

# 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	07/02/2023 12:34 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	05/02/2023 17:17 (SGT)
Exact Location of Accident	Hougang Ave 6, Singapore
Additional Location Information	BLK 427 CARPARK
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP4956P
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	THENG WEI JUN, TIMOTHY
NRIC No	SXXXX199C
Email Address	timothy.theng@gmail.com
Mobile Phone No	(Phone) +65-86694666
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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	1496

### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220053796

### DRIVER

Name of Driver	THENG WEI JUN, TIMOTHY
NRIC No	SXXXX199C
Date Of Birth	01/09/1984
Occupation	Indoor

Date Of Driving Pass .....	30/04/2004
Driving experience .....	18 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-86694666
Alt. Phone Number .....	-
Email Address .....	timothy.theng@gmail.com
Address .....	BLK 427 HOUGANG AVENUE 6 #01-32
Address complement .....	-
Postcode .....	530427
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 .....	AFTER RAIN
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 .....	Ang Mo Kio Division Headquarters
Police Station Phone No .....	(Phone) +65-18002180000
Alt. Police Station Phone No .....	(Fax) +65-64814246
Police Station Address .....	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT F/20230207/7016

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBD1430R
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) .....	-

# SKETCH PLAN

## IMPORTANT NOTICE

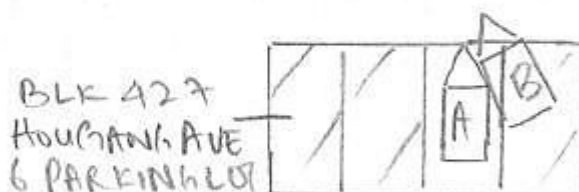
1. Please report correctly the details of the accident to speed up the claims process.
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving 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)**  
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.

7/2/23 11:30AM  
Policyholder's Signature / Date & Time

7/2/23 11:30AM  
Driver's Signature (If driver is not the policyholder) / Date & Time

07/02/2023  
Witnessed by Reporting Centre Personnel

Sketch Plan



A-SLP4956P  
B-GBD1430R

Describe Circumstances of the Accident

AS ATTACHED IN POLICE REPORT  
F/20230207/7016

Declaration

We declare the foregoing particulars are true in every respect.

J 7/2/23 1130 AM  
Policyholder's Signature / Date & Time

J 7/2/23 1130 AM  
Driver's Signature (if driver is not the policyholder) / Date & Time

07/02/2023  
Witnessed by Reporting Centre Personnel







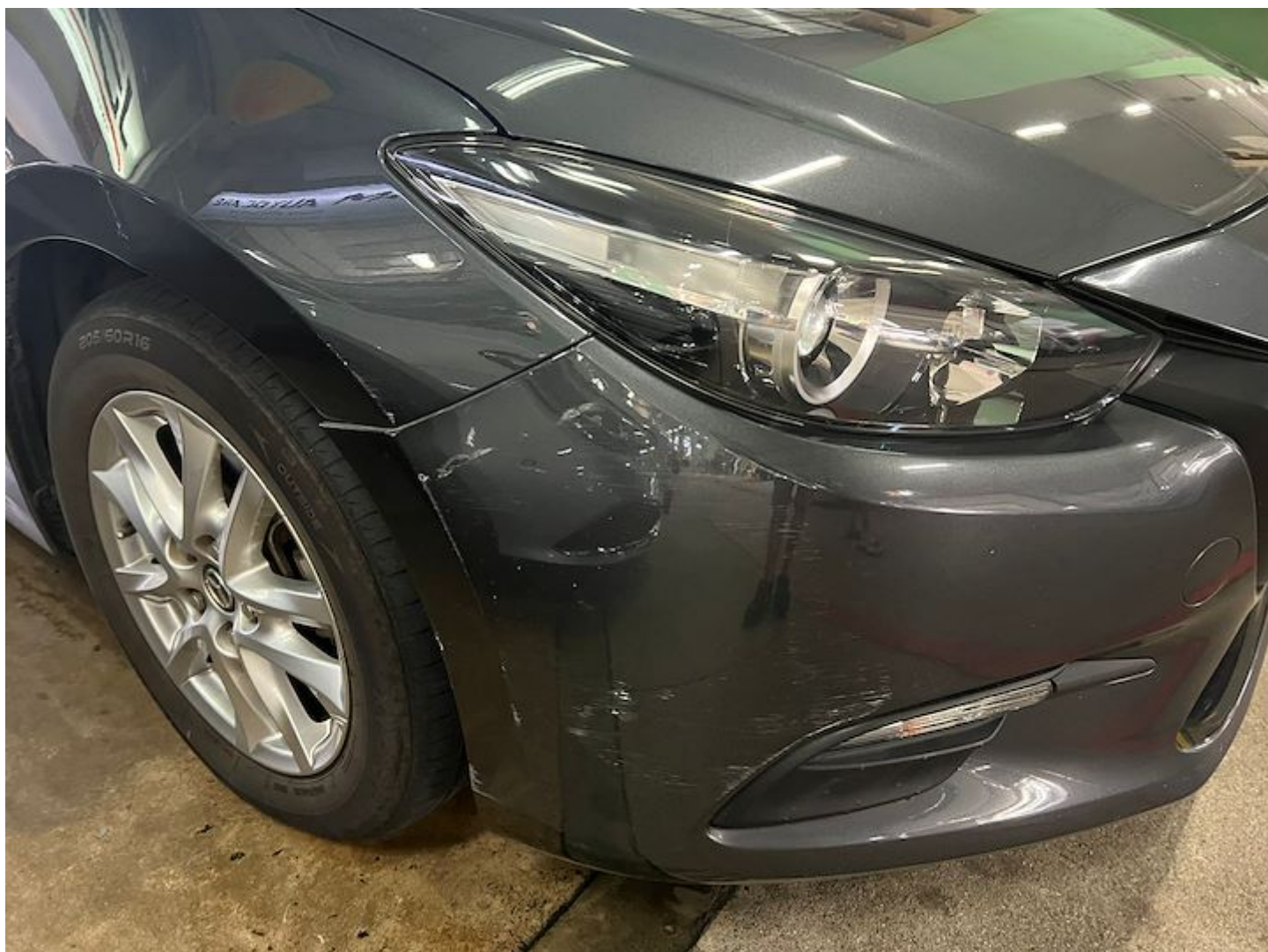








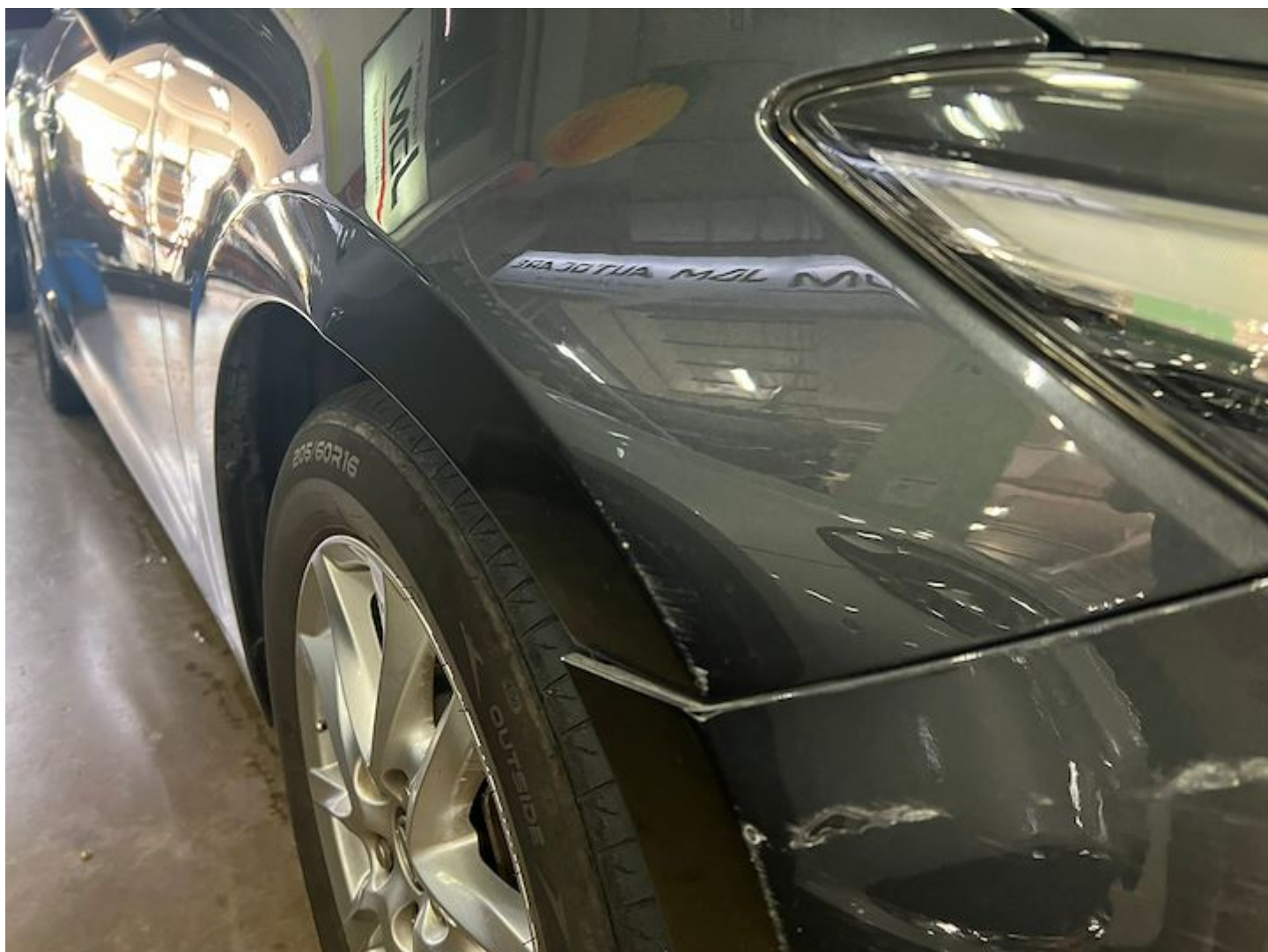






















**SINGAPORE  
POLICE FORCE**



F/20230207/7016

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**POLICE REPORT (NP299)**

Report No. F/20230207/7016

Police Station Of Origin  
Ang Mo Kio Division HQ  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No:1800-2180000

Date/Time Report Made 07/02/2023 10:10		Vide Report No.		Station Diary No.	
Name Of Informant THENG WEI JUN TIMOTHY		Address 427 HOUGANG AVENUE 6 #01-32 SINGAPORE 530427			
ID Type / ID No. NRIC NO / S8427199C		Contact No. Home/Office: Mobile: 86694666			
Nationality SINGAPORE CITIZEN		Email Address TIMOTHY.THENG@GMAIL.COM			
Occupation Maintenance planner		Sex Male	Age 38	Date of Birth 01/09/1984	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 05/02/2023 17:15 - 05/02/2023 17:20		Location Of Incident 427 HOUGANG AVENUE 6 #01-32 SINGAPORE 530427			

**Brief details.**

Like to report a hit and run incident which happened on the 5 Feb 2023 at 1717hrs. Vehicle GBD1430R was making an exit and he bump into the right side of my vehicle, SLP4956P which is stationary in the car park lot - Blk 427 Hougang Avenue 6. Driver came down to check on the situation however he went off without the intention to settle the incident with me as I believe he saw me walking to my vehicle after the incident.

Subjects Involved
Victim

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: 07/02/2023 10:10
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



F/20230207/7016

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20230207/7016

Person Name	THENG WEI JUN TIMOTHY		
ID Type	NRIC NO	ID No	S8427199C
Gender	Male	Age	38
Race	Chinese	Language	English
Occupation	Maintenance planner	Address	427 HOUGANG AVENUE 6 #01-32 SINGAPORE 530427
Mobile No	86694666	Is Informant A Victim?	Yes
Person Name	THENG WEI JUN TIMOTHY (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: 07/02/2023 10:10
Officer In-Charge Of Case:	Classification Of Case: