

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 06/07/2021 09:23 (SGT)
Date of Accident 04/07/2021 20:35 (SGT)
Exact Location of Accident Singapore
Additional Location Information EAST COAST ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKM991R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ANG XIAOHONG, JOELLA
NRIC No SXXXX950F
Email Address don1988@gmail.com
Mobile Phone No (Phone) +65-96873303
Alternative Phone No +65-91195381

VEHICLE PARTICULARS

Manufacturer Jaguar
Model XF 2.0P 200PS
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 2000

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 KOH THONG SIANG, DON (XU TONGXIANG)
NRIC No SXXXX717Z

Date Of Birth	15/01/1988
Occupation	Indoor
Date Of Driving Pass	22/06/2007
Driving experience	14 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91195381
Alt. Phone Number	-
Email Address	don1988@gmail.com
Address	3 CLACTON ROAD
Address complement	-
Postcode	439400
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	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 vehicle 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	ANG XIAOHONG, JOELLA
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002449999
Alt. Police Station Phone No	(Fax) +65-62447258
Police Station Address	30 Bedok North Road Singapore 469676
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?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Green
Vehicle Category	Bus
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)	-

SKETCH PLAN

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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.
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

PREFER TO VIDEO

A SKM991R

B unknown (BUS)

Describe Circumstances of the Accident

*REFER TO POLICE REPORT
T/20210704/2073*

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





























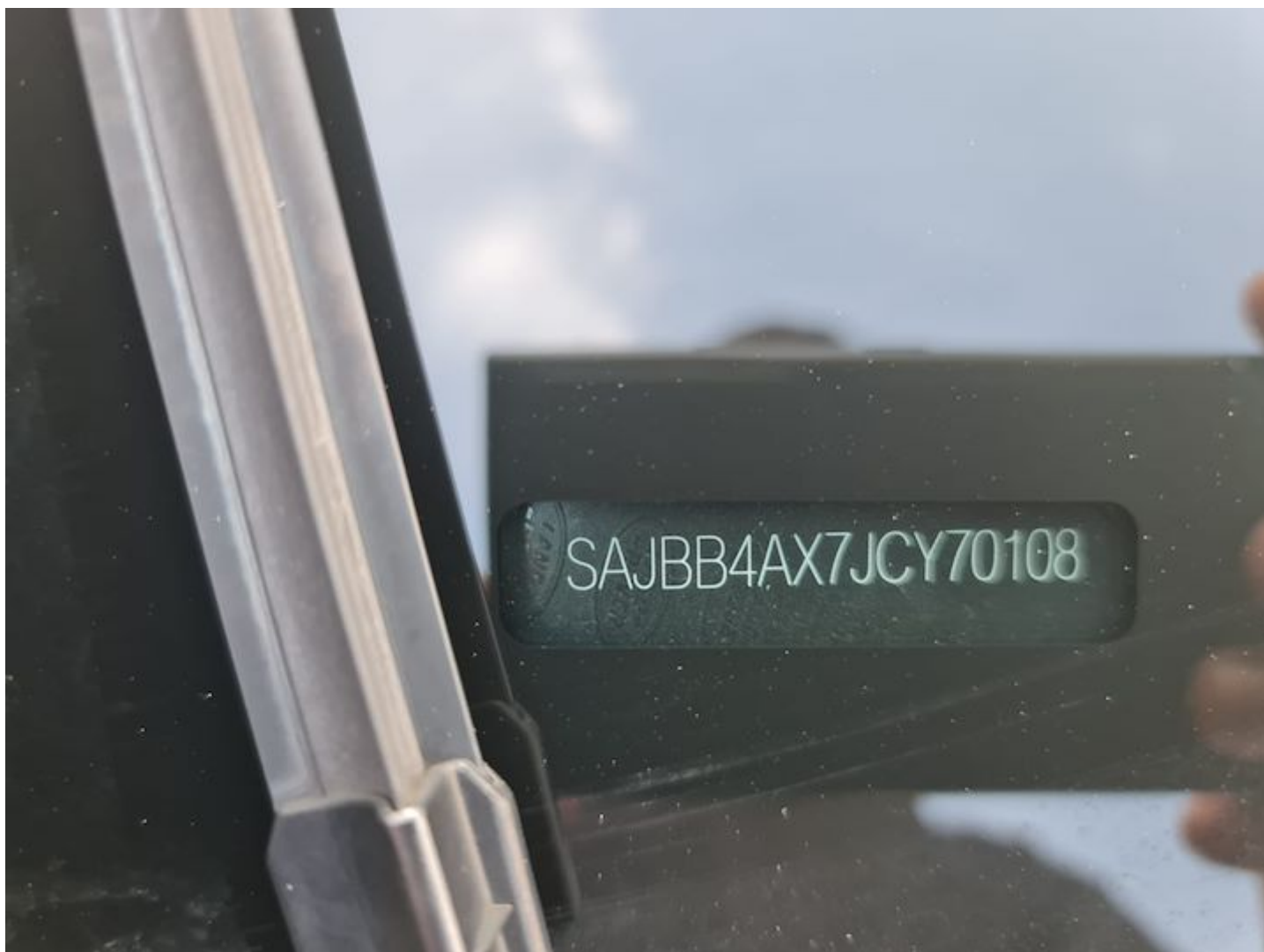














**SINGAPORE
POLICE FORCE**



T/20210704/2073

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

1 of 3

Report No. T/20210704/2073

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/07/2021 22:16	Vide Report No.:	Station Diary No.: 115
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Informant's Particulars

Name of Informant: KOH THONG SIANG, DON			Address: 3 CLACTON ROAD SINGAPORE 439400		
ID Type / ID No.: NRIC NO / S8801717Z			Contact No.: Home/Office: Mobile: 91195381		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 33	Date of Birth: 15/01/1988	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: DOCTOR			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: 04/07/2021 20:35	Type of Location: Straight Road
Location: EAST COAST ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
SKM991R	Car	JAGUAR	XF 2.0P 200PS	Black	Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210704/2073

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No. T/20210704/2073

CONTINUATION OF REPORT

Driver			
Name	KOH THONG SIANG, DON	ID No.	S8801717Z
Related Vehicle	SKM991R (Car)	Contact No.	91195381
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 04/07/2021 at about 8.38pm, my car was on stationary in front of unit 225 East Coast Road as I was waiting one of the car to move off from a parallel parking lot. There was a traffic light just behind me and there was a bus service no. 12 (green colour) stopped near Chapel close. After which, the bus accelerated and brush my side mirror on my right side. The bus did not stop after the impact. Due to that, there was some scratches on my right side mirror and some paint damage.

I wish to state that I have an in car camera footage of the incident that took place. I will also be informing my insurance of the said incident. I wish to state that I am not injured.



**SINGAPORE
POLICE FORCE**



T/20210704/2073

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No. T/20210704/2073

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: G / Sgt 1 WONG KOK WAI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 04/07/2021 22:16
Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No.: 65476902	Classification Of Case:

Authentication Stamp
NP168



T/20210704/2077

1 of 3

Report No. T/20210704/2077

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No T/20210704/2073

Report Number T/20210704/2077

Vide Report Number T/20210704/2073

Date/Time of Report Made 04/07/2021 23:06

Place Report Lodged Traffic Police

Type of Informant Driver

Name of Informant KOH THONG SIANG, DON

ID Type / ID No. NRIC NO / S8801717Z

Home/Office

Mobile 91195381

Email

Type of Accident Non-Injury / Hit and Run

Drink Drive No

Anyone conveyed by ambulance No

Date/Time of Accident 04/07/2021 20:35

Accident Location EAST COAST ROAD

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKM991R	Car	JAGUAR	XF 2.0P 200PS	Black	Slightly Damaged	1

Details of Person Involved

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



T/20210704/2077

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Report No. T/20210704/2077

Continuation of CSF For NP168

Driver			
Name	KOH THONG SIANG, DON	ID No.	S8801717Z
Related Vehicle	NIL	Contact No.	91195381
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 Facts.

Reference to report number vide: T/20210704/2073.

I would like to add the following information inside the report:

However, my pregnant wife who is going through a high-risk pregnancy was visibly traumatised by the incident. She also felt unwell after the incident.



T/20210704/2077

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Report No. T/20210704/2077

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 65474885 stating the report number as reference.

Case Sensitivity	No
Officer-In-Charge of Case	TP / HRT / KALESWARI PALANI
Classification of Case	1) NON-INJURY / HIT AND RUN