

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 Actual 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	01/09/2022 17:46 (SGT)
Reported by	Driver
Date of Accident	31/08/2022 14:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ENG NEO AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS642S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG LEE LIN
NRIC No	SXXXX474D
Email Address	ARTSOUP@SINGNET.COM.SG
Mobile Phone No	(Phone) +65-90669793
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Sylphy
Variant	NISSAN SYLPHY
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1597

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2070051404-01

DRIVER

Name of Driver	KOH GEK KIM ANNE JACQUELINE
NRIC No	SXXXX073C
Date Of Birth	04/07/1964
Occupation	Indoor

Date Of Driving Pass	04/04/1983
Driving experience	39 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90661023
Alt. Phone Number	-
Email Address	ARTSOUP@SINGNET.COM.SG
Address	12A CHESTNUT CRESCENT
Address complement	-
Postcode	679367
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Relative
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)	1
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	Bukit Timah Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004629999
Alt. Police Station Phone No	(Fax) +65-64628933
Police Station Address	1 Duke Road Singapore 268914
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER ATTACHED

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	Q9L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	UNKNOWN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SK86428

SKETCH PLAN

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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:

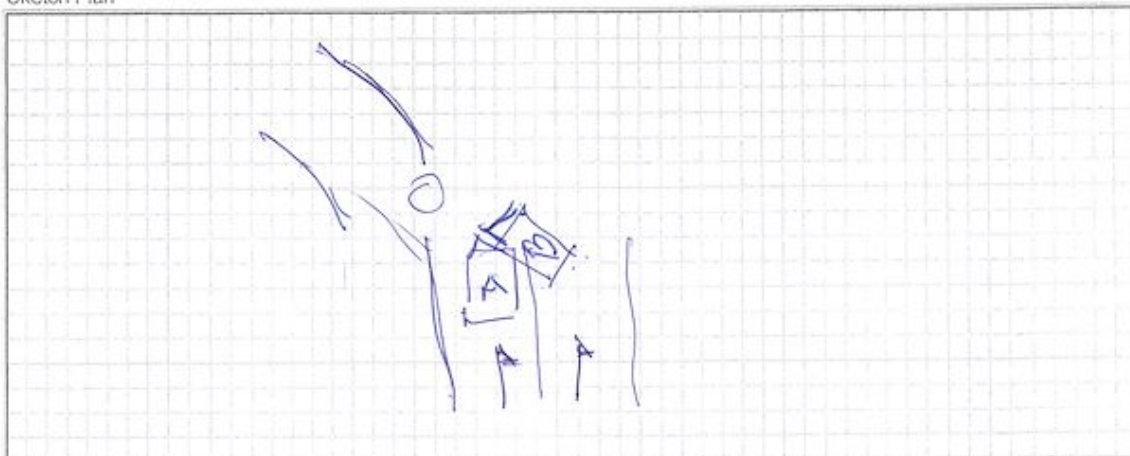
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' 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.

x Gyleni
Policyholder's Signature / Date & Time

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

[Signature]
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



vJun2022

Describe Circumstances of the Accident

Accident Location: SINGAPORE AVENUE
 Accident Date: 31/08/22 Time: 2:55 am/pm
 Owner Email: _____ Driver Email: artsovp@singnet.com.sg

SEE ATTACHED POLICE REPORT.

OTHER VEHICLE NO INVOLVE DETAILS : -

B	Veh No: <u>Q9L</u>	Hp: <u>UNKNOWN</u>	Total Pax: _____	Driver Name: <u>UNKNOWN</u>
C	Veh No: _____	Hp: _____	Total Pax: _____	Driver Name: _____

Declaration

We declare the foregoing particulars are true in every respect.

[Signature]
 Policyholder's Signature / Date & Time

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

[Signature]
 Witnessed by Reporting Centre Personnel

























**SINGAPORE
POLICE FORCE**



T/20220831/2056

1 of 3

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

Report No. T/20220831/2056

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/08/2022 15:30		Vide Report No.:		Station Diary No.: 75	
Informant's Particulars					
Name of Informant: KOH GEK KIM ANNE JACQUELINE			Address: 12A CHESTNUT CRESCENT SINGAPORE 679367		
ID Type / ID No.: NRIC NO / S1660073C			Contact No.: Home/Office: Mobile: 90661023		
Nationality: SINGAPORE CITIZEN			Email: artsoup@singnet.com.sg		
Sex: Female	Age: 58	Date of Birth: 04/07/1964	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Landscape architect			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: 31/08/2022 14:25	Type of Location: Straight Road
Location: ENG NEO AVENUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
Q9L	Car					0
SKS642S	Car				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
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T/20220831/2056

2 of 3

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

Report No. T/20220831/2056

CONTINUATION OF REPORT

Driver			
Name	KOH GEK KIM ANNE JACQUELINE	ID No.	S1660073C
Related Vehicle	SKS642S (Car)	Contact No.	90661023
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 31/08/2022 at 1425hrs, I was driving along Eng Neo Ave towards Dunearn Rd on lane 2 when a vehicle (Q9L) who was driving on lane 1, tried to cut in my lane without signaling and side swiped the front of my vehicle. I felt an impact and I stopped my vehicle. However, the other said vehicle continued driving towards Bukit Timah Rd without stopping.

No one was injured. My vehicle sustained a dent on the front right bumper area and a scratch on the front bumper near to the grills.

I am lodging this report for insurance claim purposes.



**SINGAPORE
POLICE FORCE**



T/20220831/2056

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

3 of 3

Report No. T/20220831/2056

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:

E /
SGT 1 CHAN JUN MIN,
STANLEY

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
31/08/2022 15:30

Officer In Charge Of Case:
TP / HRT /
INSP (2) TAN CHIN YONG
Contact No.: 65476425

Classification Of Case:

NP168