# **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 31/05/2022 18:02 (SGT) Date of Accident 30/05/2022 21:00 (SGT) Exact Location of Accident Singapore Additional Location Information TRADEHUB 21,8 BOON LAY WAY Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SGZ7923X

### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner POK EE NRIC No. SXXXX137B Email Address vipez298@gmail.com Mobile Phone No (Phone) +65-84384192 Alternative Phone No +65-84384192

# VEHICLE PARTICULARS

Manufacturer

Subaru Model **Impreza** 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 2457

# **INSURANCE COMPANY**

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage ThirdPartyFireTheft Fleet Policy Policy Number 2100236770-11 Cover Note Number

# DRIVER

Name of Driver POK SAI SHEN NRIC No. SXXXX311B

Date Of Birth 24/01/1978 Occupation Indoor Date Of Driving Pass 06/07/1998 Driving experience 23 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-92378580 Alt. Phone Number Email Address vipez298@gmail.com Address 169 TANAH MERAH KECHIL AVE Address complement Postcode 465712 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 Side Swipe 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? 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 Changi Neighbourhood Police Centre Police Station Phone No (Phone) +65-18005872999 Alt. Police Station Phone No (Fax) +65-65872900 Police Station Address 9 Simei Street 2 Singapore 529914 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE POLICE REPORT:T/20220531/2001 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SLR9435H Vehicle Manufacturer Vehicle Model Vehicle Variant

Private car

Vehicle Colour
Vehicle Category

Name of Driver	SERENE
Contact Number	(Phone) +65-91818283
Address	<del>-</del>
Address complement	_
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

# SKETCH PLAN

VEHICLE NO: DATE OF ACCIDENT:

# IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the daims process.
- This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>.
- 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)

l understand, acknowledge, agree and consent that :

- (a) My insurer , my w orkshop 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho 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 daims including the settlement of the daims and any necessary investigations relating to the daims;
- (ii) investigating the accident and/or my claims;
- (ii) 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.
- (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 law yers/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

Witnessed by Reporting Centre Personnel

Sketch Plan

TRADEMUB 21, 8 BOON LAY WAY

one way theration. A - SGZ 7923X B. SCR 9435 H

Please	(efec	to my	Oblice	report	attached	
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		7/2000	0531/20	01		
				45 5 11 - 11		
					200 220 W D 200 C	
EPORTING O	NLY()	OWN DAMA	GE ()	THIRD PARTY	) OWN WO	RKSHOP (

Accident report SN09225V000C

Time

Policyholder's Signature / Date &

I/We declare the foregoing particulars are true in every respect.

& Time

Um -

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

Page 5 of 16

Witnessed by Reporting Centre

Personnel



T/20220531/2001

Police Station Of Origin: Changi N.P.C

9 Simei Street 2 SINGAPORE 529914

Tel No: 1800-5872999

2 of 3 Report No. T/20220531/2001

### CONTINUATION OF REPORT

Driver					12-15	
Name	POK SAI SHEN			ID No		S7802311B
Related Vehicle	NIL			Conta	ct No.	92378580
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	charge	NIL	
No. of Days granted Medical Leave		NIL	Degree o	f Injury	NIL	

### Brief Details.

On the 30/05/2022 at about 2100hrs, I was driving my vehicle bearing the plate no. SGZ7923X , I was at Tradehub 21 open space carpark and I subsequently stopped my vehicle in front of another vehicle bearing plate no. SLR9435H. I alighted my vehicle and went to the other side of my vehicle to take some stuff at the rear passenger side. Suddenly, I heard a loud bang and discovered the vehicle bearing plate no, SLR9435H had hit onto the right rear portion of my vehicle while coming out of the lot. I wish to state that there was ample of space for the vehicle to come out of the lot and my in-car camera was not recording during the incident. The other driver refused to exchange particulars and she could only provide me her name and contact number, Serene Hp:9181 8283.



















1/20220531/2001

Report No. T/20220531/200

Police Station Of Origin: Changi N.P.C 9 Simei Street 2 SINGAPORE 529914 Tel No: 1800-5872999

Date/Time Report Made:
31/05/2022 00:23

Vide Report No.:
Station Diary No.:
5

Informant's Particulars

Name of Informant:
POK SAI SHEN
ID Type / ID No.:
Contact No.:

ID Type / ID No .: NRIC NO / S7802311B Home/Office: Mobile: 92378580 Nationality: Email: SINGAPORE CITIZEN Sex: Age: Date of Birth: Type of Informant: Male 44 24/01/1978 Driver Race: Institution / School Name: Language:

Chinese
Occupation:
SALESMAN
Driving Licence Information:
Class: 3
Date of Expiry:

Type of Accident:

Drink Drive: Accident:

Location:

Drink Drive: Accident: Car Park

No 30/05/2022 21:00

BOON LAY WAY

Weather: Road Surface: Road Speed Limit: Clear Dry Traffic Flow: Traffic Control: Traffic Volume: One Way Not Controlled No Traffic Type of Collision: Anyone conveyed by Moving Vehicle Against - Parked Vehicle ambulance: No

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SGZ7923X	Car	SUBARU		Grey	Slightly Damaged	0
SLR9435H	Car	SUBARU		Red	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20220531/2001

Police Station Of Origin: Changi N.P.C

9 Simei Street 2 SINGAPORE 529914

Tel No: 1800-5872999

2 of 3 Report No. T/20220531/2001

### CONTINUATION OF REPORT

Driver					12-16	
Name	POK SAI SHEN			ID No		S7802311B
Related Vehicle	NIL			Conta	ct No.	92378580
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	charge	NIL	
No. of Days gran	s granted Medical Leave		Degree o	f Injury	NIL	

### Brief Details.

On the 30/05/2022 at about 2100hrs, I was driving my vehicle bearing the plate no. SGZ7923X, I was at Tradehub 21 open space carpark and I subsequently stopped my vehicle in front of another vehicle bearing plate no. SLR9435H. I alighted my vehicle and went to the other side of my vehicle to take some stuff at the rear passenger side. Suddenly, I heard a loud bang and discovered the vehicle bearing plate no, SLR9435H had hit onto the right rear portion of my vehicle while coming out of the lot. I wish to state that there was ample of space for the vehicle to come out of the lot and my in-car camera was not recording during the incident. The other driver refused to exchange particulars and she could only provide me her name and contact number, Serene Hp:9181 8283.





3 of 3

Police Station Of Origin: Changi N.P.C

Report No. T/20220531/2001 9 Simei Street 2 SINGAPORE 529914

Tel No: 1800-5872999

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: G / SGT 1 LIM YE ZHAN	Signature Of Informant:			
Signature Of Interpreter: Not applicable	Date/Time: 31/05/2022 00:23			
Officer In Charge Of Case: TP / GIA / SI TAN JEOK LENG Contact No.: 65476151	Classification Of Case:			
ND168				