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	08/03/2022 15:24 (SGT)
Date of Accident	05/03/2022 13:00 (SGT)
Exact Location of Accident	Singapore 347840
Additional Location Information	CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Audi

Vehicle Registration Number	SMX9079J
Vernole registration runnber	OIMVAND 199

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SERENE WAH YU MEI
NRIC No	SXXXX484G
Email Address	ETHANDSERENE@GMAIL.COM
Mobile Phone No	(Phone) +65-96706627
Alternative Phone No	+65-96706627

VEHICLE PARTICULARS

Manufacturer

Q3
-
Private use
No - Claiming third party
Private car
Auto
1395

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	7210010730
Cover Note Number	-

DRIVER

Name of Driver	SERENE WAH YU MEI
NRIC No	SXXXX484G

Date Of Birth 01/11/1984 Occupation Indoor Date Of Driving Pass 10/07/2007 Driving experience 14 YEARS AND 8 MONTHS Gender Female Mobile Number (Phone) +65-96706627 Alt. Phone Number +65-96706627 Email Address ETHANDSERENE@GMAIL.COM Address **6 TAI THONG CRESENT** Address complement #07-04 Postcode 347840 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 Drink driving / Drugs influence 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

REFER TO POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration NumberSGG7100DVehicle ManufacturerSubaruVehicle ModelForesterVehicle Variant-Vehicle ColourGrayVehicle CategoryPrivate car

Name of Driver	AARON CHONG
Contact Number	(Phone) +65-97954966
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

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- information provided must be as truthful and accurate as possible. Any wiful misrepresentation or withholding of material facts may allow insurance companies to regudiate policy liability.
- 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.
- 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
- 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
- (ii) investigating the accident and/cr 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
- (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 yeys/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

an May

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A

A: SMX 90795

B: SGG 71000

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Deloc	40	Solice	he port.	
vedel	- 10	40	102 10	
	_			

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

2019 Kum . Witnessed by Reporting Centre













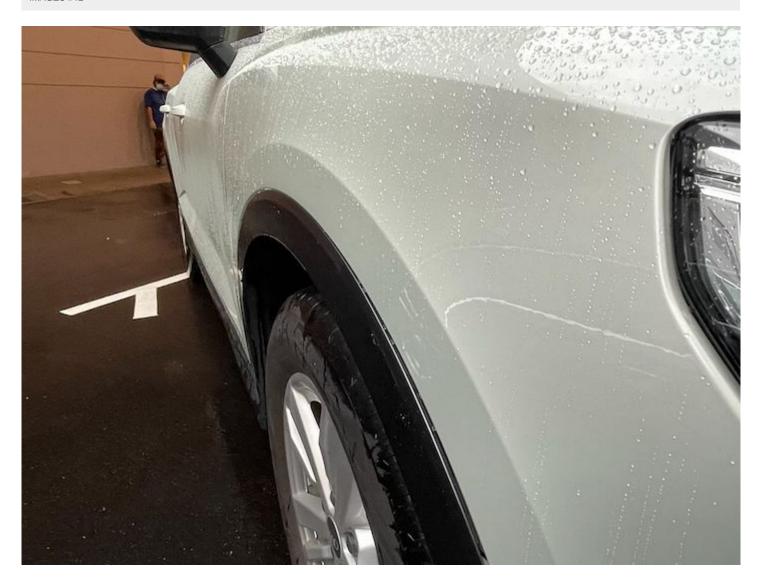






















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20220306/7000

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 22 02:10	lade:	Vide Report No.:	Station Diary No.
Informa	nt's Particu	ulars		
	Informant: EI KANG		Address: 6 TAI THONG CRESCENT	#07-04 SINGAPORE 347840
ID Type NRIC NO	/ ID No.:) / S882228	36E	Contact No.: Home/Office:	Mobile: 96706627
Nationali SINGAP	ty: ORE CITIZ	EN	Email: ethanandserene@gmail.co	m
Sex: Male	Age: 33	Date of Birth: 28/06/1988	Type of Informant: Vehicle Owner	
Race: Chinese			Language: English	Institution / School Name:
Occupat Dog train			Driving Licence Information Class:	Date of Expiry:

Type of Accident:	Non-Injury Drink & Drive	Drink Drive: Yes	Date/Time of Accident: 05/03/2022 13:00	Type of Location Car Park
Location: TAI THONG (CRESCENT	Road Surface:	I	Road Speed Limit:
		Dry	2	25 Km/h
Indoor		Diy		20 Tempi
		Traffic Control: Not Controlled	100	Fraffic Volume: No Traffic

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SGG7100D	The second secon	SUBARU	FORRESTE R	Silver		0
SMX9079J	Car	AUDI	Q3	Grey	Slightly Damaged	0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20220306/7000

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMX9079J	AIG ASIA PACIFIC INSURANCE PTE. LTD.	7210010730	04/02/2021	03/02/2023

Details of Perso	n Involved				
Any Pedestrian I	nvolved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Vehicle Owner					
Name	LOKE WEI KANG			ID No.	S8822286E
Related Vehicle	NIL			Contact N	lo. 92398145
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NII	L
No. of Days granted Medical Leave N		NIL	Degree of	NI	L

Brief Details.

We are residents of 6 Tai Thong Crescent, The Venue Residences, #07-04, Singapore 347840. The incident occured at the Basement 2 carpark of the condominium. Our parked vehicle SMX9079J was hit and damaged sometime on 5th March 2022 by the vehicle SGG7100D as shown in the photo (screengrab taken from the video of our dashcam). We have video evidence of the hit and run incident and the driver of the vehicle has not left any contact details.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20220306/7000

CONTINUATION OF REPORT

Sketch Plan			
Informant is	not able	to provide	sketci

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: 06/03/2022 02:10		
Officer In Charge Of Case: TP / TPIB / TANG SIEW PING Contact No.: 65476223	Classification Of Case:		

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: 566550020G / G5T Reg. No.: M400017735

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

		ADDEN	DUM		
(A)	PARTICULARSOFPE	RSONMAKINGTHEAMENDMEN	TS:		
	Original Report No :	SP0R22370006	Vehicle Registration No:SMX 9079 J		
	Name(as shown in NRIC) :	Serene Wah Yu Mei	NRIC/FIN/PassportNo : SXXXX484G		
	(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate				
	Address :	6 Tai Thong Crescent, #07-04,	Singapore(347840)		
Contact (Tel) :			Mobile No.:96706627		
	Email Address : ethanandserene@gmail.com				
	Date of Accident :	05/03/2022	Time of Accident :13.00		
	Place of Accident :	6 Tai Tong Crescent S(34784	0) Car Park		
InsuranceCompany: AIG ASIA PACIFIC INSURANCE		CE			
(6)	ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:				
	convert to 3rd party	claim			
		333111			
	-				
			A		
	Merro				
	Policyholder / Driver's Date:	Signature	Reporting Centre Personnel's Signature Name: 2004 1601		
	e web)		NRIC/FINNO : FXXXX7412.		
			Date: 09 03 70 22		