

## 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 ..... 19/05/2021 14:44 (SGT)  
Date of Accident ..... 07/05/2021 08:30 (SGT)  
Exact Location of Accident ..... 52 Wak Hassan Dr, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMZ3280Y

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... ENG KWANG CHIANG  
NRIC No ..... SXXXX383I  
Email Address ..... LEX@YSHFARM.COM.SG  
Mobile Phone No ..... (Phone) +65-97929678  
Alternative Phone No ..... +65-92760636

#### VEHICLE PARTICULARS

Manufacturer ..... Audi  
Model ..... A3  
Variant ..... SEDAN 1.0 TFSI S-TRONIC  
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 ..... 999

#### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 7210023697  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... ENG KWANG CHIANG  
NRIC No ..... SXXXX383I

Date Of Birth .....	05/08/1965
Occupation .....	Indoor
Date Of Driving Pass .....	29/06/1985
Driving experience .....	35 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97929678
Alt. Phone Number .....	+65-92760636
Email Address .....	LEX@YSHFARM.COM.SG
Address .....	52B WAK HASSAN DRIVE
Address complement .....	-
Postcode .....	757133
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 vehicle 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 .....	Sembawang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005549999
Police Station Address .....	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

ON 14/5/2021, I MADE A CHECK ON MY VEHICLE AND DISCOVERED THAT THERE WERE SOME DAMAGES TO THE REAR LEFT OF MY VEHICLE NEAR TO THE TYRES. I THEN VIEW BACK MY IN-CAR CAMERA AND DISCOVERED THAT ONE YELLOW IN COLOR BUS WAS PASSING BY MY VEHICLE AND HIT ONTO THE SIDE OF MY VEHICLE AS MY VEHICLE SEEN SHAKING AND SOUND OF THE SAID VEHICLE GRAZING AGAINST MY VEHICLE.

I WOULD LIKE TO STATE THAT THERE WAS NO MESSAGE LEFT BEHIND BY THE BUS DRIVER AND I ALSO WOULD LIKE TO STATE THAT THE LANE WHERE THE BUS DRIVER PASSES BY IS QUITE SMALL. I ALSO WOULD LIKE TO STATE THAT I HAVE THE FOOTAGE RECORDED INSIDE MY MEMORY CARD FOR THE IN-CAR CAMERA.

#### 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 .....	PC1013B
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Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
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****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 willful 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. 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.
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

10:30AM  
14/05/21



Witnessed by Reporting Centre Personnel *Tung Keng*

**Sketch Plan**

Refer to the video footage


Describe Circumstances of the Accident

PLEASE REFER TO TRAFFIC POLICE REPORT.

Declaration

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time

 9:30 AM  
19/05/21  
Driver's Signature (if driver is not the policyholder) / Date & Time

  
Witnessed by Reporting Centre  
Personnel Tony Eosny







































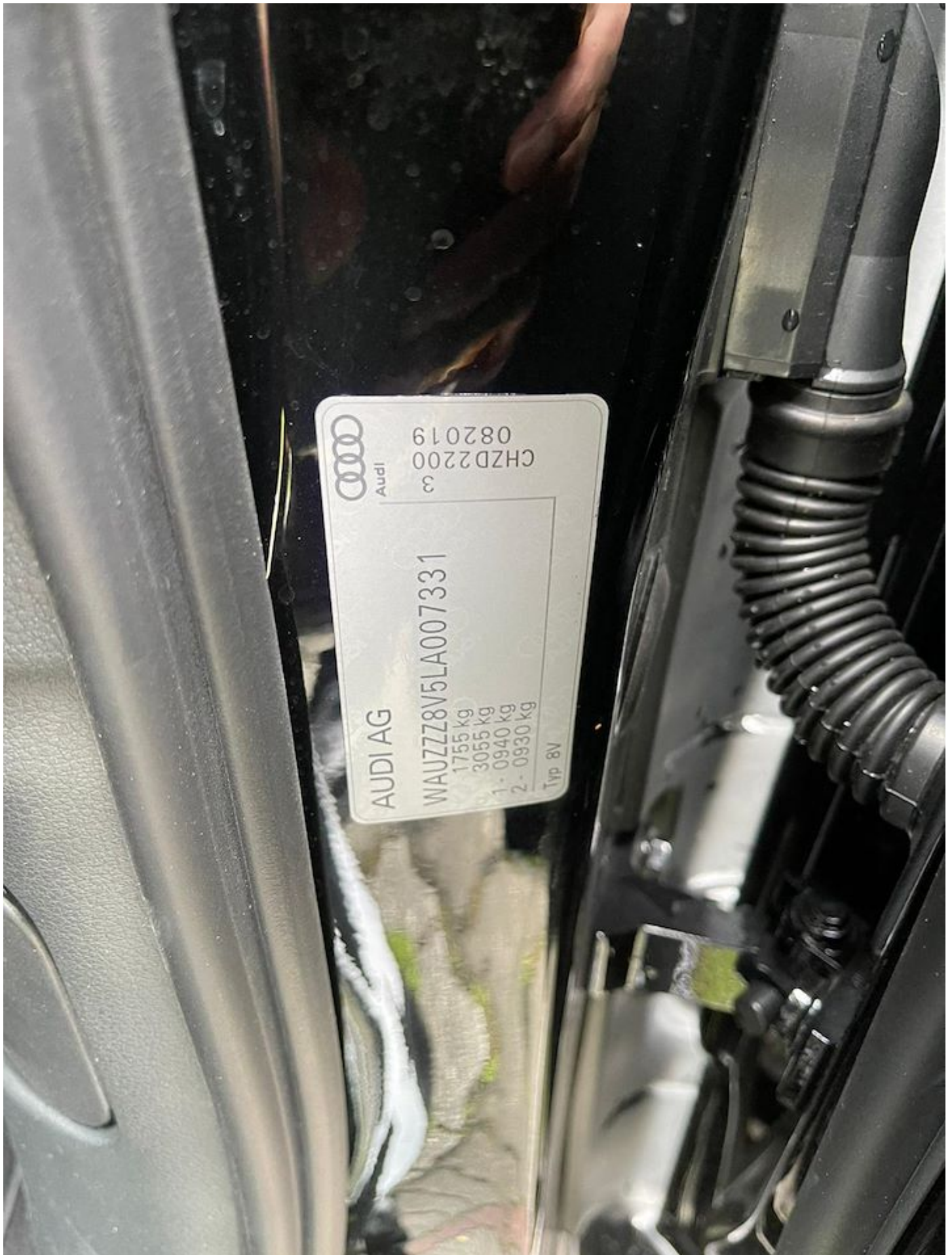



























**SINGAPORE  
POLICE FORCE**


T/20210516/2055

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

1 of 3

Report No. T/20210516/2055

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/05/2021 16:08		Vide Report No.:	Station Diary No.: 64
<b>Informant's Particulars</b>			
Name of Informant: ENG LE XUAN		Address: 52B WAK HASSAN DRIVE SINGAPORE 757135	
ID Type / ID No.: NRIC NO / S9532634Z		Contact No.: Home/Office: Mobile: 92760636	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 25	Date of Birth: 29/08/1995	Type of Informant: Driver
Race: Chinese		Language: Chinese	Institution / School Name:
Occupation: Other production and operations managers nec (eg mining manager)		Driving Licence Information: Class: 3A Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 07/05/2021 08:30	Type of Location: Straight Road
Location:  WAK HASSAN DRIVE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC1013B	Bus/Coach/Minibus					0
SMZ3280Y	Car				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/20210516/2055

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

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Report No. T/20210516/2055

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	ENG LE XUAN		ID No. S9532634Z
Related Vehicle	SMZ3280Y (Car)		Contact No. 92760636
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 14/05/2021, I made a check on my vehicle and discovered that there was some damages to the rear left of my vehicle near to the tyres.

I then view back my in car camera and discovered that one Yellow in colour bus was passing by my vehicle and hit onto the side of my vehicle as my vehicle seen shaking and sound of the said vehicle grazing against my vehicle.

I would like to state that there was no message left behind by the bus driver and I also would like to state that the lane where the bus driver passes by is quite small. I also would like to state that I have the footage recorded inside my memory card for the in car camera.





**SINGAPORE  
POLICE FORCE**



T/20210516/2055

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

3 of 3

Report No. T/20210516/2055

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:

L /

Staff Sgt MUHAMMAD ZAMRI BIN ABDULLAH

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

16/05/2021 16:08

Officer In Charge Of Case:

TP / HRT /

SI NOR AFFENDY BIN JAFFAR

Contact No.: 65476368

Classification Of Case:

Authentication Stamp

NP168



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S665500200 / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : SP0R215J0001 Vehicle Registration No: SMZ3280Y  
Name (as shown in NRIC) : ENG KWANG CHIANG NRIC/FIN/Passport No : SXXXX383I  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 97929678  
Email Address : LEX@YSHFARM.COM.SG  
Date of Accident : 07/05/2021 Time of Accident : 08:30  
Place of Accident : 52 Wak Hassan Dr, Singapore  
Insurance Company: AIG Asia Pacific Insurance

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To convert report claim Own insurance

Policyholder / Driver's Signature  
Date: 14 October 2021



Reporting Centre Personnel's Signature  
Name: Tony Foong  
NRIC/FIN No.: SXXXX948E  
Date: \_\_\_\_\_

QARAC addendum form v3