019

2 of 3

Report No: T202107192019

CONTINUATION OF REPORT

Driver			
Name	SAW CHENG SUAN	ID No.	S2551836E
Related Vehicle	SLL4209J (Car)	Contact No.	82223879
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

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION.



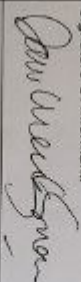
I WAS DRIVING IN A CARPARK AT BLOCK 22ANG MO KIO AVENUE 3.

I WAS TRYING TO PARK MY CAR AS I WAS REVERSING I ACCIDENTALLY LIGHTLY BUMPED INTO A CAR.

I THEN CHECK FROM DAMAGES AND I DID NOT SEE ANY VISIBLE DAMAGES TO THE CAR OR MY CAR.

I THEN DROVE OFF. NOBODY WAS INJURED. I DID NOT EXCHANGE PARTICULARS WITH THE DRIVER AS HE WAS NOT THERE DURING THE INCIDENT.

THAT IS ALL.

 SINGAPORE POLICE FORCE		 <small>T20210715/2019</small> <small>3 of 3</small> <small>Report No: T20210715/2019</small>
Police Station Of Origin: Traffic Police 10 Ulu Avenue 3 SINGAPORE 409855 Tel No: 65470000		
CONTINUATION OF REPORT		
Sketch Plan Informant is not able to provide sketch plan		
<p>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.</p>		
Signature Of Officer Recording The Report: TP / SC HAKAN SIDDIQ ONDEK	Signature Of Informant: 	
Signature Of Interpreter: Not applicable	Date/Time: 15/07/2021 10:45	
Officer in Charge Of Case: TP / GJA / SI TAN JEOK LENG Contact No.: 65476151	Classification Of Case:	
Authentication Stamp: 