

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	01/07/2022 18:56 (SGT)
Reported by	Both
Date of Accident	30/06/2022 12:10 (SGT)
Exact Location of Accident	18 Gemmill Ln, Singapore 069255
Additional Location Information	18 GEMMILL LANE CARPARK LOT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP2811A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ELAYNE GAN LI CHING
NRIC No	SXXXX292A
Email Address	ELAYNEGAN@YAHOO.COM
Mobile Phone No	(Phone) +65-94894556
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mini
Model	Cooper
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	1600

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P10614964R00

DRIVER

Name of Driver	ELAYNE GAN LI CHING
NRIC No	SXXXX292A
Date Of Birth	10/01/1983
Occupation	Indoor

Date Of Driving Pass	07/05/2003
Driving experience	19 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-94894556
Alt. Phone Number	-
Email Address	ELAYNEGAN@YAHOO.COM
Address	459 UPPER EAST COAST ROAD, #03-01
Address complement	-
Postcode	466504
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)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Central Division Headquarters
Police Station Phone No	(Phone) +65-18002240000
Alt. Police Station Phone No	(Fax) +65-62200877
Police Station Address	391 New Bridge Road #03-112 Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT A/20220630/7048

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE3196Z
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial 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)	-

WITNESS DETAILS

WITNESS 1

Name	MARCO
Phone	(Phone) +65-89409187
Email	-


SKETCH PLAN

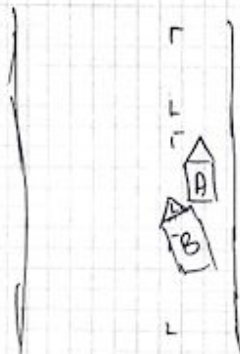
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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.


 Policyholder's Signature / Date & Time
 Sketch Plan 1/1/22 5-10pm

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


 Witnessed by Reporting Centre Personnel




A - SMP2811A
 B - GBE31962

Describe Circumstances of the Accident


Refer to Police Report.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

 11/7/22
 5:10pm

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

Witnessed by Reporting Centre Personnel




**SINGAPORE
POLICE FORCE**



A/20220630/7048

1 of 2

POLICE REPORT (NP299)

Report No. A/20220630/7048

Police Station Of Origin
Central Division HQ
391 New Bridge Road #03-112 Police
Cantonment Complex SINGAPORE 088762
Tel No:1800-2240000

Date/Time Report Made 30/06/2022 17:57	Vide Report No.	Station Diary No.
Name Of Informant ELAYNE GAN LI CHING	Address 459 UPPER EAST COAST ROAD #03-01 SINGAPORE 466504	
ID Type / ID No. NRIC NO / S8300292A	Contact No. Home/Office:	Mobile: 94894556
Nationality SINGAPORE CITIZEN	Email Address ELAYNEGAN@YAHOO.COM	
Occupation Sales professionals (institutional sales of financial products)	Sex Female	Age 39
	Date of Birth 10/01/1983	Race Chinese
Institution/School Name	Language English	
Date/Time Of Incident 30/06/2022 12:05 - 30/06/2022 12:15	Location Of Incident 18 GEMMILL LANE SINGAPORE 069255	

Brief details.

This is to report a car accident, where a pick up vehicle scratched the left/back of my car while driving off from the parallel parking lot. It caused a loud scratching sound which had a stranger look up in concern and decided to take down the car plate number. He then wrote a note and left it on my car with the following - "Hello, someone touched the left back of your car at 12:10 hrs and left. I took down the plate number. Call me in case of need. 89409187. Marco"

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: 30/06/2022 17:57
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



A/20220630/7048

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20220630/7048

The car plate is GBE3196. That's what he gave me when I called him and he couldn't see the last alphabet after the numbers as the driver drove off quickly. The driver had a passenger with him, and the driver looked Chinese.

FYI - I can't include "suspects involved" details as I wasn't present at the scene and the driver drove off without leaving any details. I could not proceed in this application until i uncheck suspects involved on the first page.

Subjects Involved			
Victim			
Person Name	ELAYNE GAN LI CHING		
ID Type	NRIC NO	ID No	S8300292A
Gender	Female	Age	39
Race	Chinese	Language	English
Occupation	Sales professionals (institutional sales of financial products)	Address	459 UPPER EAST COAST ROAD #03-01 SINGAPORE 466504
Mobile No	94894556	Is Informant A Victim?	Yes
Person Name	ELAYNE GAN LI CHING (Informant)		

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: 30/06/2022 17:57
Officer In-Charge Of Case:	Classification Of Case:

