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 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.

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 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 26/09/2022 12:34 (SGT) Reported by Driver Date of Accident 22/09/2022 08:40 (SGT) Exact Location of Accident Serangoon Ave 3, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Employment

Commercial vehicle

Yes

Manual

2982

Vehicle Registration Number **GBJ7293Z**

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner SOCOOL PTE, LTD. Company Reg No 2XXXXX116N Email Address khuen1992@hotmail.com Mobile Phone No (Phone) +65-82813867 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Hiace Variant 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? Vehicle Category

Transmission CC

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 7220050281

DRIVER

Name of Driver LEE CHOON KHUEN NRIC No SXXXX457C Date Of Birth 17/05/1992 Occupation Outdoor

Date Of Driving Pass 25/12/2012 Driving experience 9 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-82813867 Alt. Phone Number Email Address khuen1992@hotmail.com Address BLK 922 HOUGAN ST 91 Address complement #05-35 Postcode 530922 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** 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 Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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? Police Station Name Teck Ghee Neighbourhood Police Post Police Station Address Blk 321 Ang Mo Kio Street 31 Singapore 560321 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE POLICE REPORT:T/20220922/2161 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number UNKNOWN Vehicle Manufacturer Vehicle Model Vehicle Variant

NA / Unknown

Vehicle Colour
Vehicle Category

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

- 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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may
- 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)

- Lunderstand, 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) 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 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
- (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' 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 yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

A	28191 32		v Reporting Centr	/n
		Personnel		H
		's Signature (If driver is not the policyholder) / Date	's Signature (if driver is not the policyholder) / Date Witned sed by	's Signature (if driver is not the policyholder) / Date Witnewsed by Reporting Centr

Describe Circumstances of the Accident

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

Time

Policyholder's Signature / Date &





Police Station Of Origin: Teck Ghee NPP 321 Ang Mo Kio Street 31 SINGAPORE 560321 Tel No: 1800-4599999

2 of 3 Report No. T/20220922/2161

CONTINUATION OF REPORT

Brief Details.

On the 22/09/2022 at around 0840 i went to Blk 237 Serangoon Avenue 3 to have my breakfast. I then proceeded to park my Van in carpark lot 26 and vehicle was intact. I then returned back to my van at around 0900hrs however as it was raining very heavily, i did not noticed the damage done to my vehicle. At around 0945hrs after I took some work equipment I then saw that my van had a dent on the centre of the right side of my vehicle. My vehicle has an in-car camera however I believe it only records when my car engine is on. I do not know who has hit unto my vehicle as well.

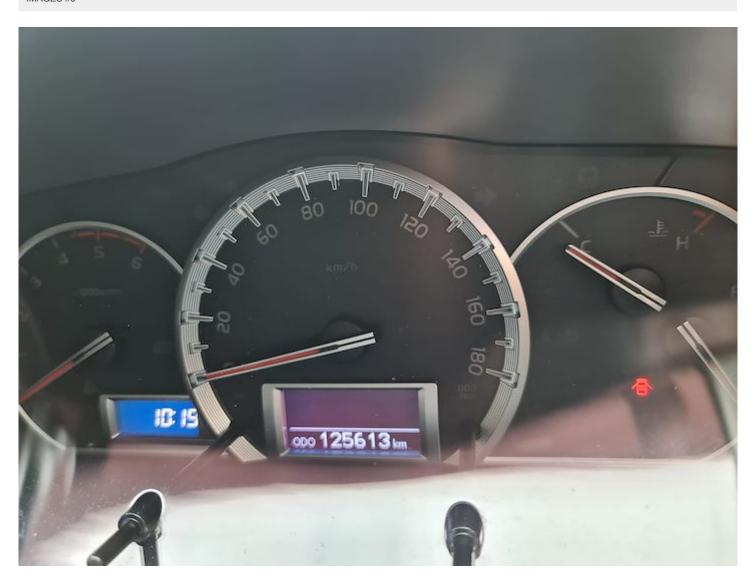




















Police Station Of Origin: Teck Ghee NPP 321 Ang Mo Kio Street 31 SINGAPORE

Report No. T/20220922/2161

1 of 3

560321

Tel No: 1800-4599999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
22/09/2022 12:17		10

22/09/2022 12:17				10
Informa	nt's Partice	ulars		
The state of the s	f Informant: OON KHUE		Address: APT BLK 922 HOUGANG ST 530922	REET 91 #05-35 SINGAPORE
7.1	Гуре / ID No.: IC NO / S9283457C		Contact No.: Home/Office:	Mobile: 82813867
National MALAYS			Email:	
Sex: Male	Age: 30	Date of Birth: 17/05/1992	Type of Informant: Vehicle Owner	
Race: Chinese			Language:	Institution / School Name:
Occupation: AIRCON SERVICING			Driving Licence Information: Class: 2B,3	Date of Expiry:

Type of Accident:	Non-Injury Hit and Run	Drink Drive; No	Date/Time of Accident: 22/09/2022 08:40	Type of Location Car Park
Location: SERANGOO	N AVENUE 3	Road Surface:		Road Speed Limit:
Raining				
Raining Traffic Flow:		Traffic Control:		Traffic Volume:

Details of V	ehicle Involv	red				See September 12 Color
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passanger
GBJ7293Z	Van				Slightly Damaged	0



T/20220922/2161

Police Station Of Origin: Teck Ghee NPP 321 Ang Mo Kio Street 31 SINGAPORE 560321 Tel No: 1800-4599999 2 of 3 Report No. T/20220922/2161

CONTINUATION OF REPORT

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Police Station Of Origin: Teck Ghee NPP 321 Ang Mo Kio Street 31 SINGAPORE 560321 Tel No: 1800-4599999

3 of 3 Report No. T/20220922/2161

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:	Signature Of Informant:	
SGT 1 Lai Shihao		Ale .
Signature Of Interpreter: Not applicable	Date/Time: 22/09/2022 12:17	
Officer In Charge Of Case: TP / HRT / INSP (1) KASMAWATI BTE SAMIAN Contact No.: 65476368	Classification Of Case:	
CONTACT NO.: 63476366		
NP168		