

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	09/12/2022 09:43 (SGT)
Reported by	Driver
Date of Accident	08/12/2022 17:10 (SGT)
Exact Location of Accident	North Bridge Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBM771R
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	AJAX DELIVERY
Company Reg No	2XXXXX838W
Email Address	aungikhinisint@gmail.com
Mobile Phone No	(Phone) +65-98319431
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2982

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220124368

DRIVER

Name of Driver	AUNG KHIN SINT
NRIC No	SXXXX419I
Date Of Birth	14/02/1994
Occupation	Outdoor

Date Of Driving Pass	30/11/2012
Driving experience	10 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-98319431
Alt. Phone Number	-
Email Address	aungikhinisint@gmail.com
Address	BLK 101 JURONG EAST ST 13
Address complement	#05-174
Postcode	600101
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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	DRIZZLING
Road Surface	Wet

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	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?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT

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	YQ1002C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LIM YOCK JIN
NRIC No	SXXXX565I
Contact Number	(Phone) +65-96167926
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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 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.

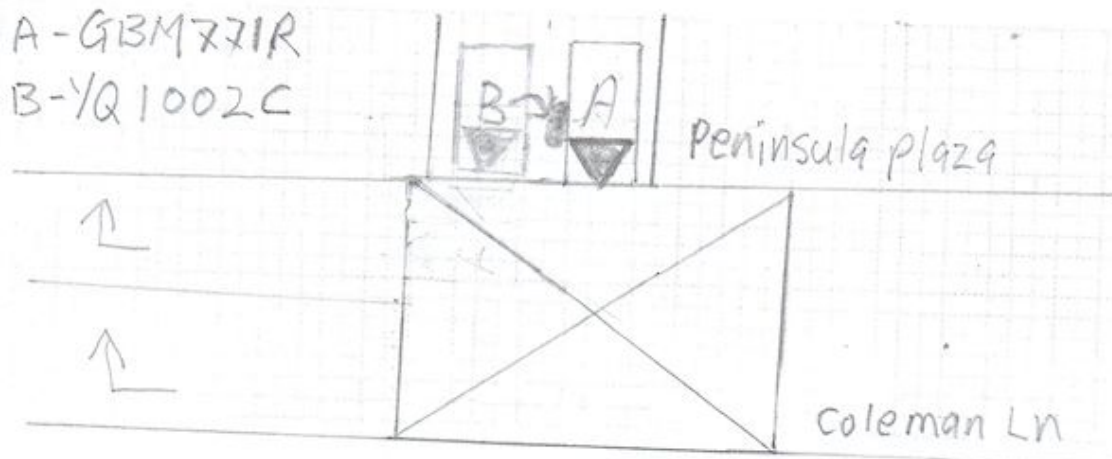
AJAX LGSTS & TPT PTE LTD
11 North Bridge Rd, #04-27, Singapore, #04-27
UEN 202215838W
Policyholder's Signature / Date & Time

9/12/22
Driver's Signature (If driver is not the policyholder) / Date & Time

09/12/22
Witnessed by Reporting Centre Personnel

Sketch Plan

A - GBM771R
B - YQ1002C



Describe Circumstance of the Accident

P/s refer to the police report: T/20221208/7056

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

WMA 9/12/22
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

shym 09/12/22
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**

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



T/20221208/7056

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Report No. T/20221208/7056

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	AUNG KHIN SINT	ID No.	S9474419I
Related Vehicle	GBM771R (Van)	Contact No.	98319431
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	LIM YOCK JIN	ID No.	S1236565I
Related Vehicle	NIL	Contact No.	96167926
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

DELIVERY DRIVER HAD DROPPED HIS BEER BARREL DURING DELIVERY AND IT HIT MY VEHICLE. THE DRIVER DID NOT INFORM ME AND DENIED HITTING MY VEHICLE WHEN ASKED AND WAS ONLY CONFIRMED BY SECURITY GUARD OF THE BUILDING THAT IT WAS CAUSED BY HIM. UPON FURTHER ENQUIRY, DRIVER ADMITTED TO CAUSING THE DAMAGE ON MY VEHICLE AND APOLOGISED. FROM THERE, BOTH PARTIES EXCHANGED PARTICULARS FOR THE INSURANCE CLAIM AND I WILL BE PROCEEDING WITH THE INSURANCE CLAIM AGAINST THE DRIVER.











**SINGAPORE
POLICE FORCE**



T/20221208/7056

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

1 of 3

Report No. T/20221208/7056

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/12/2022 18:27	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: AUNG KHIN SINT			Address: 101 JURONG EAST STREET 13 #05-174 SINGAPORE 600101		
ID Type / ID No.: NRIC NO / S94744191			Contact No.: Home/Office: Mobile: 98319431		
Nationality: MYANMAR			Email: GANGOSUKEE@HOTMAIL.CO.UK		
Sex: Male	Age: 28	Date of Birth: 14/02/1994	Type of Informant: Vehicle Owner		
Race: Burmese			Language: English	Institution / School Name:	
Occupation:			Driving Licence Information: Class: 3	Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 08/12/2022 17:10	Type of Location: LOADING BAY
Location: NORTH BRIDGE ROAD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: BEER BARREL WAS DROPPED BY DELIVERY DRIVER AND HIT MY VEHICLE				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBM771R	Van	TOYOTA	HIACE	Green	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBM771R	AIG ASIA PACIFIC INSURANCE PTE. LTD.	7220124368	28/10/2022	27/10/2023



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POLICE FORCE**

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



T/20221208/7056

2 of 3

Report No. T/20221208/7056

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	AUNG KHIN SINT	ID No.	S9474419I
Related Vehicle	GBM771R (Van)	Contact No.	98319431
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	LIM YOCK JIN	ID No.	S1236565I
Related Vehicle	NIL	Contact No.	96167926
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

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**SINGAPORE
POLICE FORCE**



T/20221208/7056

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

3 of 3

Report No. T/20221208/7056

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
TAN JEOK LENG
Contact No.: 65476151

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
08/12/2022 18:27

Classification Of Case:

This report is lodged at Bukit Merah East NPC Kiosk 1
NP168