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 witholding 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	20/12/2021 19:47 (SGT)
Date of Accident	14/12/2021 02:30 (SGT)
Exact Location of Accident	Boon Lay PI, Singapore
Additional Location Information	CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU1802T	
INSURED/POLICYHOLDER		

Mazda

Is company?	Nο

is company:	INO
Name Of Registered Owner	LIM SWEE SIONG
NRIC No	SXXXX430G
Email Address	kevlwc@hotmail.com
Mobile Phone No	(Phone) +65-98206641
Alternative Phone No	(Office) +65-68446477

VEHICLE PARTICULARS

Manufacturer

Model	6
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	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1700087595-03
Cover Note Number	-

DRIVER

Name of Driver	LIM WEI CONG KEVIN
NRIC No	SXXXX918J

Date Of Birth 01/07/1993 Occupation Indoor Date Of Driving Pass 20/06/2012 Driving experience 9 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-92997933 Alt. Phone Number Email Address kevlwc@hotmail.com Address BLK 110 ALJUNIED CRESCENT #12-90 Address complement Postcode 380110 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Child Does Driver Own Other Vehicles? Nο 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 Was anybody injured in the Accident? Nο Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20211216/7023 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number PC6853K Vehicle Manufacturer Vehicle Model

Commercial vehicle

Vehicle Variant
Vehicle Colour
Vehicle Category

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)	 			_

3

2

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
- 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' 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,

Folicyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date

Sketch Plan

Winessed by Reporting Centre Personnel

0	A .
Re	eter Dolle report
	To the top of the
	1/2011716/7023
	11/2/1/10)
eclaration	
e declare the foregoing particular	lars are true in every respect.
100	
fluit.	141:
icyholder's Signature Date &	Driver's Signature (if driver is not the policyholder) / Date Witnessed by Reporting Centre



















T/20211216/7023

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20211216/7023

REPORT OF A TRAFFIC ACCIDENT

	ne Report N)21 16:14	/lade:	Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars		Marin Commence of the Commence		
	Informant: I CONG, KE		Address: 110 ALJUNIED CRESCENT #	#12-90 SINGAPORE 380110		
	/ ID No.: D / S93239	18J	Contact No.: Home/Office:	Mobile: 92997933		
National SINGAP	ity: ORE CITIZ	EN	Email: KEVLWC@HOTMAIL.COM			
Sex: Male	Age: 28	Date of Birth: 01/07/1993	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: Shipping agent			Driving Licence Information: Class:	Date of Expiry:		

General Inform	mation of the Accider	nt			STATE OF THE PARTY
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 14/12/2021 02	C	ype of Location: ar Park
Location: BOON LAY P Weather: Clear	LACE	Road Surface:		Road S	peed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic \	Volume: fic
Type of Collis Moving Vehic	ion: le Against - Parked Ve	hicle		Anyone ambula No	conveyed by nce:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
PC6853K	Bus/Coach/Mi nibus					0
SLU1802T	Car				Seriously Damaged	0





2 of 3 Report No. T/20211216/7023

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000 CONTINUATION OF REPORT

Details of Perso	n Involved	SEE SEE		A CHARLES	
Any Pedestrian I	nvolved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Driver		Jan Harden			
Name	LIM WEI CONG, KEVIN			ID No.	S9323918J
Related Vehicle	SLU1802T (Car)			Contact No	92997933
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL	1
No. of Days granted Medical Leave N		NIL	Degree of	NIL	

Brief Details.

On 14/12/2021 at around 0230am I parked my vehicle at 221A Boon Lay place carpark. In the morning around 0930am I went to retrieved my car and realised that my vehicle front right portion was badly damaged. I retrieve a note on my windscreen saying that he someone hit onto my vehicle and provided a number to call (89231477)and WhatsApp to settle the accident. I tried contacting the person to provide me details and photos of his damage vehicle and car plate but he did not comply. However after I said that I wanted to report this to the police, he sent me a vehicle number PC6853K. I'm unsure if this was the said vehicle involved in the accident with my vehicle. I'm lodging this report for traffic police to investigate.





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

3 of 3 Report No. T/20211216/7023

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.		
Signature Of Interpreter: Not applicable	Date/Time: 16/12/2021 16:14		
Officer In Charge Of Case: TP / TPIB / KASMAWATI BTE SAMIAN Contact No.: 65476368	Classification Of Case:		