

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 06/12/2021 15:37 (SGT)
Date of Accident 05/12/2021 16:20 (SGT)
Exact Location of Accident Singapore
Additional Location Information PEOPLE PARK COMPLEX CARPARK (PARK ROAD)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKW2316A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MARIA CHU MEI QI
NRIC No SXXXX465F
Email Address chu_meiqi@yahoo.com.sg
Mobile Phone No (Phone) +65-91146003
Alternative Phone No +65-91146003

VEHICLE PARTICULARS

Manufacturer Nissan
Model Sylphy
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 1598

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2100434827-06
Cover Note Number -

DRIVER

Name of Driver MARIA CHU MEI QI
NRIC No SXXXX465F

Date Of Birth	23/08/1950
Occupation	Indoor
Date Of Driving Pass	19/03/1974
Driving experience	47 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91146003
Alt. Phone Number	+65-91146003
Email Address	chu_meiqi@yahoo.com.sg
Address	408 SIN MING AVENUE
Address complement	#11-201
Postcode	570408
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	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	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

PLEASE REFER TO THE POLICE REPORT : T/20211206/7007

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	SKB8917L
Vehicle Manufacturer	Volvo
Vehicle Model	S80
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

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) -

WITNESS DETAILS

WITNESS 1

Name LIM WEI JIE
Phone (Phone) +65-98531608
Email -

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 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. 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Manish K. Mehta
6/12/2021
Policyholder's Signature / Date & Time

Manish K. Mehta 6/12/2021
Driver's Signature (If driver is not the policyholder) / Date & Time

Dem 06/12/21
Witnessed by Reporting Centre Personnel

Sketch Plan

Car A: SKW 2316A
Car B: SKB 3917L
PARK ROAD
People Park Complex Carpark.

MS per police report - T/20211206/7007

We declare the foregoing particulars are true in every respect.

06/12/21
Witnessed by Reporting Centre
Personnel





























**SINGAPORE
POLICE FORCE**



T/20211206/7007

1 of 3

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

Report No. T/20211206/7007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/12/2021 11:47		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MARIA CHU MEI QI			Address: 408 SIN MING AVENUE #11-201 SINGAPORE 570408		
ID Type / ID No.: NRIC NO / S0012465F			Contact No.: Home/Office: Mobile: 91146003		
Nationality: SINGAPORE CITIZEN			Email: chu_meiqi@yahoo.com.sg		
Sex: Female	Age: 71	Date of Birth: 23/08/1950	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Retiree			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 05/12/2021 16:20	Type of Location: Car Park
Location: PARK ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two 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	Conditio	No of
SKB8917L	Car	VOLVO	S80 T5 2.0 A/T	Black	Slightly Damaged	1
SKW2316A	Car	NISSAN	SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR	White	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20211206/7007

2 of 3

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

Report No. T/20211206/7007

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKW2316A	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100434827-06	22/10/2021	21/10/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MARIA CHU MEI QI	ID No.	S0012465F
Related Vehicle	SKW2316A (Car)	Contact No.	91146003
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On the stated date and time, I parked my vehicle(SKW2316A) at the stated place. When I came back to retrieve my vehicle, I realized that the front portion of my vehicle was damaged. A passerby then came and assist me stated that he saw the whole incident that vehicle (SKB8917L) hit my vehicle using the side portion of his vehicle. He then parked into a lot opposite my vehicle and drove away shortly without leaving a note. I saw her leaving the carpark.

My eye witness is Mr Lim Wei Jie @ 98531608 SNE140L



**SINGAPORE
POLICE FORCE**

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



T/20211206/7007

3 of 3

Report No. T/20211206/7007

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
IRMAN BIN MOHAMAD SAID
Contact No.: 65476145

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
06/12/2021 11:47

Classification Of Case: