

# 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 ..... 09/09/2022 09:17 (SGT)  
Reported by ..... Both  
Date of Accident ..... 07/09/2022 16:05 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... 65 AIRPORT BLVD CHANGI AIRPORT T3  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJJ271M

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... MATHEW THOMAS  
NRIC No ..... SXXXX022F  
Email Address ..... mathew26@gmail.com  
Mobile Phone No ..... (Phone) +65-91716577  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... A45  
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 ..... 2000

### INSURANCE COMPANY

Name of Insurance Company ..... Liberty Insurance Pte Ltd  
Policy Number / Cover Note Number ..... SD22V07300/VPE/R00

### DRIVER

Name of Driver ..... MATHEW THOMAS  
NRIC No ..... SXXXX022F  
Date Of Birth ..... 26/05/1977  
Occupation ..... Indoor

Date Of Driving Pass .....	14/03/2001
Driving experience .....	21 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91716577
Alt. Phone Number .....	-
Email Address .....	mathew26@gmail.com
Address .....	3 HUME AVE
Address complement .....	#04-02
Postcode .....	598719
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 .....	Bedok Division Headquarters
Police Station Phone No .....	(Phone) +65-18002440000
Alt. Police Station Phone No .....	(Fax) +65-64443009
Police Station Address .....	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:G/20220908/7015

#### 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 .....	UNKNOWN
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-


Vehicle Colour .....	-
Vehicle Category .....	NA / Unknown
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) .....	-

**SKETCH PLAN****IMPORTANT NOTICE**

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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 purposes 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

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

 09/09/22  
 Witnessed by Reporting Centre Personnel

**Sketch Plan**

unknown



## Describe Circumstances of the Accident

- Refer to police report attached -

Report No.: G/20220908/7015

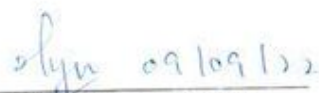
## Declaration

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



Witnessed by Reporting Centre Personnel



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<https://eservices.police.gov.sg/spf/policehub/report/download/secur...>
**SINGAPORE  
POLICE FORCE**


G/20220908/7015

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**POLICE REPORT (NP299)**

Report No. G/20220908/7015

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2440000

Date/Time Report Made 08/09/2022 08:35	Vide Report No.	Station Diary No.
Name Of Informant MATHEW THOMAS	Address 3 HUME AVENUE #04-02 SINGAPORE 598719	
ID Type / ID No. NRIC NO / S7770022F	Contact No. Home/Office:	Mobile: 91716577
Nationality SINGAPORE CITIZEN	Email Address mathew26@gmail.com	
Occupation Commercial airline pilot	Sex Male	Age 45
Institution/School Name	Date of Birth 26/05/1977	Race Indian
Date/Time Of Incident 07/09/2022 16:05 - 07/09/2022 16:10	Location Of Incident 65 AIRPORT BOULEVARD CHANGI AIRPORT TERMINAL 3 BUILDING SINGAPORE 819663	

**Brief details.**

I parked at above mentioned location at approximately 1420 on 7th September. I went to work and returned to my car at around 2215 the same day. My car's onboard system detected a collision at 1607 while my car was parked. I inspected my car and there was damage to my front lower bumper. It appears that the vehicle from the adjacent lot on my right had hit my car and drove off. No contact details were left behind. I have written to Changi Airport car park management to review their security footage to provide information on the perpetrator. The details are needed as well to submit my insurance claim to have my car repaired.

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: 08/09/2022 08:35
Officer In-Charge Of Case:	Classification Of Case:

08/09/2022, 08:36

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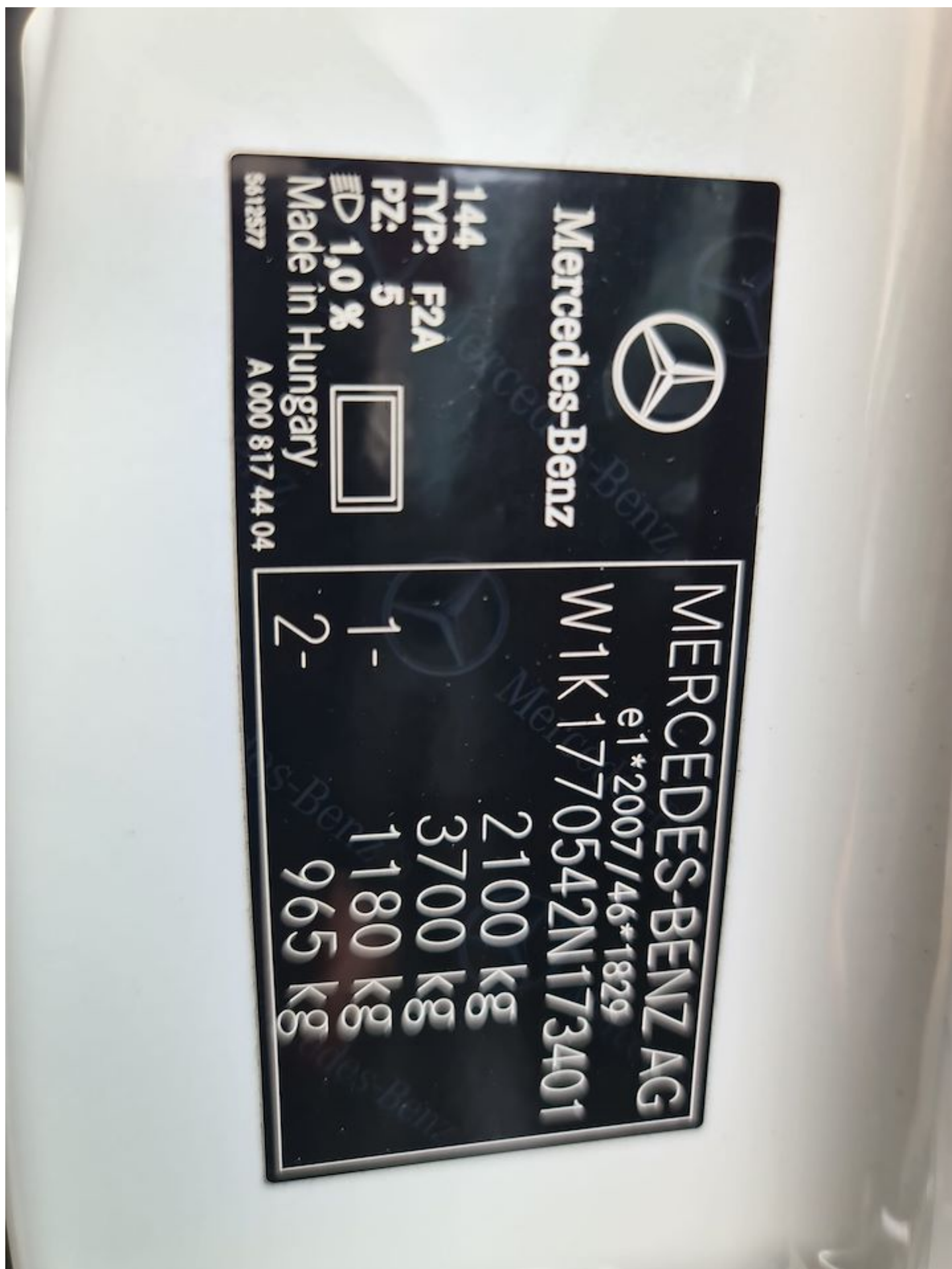


















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Nationality SINGAPORE CITIZEN	Email Address mathew26@gmail.com	
Occupation Commercial airline pilot	Sex Male	Age 45
Institution/School Name	Date of Birth 26/05/1977	Race Indian
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**SINGAPORE  
POLICE FORCE**


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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20220908/7015

Thank you.

<b>Subjects Involved</b>			
<b>Suspect</b>			
Person Name	Unknown		
Gender	Unknown		
<b>Victim</b>			
Person Name	MATHEW THOMAS		
ID Type	NRIC NO	ID No	S7770022F
Gender	Male	Age	45
Race	Indian	Language	English
Occupation	Commercial airline pilot	Address	3 HUME AVENUE #04-02 SINGAPORE 598719
Mobile No	91716577	Is Informant A Victim?	Yes
Person Name MATHEW THOMAS (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: 08/09/2022 08:35
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