# **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 21/11/2022 17:07 (SGT) Reported by Driver Date of Accident 18/11/2022 11:00 (SGT) Exact Location of Accident Upper Paya Lebar Rd, Singapore Additional Location Information Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SMJ4556E

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner ASIA CAR LEASING PTE LTD Company Reg No 2XXXXX397C Email Address gwen@asiacarrental.com.sg Mobile Phone No (Phone) +65-62855766 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer **BMW** Model 318i 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 1499

**INSURANCE COMPANY** 

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number C220001012

DRIVER

Name of Driver NG LI MIN NRIC No SXXXX880Z Date Of Birth 09/04/1993 Occupation Indoor

Date Of Driving Pass 09/05/2013 Driving experience 9 YEARS AND 6 MONTHS Gender Female Mobile Number (Phone) +65-81834993 Alt. Phone Number Email Address gwen@asiacarrental.com.sg Address 15 JLN ANGGEREK Address complement Postcode 369450 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 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? 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? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE POLICE REPORT:T/20221118/7057 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 SMC9344D Vehicle Manufacturer

Vehicle Model
Vehicle Variant

Vehicle Colour	-
Vehicle Category	Private car
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

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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)

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



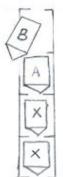
Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the

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

Witnessed by Reporting Centre

Sketch Plan



A = smJ4556E

B= SMC9344D

Opper Paya Lebar

Road

Refer to Police Report  Police Report No. T/20221118/7057			
			/
			/
		2:6	
Police Report No. T/20221118/7057		Reter to Police Report	
		Police Report No. 7/2022 41017	(AF 7.
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	/		
	laration		
aration	declare the foregoing partic	ulars are true in every respect	
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declare the foregoing particulars are true in every respect.	(2)	1	
declare the foregoing particulars are true in every respect.		6	0
declare the foregoing particulars are true in every respect.	A DNISA		2 mm 2 1.12
declare the foregoing particulars are true in every respect.	holder's Signature / Date &		





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20221118/7057

#### CONTINUATION OF REPORT

Details of Perso Any Pedestrian I		of Abroli	Section and the	The Earlie	<b>建设设施</b> 现在10%(数据开程
No. of Pedestrian			Use of Pe	destrian Cros	eina: NA
Driver	ACCOUNT NEWSCOOL	保険されたのか			
Name	NG LI MIN			ID No.	S9312880Z
Related Vehicle	SMJ4556E (Car)			Contact No	81834993
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL	
No. of Days grant	ed Medical Leave	NIL	Degree of		

### Brief Details.

My car SMJ4556E was parked stationary in one of the lots along the parallel parking lots since 9am on 18/11/2022. I proceeded to my office at one of the shophouses and never came out. My colleagues who came back to the office at around 5PM informed me that the car sustained major scratches. We looked through our CCTV for the day's event and captured the sighting of SMC9344D which appeared to have graze across the back right of my car while he or she was attempting to park in the lot right behind mine. He or she immediately left the scene upon the occurrence. There was video from CCTV captured.



















Report No. T/20221118/7057

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT OF A TR	AFFIC ACCIDENT
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Date/Time Report Made: 18/11/2022 19:44		Vide Report No.:	Station Diary No.:	
Informar	nt's Partic	ulars	AVENUE STREET	
Name of NG LI MII	Informant: N		Address: 15 JALAN ANGGERE	K SINGAPORE 369450
ID Type / NRIC NO	ID No.: / S93128	80Z	Contact No.: Home/Office:	Mobile: 81834993
Nationality: SINGAPORE CITIZEN		Email: gwen@asiacarrental.com.sg		
Sex: Female	Age: 29	Date of Birth: 09/04/1993	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupatio	Occupation:		Driving Licence Information Class:	ation: Date of Expiry:

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 18/11/2022 11:00	Type of Location Street with parallel parking on one side
	LEBAR ROAD	'		
Cloor		Road Surface:		
Clear		Dry		Road Speed Limit:
Clear Traffic Flow: One Way Type of Collisi		Dry Traffic Control: Not Controlled		Road Speed Limit:  Traffic Volume:  Moderate

Vehicle No.	Type	Make	Model	Color	Conditio	Mand
SMC9344D Car	MAZDA			Conditio	No of	
	MAZDA BIAN	BIANTE	Black		0	
SMJ4556E Car					1	





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20221118/7057

#### CONTINUATION OF REPORT

Details of Perso Any Pedestrian I		of Abroli	Section and the	The Earlie	<b>建设设施</b> 现在10%(数据开程
No. of Pedestrian			Use of Pe	destrian Cros	eina: NA
Driver	ACCOUNT NEWSCOOL	保険されたのか			
Name	NG LI MIN			ID No.	S9312880Z
Related Vehicle	SMJ4556E (Car)			Contact No	81834993
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL	
No. of Days grant	ed Medical Leave	NIL	Degree of		

### Brief Details.

My car SMJ4556E was parked stationary in one of the lots along the parallel parking lots since 9am on 18/11/2022. I proceeded to my office at one of the shophouses and never came out. My colleagues who came back to the office at around 5PM informed me that the car sustained major scratches. We looked through our CCTV for the day's event and captured the sighting of SMC9344D which appeared to have graze across the back right of my car while he or she was attempting to park in the lot right behind mine. He or she immediately left the scene upon the occurrence. There was video from CCTV captured.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20221118/7057

CONTINUATION OF REPORT

Sketch Plan	
Informant is	not able to provide sketch

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: 18/11/2022 19:44
Officer In Charge Of Case: TP / TPIB /	Classification Of Case:
NEO ZHI YUAN Contact No.: 65476079	
NP168	