

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 30/11/2021 11:19 (SGT)
Date of Accident 27/11/2021 13:50 (SGT)
Exact Location of Accident Geylang Rd, Singapore
Additional Location Information GEYLANG ROAD BEFORE LORONG 30 (PARALLEL PARKED ALONG GEYLANG ROAD).
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFQ18P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KOH CHIN CHUAN GEORGE
NRIC No SXXXX073E
Email Address imgeorgekoh@yahoo.com
Mobile Phone No (Phone) +65-98468841
Alternative Phone No (Office) +65-98468841

VEHICLE PARTICULARS

Manufacturer Mercedes
Model GLC300
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 1998

INSURANCE COMPANY

Name of Insurance Company Aviva Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 11094854
Cover Note Number -

DRIVER

Name of Driver KOH CHIN CHUAN GEORGE

NRIC No	SXXXX073E
Date Of Birth	12/10/1984
Occupation	Indoor
Date Of Driving Pass	12/12/2005
Driving experience	15 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98468841
Alt. Phone Number	(Office) +65-98468841
Email Address	imgeorgekoh@yahoo.com
Address	18A JALAN TELITI SINGAPORE
Address complement	-
Postcode	537312
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)	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	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

PLEASE REFER TO THE SKETCH PLAN (POLICE REPORT NO. T/20211128/2102).

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	GBF8801Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour -
Vehicle Category Goods vehicle
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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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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

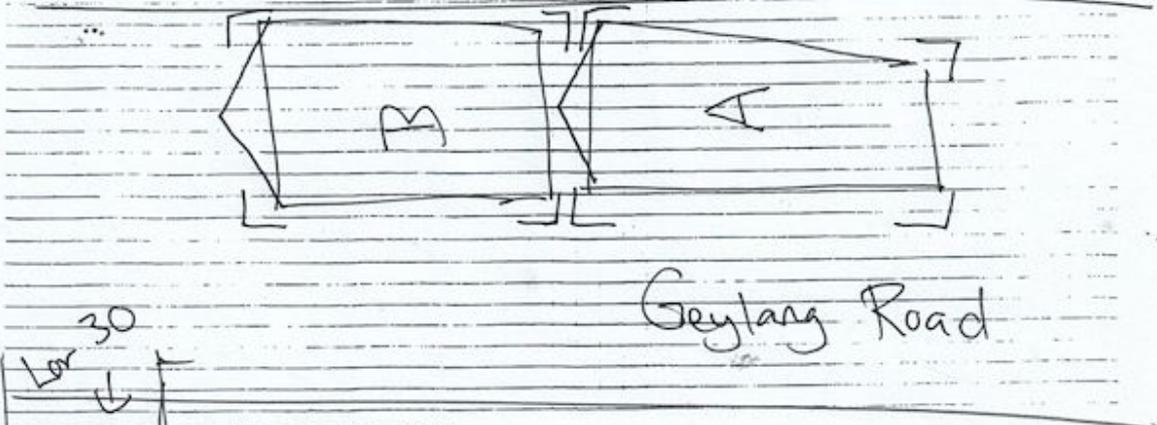
Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

A: SFQ18P
B: GBF8801Y

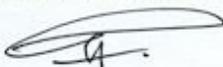


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

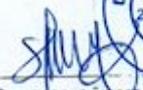
Refer to Police Report No. T/20211128/2102

DECLARATION

We declare the foregoing particulars are true in every respect.


Policyholder's Signature
Date & Time
Company Chop (if applicable)


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


Reporting Centre Person's Signature
Name:
NRIC/FIN No.:







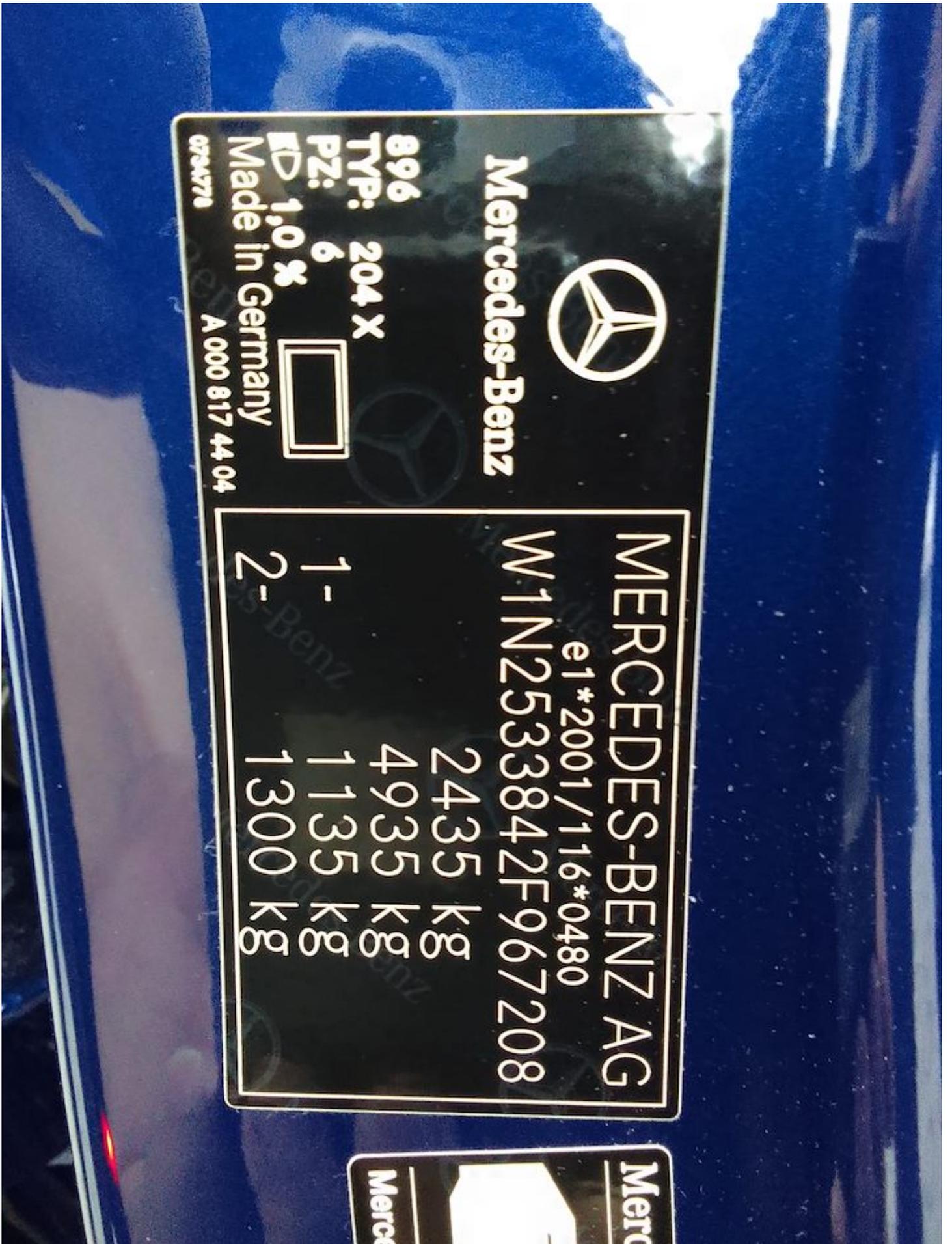












Mercedes-Benz



896

TYP: 204 X

PZ: 6

KD 1,0 %

Made in Germany

0734771

A 000 817 44 04



MERCEDDES-BENZ AG
 e1*2001/116*0480
 W1N2533842F967208

2435	kg
4935	kg
1135	kg
1300	kg





**SINGAPORE
POLICE FORCE**



T/20211128/2102

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

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Report No. T/20211128/2102

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/11/2021 21:53	Vide Report No.:	Station Diary No.: 75
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Informant's Particulars

Name of Informant: KOH CHIN CHUAN GEORGE		Address: 18A JALAN TELITI SINGAPORE 537312	
ID Type / ID No.: NRIC NO / S8431073E		Contact No.: Home/Office: Mobile: 98468841	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 37	Date of Birth: 12/10/1984	Type of Informant: Vehicle Owner
Race: Chinese		Language:	Institution / School Name:
Occupation: SELF EMPLOYED		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: 27/11/2021 13:50	Type of Location: Straight Road
Location: GEYLANG ROAD			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
GBF8801Y	Van			White		0
SFQ18P	Car	MERCEDES BENZ	GLC300	Blue	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/20211128/2102

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

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Report No. T/20211128/2102

CONTINUATION OF REPORT

Vehicle Owner			
Name	KOH CHIN CHUAN GEORGE	ID No.	S8431073E
Related Vehicle	SFQ18P (Car)	Contact No.	98468841
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 27/11/2021 at about 1.45pm, I parked my vehicle on the right side of Geylang road, before Lor 30 Geylang Road. I returned to my vehicle at 2.30pm and upon starting my vehicle, it display a collusion warning message. As such I check through my in-car camera and noticed 1 van reversing into my vehicle. I am lodging this report for insurance claim.



**SINGAPORE
POLICE FORCE**



T/20211128/2102

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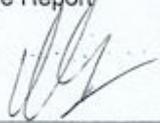
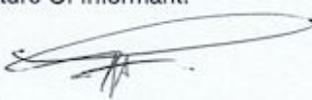
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Report No. T/20211128/2102

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 E/ Sr Staff Sgt WONG PUI FAI 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 28/11/2021 21:53
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt IRMAN BIN MOHAMAD SAID Contact No.: 65476145	Classification  Case:
Authentication Stamp NP168	<div style="border: 1px solid black; padding: 5px;">  <p style="font-size: small;">SINGAPORE POLICE FORCE</p>  <p style="text-align: center;">SIGNATURE</p> </div>