

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	28/02/2023 09:08 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	23/02/2023 17:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	320 MANDAI ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV5265L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA HAN XIANG , JOEL
NRIC No	SXXXX154J
Email Address	jconnect.joel@gmail.com
Mobile Phone No	(Phone) +65-93851465
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Qashqai
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	1200

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	1700094910

DRIVER

Name of Driver	CHUA HAN XIANG , JOEL
NRIC No	SXXXX154J
Date Of Birth	20/08/1985
Occupation	Indoor

Date Of Driving Pass	26/04/2004
Driving experience	18 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93851465
Alt. Phone Number	-
Email Address	jconnect.joel@gmail.com
Address	345 UPPER BUKIT TIMAH ROAD #07.12
Address complement	-
Postcode	588197
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	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?	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	Bukit Timah Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004629999
Alt. Police Station Phone No	(Fax) +65-64628933
Police Station Address	1 Duke Road Singapore 268914
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

SEE ATTACHED 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	GBK106Y
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 promptly the details of the accident involving the above vehicles.
2. This Form must be completed by the Insurers and the Driver(s).
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to rescind 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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to the GIN Records Management Centre established by the General Insurance Association of Singapore (GIAS) for archiving and this report will 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:

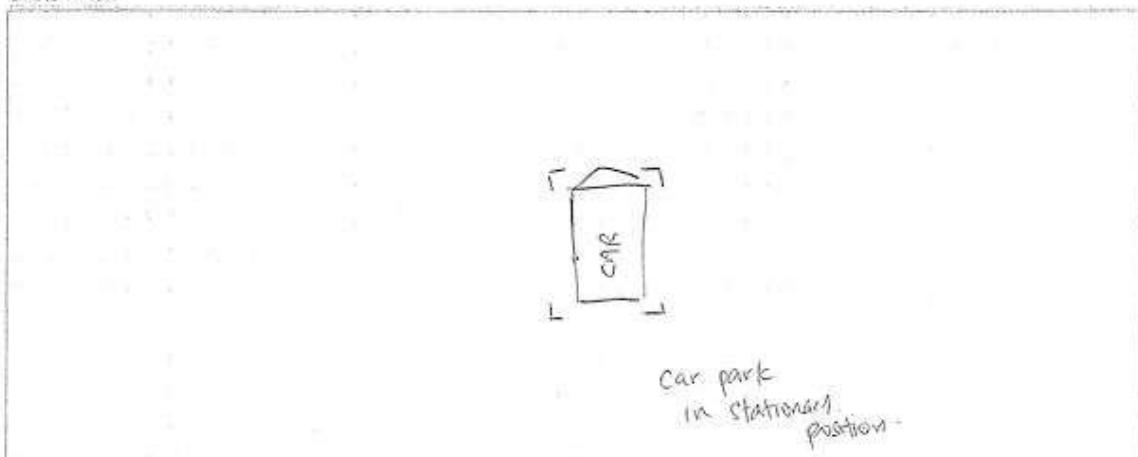
- (a) My insurer, my workshop and the General Insurance Association of Singapore (GIAS) may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer collectively the "Personal Information" and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurers) 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 purposes 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/postal 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 GIAS 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in HR/CID cards)

Sketch Plan



v3jun2022

Describe Circumstances of the Accident

Accident Location:

Accident Date:

Time:

am/pm

Owner Email:

Driver Email:

See Attached police Report

OTHER VEHICLE NO INVOLVE DETAILS : -

B	Veh No:	Hp:	Total Pax:	Driver Name:
C	Veh No:	Hp:	Total Pax:	Driver Name:

Declaration

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date & Time


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


 Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



E/20230228/2006

1 of 2

POLICE REPORT (NP299)

Report No. E/20230228/2006

Police Station Of Origin
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

Date/Time Report Made 28/02/2023 07:05	Vide Report No.	Station Diary No. 8
Name Of Informant CHUA HAN XIANG, JOEL	Address 345 UPPER BUKIT TIMAH ROAD #07-12 SINGAPORE 588197	
ID Type / ID No. NRIC NO / S8524154J	Contact No. Home/Office	Mobile 93851465
Nationality SINGAPORE CITIZEN	Email Address JCONNECT.JOEL@GMAIL.COM	
Occupation HR MANAGER	Sex Male	Age 37
Institution/School Name	Date of Birth 20/08/1985	Race Chinese
Date/Time Of Incident 23/02/2023 15:45	Language English	
	Location Of Incident 320 MANDAI ROAD TRAIN DEPOT SINGAPORE 779405 STAFF CARPARK B	

Brief details.

I am a staff for SMRT working at SMRT Thomson East Coast Line Mandai Depot.

On 23 February 2023 at about 5pm, I went to retrieve my vehicle bearing SLV5265L which was parked at my workplace located at SMRT Thomson East Coast Line Mandai Depot Staff Carpark B. I then discovered dents and scratches on the driver side door and the front wheel area. I then contacted the

Signature Of Officer Recording The Report: E / SGT 3 TEO WEI JIAN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 28/02/2023 07:05
Officer In-Charge Of Case: E / Tanglin Police Divisional Investigation Branch / INSP (1) LAI JIALIANG, ALFIAN Contact No.: 63914755	Classification Of Case:



**SINGAPORE
POLICE FORCE**



E/20230228/2006

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20230228/2006

security officer, namely Michael Eng and he viewed the CCTV footage and he informed me that at 12.43pm, when my vehicle first entered the depot, my car did not have any damages.

I did not lodge any report till today, as SMRT was pending their investigation.

On 27/02/2023, SMRT then responded to me that another vehicle, belonging to SMRT Organization bearing GBK106Y collided to my car at 3.45pm. However, SMRT couldn't provide me the footage and particulars of the driver due to PDPA reason and informed me to lodge a police report and made a claim against GBK106Y.

I then tried to make an insurance claim, however they require a police report. I do not wish to pursue the matter and the report is just mainly for insurance claims.

Signature Of Officer Recording The Report: E / SGT 3 TEO WEI JIAN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 28/02/2023 07:05
Officer In-Charge Of Case: E / Tanglin Police Divisional Investigation Branch / INSP (1) LAI JIALIANG, ALFIAN Contact No.: 63914755	Classification Of Case: