

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	14/12/2022 14:12 (SGT)
Reported by	Driver
Date of Accident	12/12/2022 16:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Hougang Ave 4
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH682R
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Sennett Battery Co Pte Ltd
Company Reg No	1XXXXX564D
Email Address	jmartauto@gmail.com
Mobile Phone No	(Phone) +65-91447938
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
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	Manual
CC	2953

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7210152845

DRIVER

Name of Driver	Leow Gim Guan Romeo
NRIC No	SXXXX025C
Date Of Birth	25/02/1972
Occupation	Outdoor

Date Of Driving Pass	08/02/1993
Driving experience	29 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91447938
Alt. Phone Number	-
Email Address	jmartaauto@gmail.com
Address	Blk 678 Hougang Avenue 8
Address complement	#09-513
Postcode	530678
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	Collision - Opening Door of Vehicle
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to Police Report No. T/20221213/2068.

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	GBB7285P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	Leow Gim Guan Romeo
Gender	Male
Phone No	(Phone) +65-91447938
Address	Blk 678 Hougang Avenue 8
Address Complement	#09-513
Post Code	530678
Approximate Age Years Old	50
Injuries Sustained	Back injuries
Injured person in which vehicle?	GBH682R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 who are located outside of Singapore, for one or more of the above Purposes.

SENETT BATTERY & COMPANY

Policyholder's Signature / Date & Time

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

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

Sketch Plan

Sketch Plan

13/12/22

1

14/12/2022

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

1

Describe Circumstance of the Accident

Refer to Police Report

Declaration

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

SENNETT BATTERY & COMPANY)



Policyholder's Signature / Date & Time



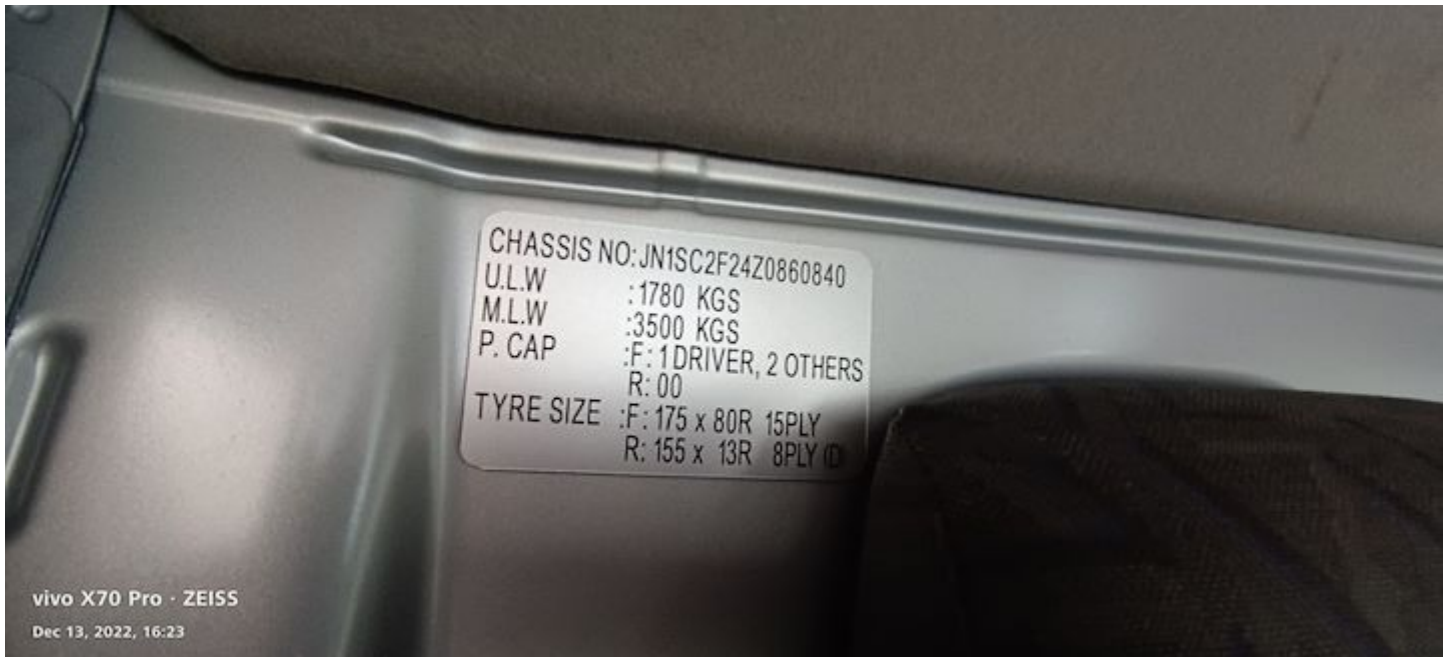
Driver's Signature (if driver is not the policyholder) / Date & Time



14/12/2022

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











**SINGAPORE
POLICE FORCE**



T/20221213/2068

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 3

Report No. T/20221213/2068

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/12/2022 14:17	Vide Report No.:	Station Diary No.: 98
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Informant's Particulars

Name of Informant: LEOW GIM GUAN ROMEO			Address: APT BLK 678 HOUGANG AVENUE 8 #09-513 SINGAPORE 530678	
ID Type / ID No.: NRIC NO / S7206025C			Contact No.: Home/Office: Mobile: 91447938	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 50	Date of Birth: 25/02/1972	Type of Informant: Driver	
Race: Chinese			Language: Chinese	Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 12/12/2022 16:30	Type of Location: Car Park
Location: HOUGANG AVENUE 4				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB7285P	Lorry				Slightly Damaged	0
GBH682R	Lorry				Slightly Damaged	0



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T/20221213/2068

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60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20221213/2068

CONTINUATION OF REPORT**Brief Details.**

On 12/12/2022 at about 1630hrs, after I bought my food from Blk 682 coffeeshop and wanted to board into my vehicle (GBH6282R) which was parked in lot number 106.

However, as I open the driver seat door wanting to go into the driver seat, a lorry (GBB7285P) which was parked at lot number 105 on the right side of my vehicle suddenly moved off from the carpark lot and collided to my vehicle's door and the door collided to my back.

After the accident had happened, the said driver (Ho Kok Leng, S1469424B) then came down from his lorry and made a check. We then exchanged particulars and he informed me to claim through my own insurance.

I wished to state that I did not manage to start the engine of my vehicle hence nothing is being recorded. I have also suffered back injuries due to the collision and was being issued 5 days medical leaves from 13/12/2022 to 17/12/2022 from P.K. ANG FAMILY CLINIC & SURGERY.

I am lodging this report for insurance claim purposes.



**SINGAPORE
POLICE FORCE**



T/20221213/2068

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

3 of 3

Report No. T/20221213/2068

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:
F /
SGT 3 TAN TEIK KWONG,
KENNETH

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
13/12/2022 14:17

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

Classification Of Case:

NP168