

## 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 .....	10/04/2023 17:20 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	07/04/2023 14:21 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	CARPARK OF 87 TAMPINES AVENUE 1
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SDW16L
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	KOH LI NOI CYNDI ( XU LILIAN CYNDI )
NRIC No .....	SXXXX114E
Email Address .....	myeodong@yahoo.com.sg
Mobile Phone No .....	(Phone) +65-96820223
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	GLB200 7-SEATER PREMIUM AMG LINE AUTO
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 .....	1332

#### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number .....	7220118082

#### DRIVER

Name of Driver .....	KOH LI NOI CYNDI ( XU LILIAN CYNDI )
NRIC No .....	SXXXX114E
Date Of Birth .....	30/12/1975
Occupation .....	Indoor

Date Of Driving Pass .....	26/07/2000
Driving experience .....	22 YEARS AND 9 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-96820223
Alt. Phone Number .....	-
Email Address .....	myeodong@yahoo.com.sg
Address .....	87 TAMPINES AVENUE 1
Address complement .....	# 01-31
Postcode .....	528688
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 .....	Collided into Parked 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? .....	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 .....	Tanglin Division Headquarters
Police Station Phone No .....	(Phone) +65-18003910000
Alt. Police Station Phone No .....	(Fax) +65-63964900
Police Station Address .....	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED STATEMENT

#### 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 .....	SLL8341H
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	WONG ENG SIANG
Contact Number .....	(Phone) +65-97261823
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**

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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")

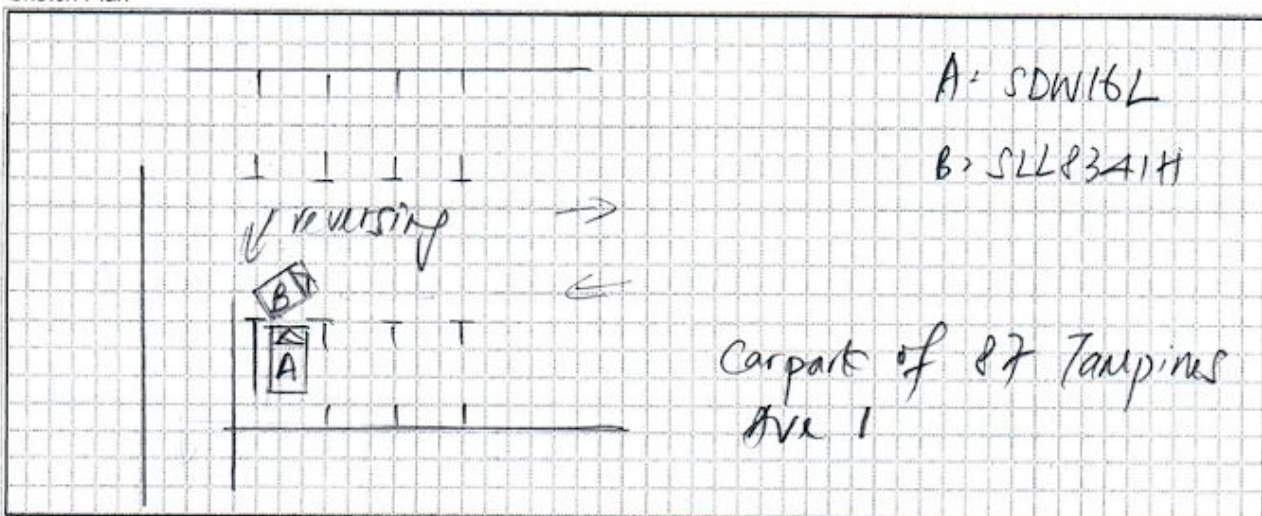
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (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

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

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

**Sketch Plan**

vJun2022

1

Describe Circumstance of the Accident

Pls refer to police report no. 20230408/7020

After police report made, the other party texted me at 8am today to ask me to claim from his insurer instead of private settlement.

Declaration

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



Policyholder's Signature / Date & Time

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

 10/4/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



**SINGAPORE  
POLICE FORCE**



E/20230408/7020

1 of 2

**POLICE REPORT (NP299)**

Report No. E/20230408/7020

Police Station Of Origin  
Tanglin Division HQ  
21 Kampong Java Road SINGAPORE  
228892  
Tel No: 1800-3910000

Date/Time Report Made 08/04/2023 15:18	Vide Report No.	Station Diary No.
Name Of Informant KOH LI NOI CYNDI	Address 87 TAMPINES AVENUE 1 #01-31 SINGAPORE 528688	
ID Type / ID No. NRIC NO / S7539114E	Contact No. Home/Office:	Mobile: 96820223
Nationality SINGAPORE CITIZEN	Email Address myeodong@yahoo.com.sg	
Occupation Secretary	Sex Female	Age 47
Institution/School Name	Date of Birth 30/12/1975	Race Chinese
Date/Time Of Incident 07/04/2023 13:00 - 07/04/2023 19:00	Language English	
	Location Of Incident 87 TAMPINES AVENUE 1 WATERVIEW SINGAPORE 528688	

**Brief details.**

My car was parked at a parking lot at my residence. A resident's car reversed and hit my car. He left a note with his contact details on my car's windscreen.

Subjects Involved			
Victim			
Person Name	KOH LI NOI CYNDI		
ID Type	NRIC NO	ID No	S7539114E

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: 08/04/2023 15:18
Officer In-Charge Of Case:	Classification Of Case:

This report is lodged at Orchard NPC Kiosk 1





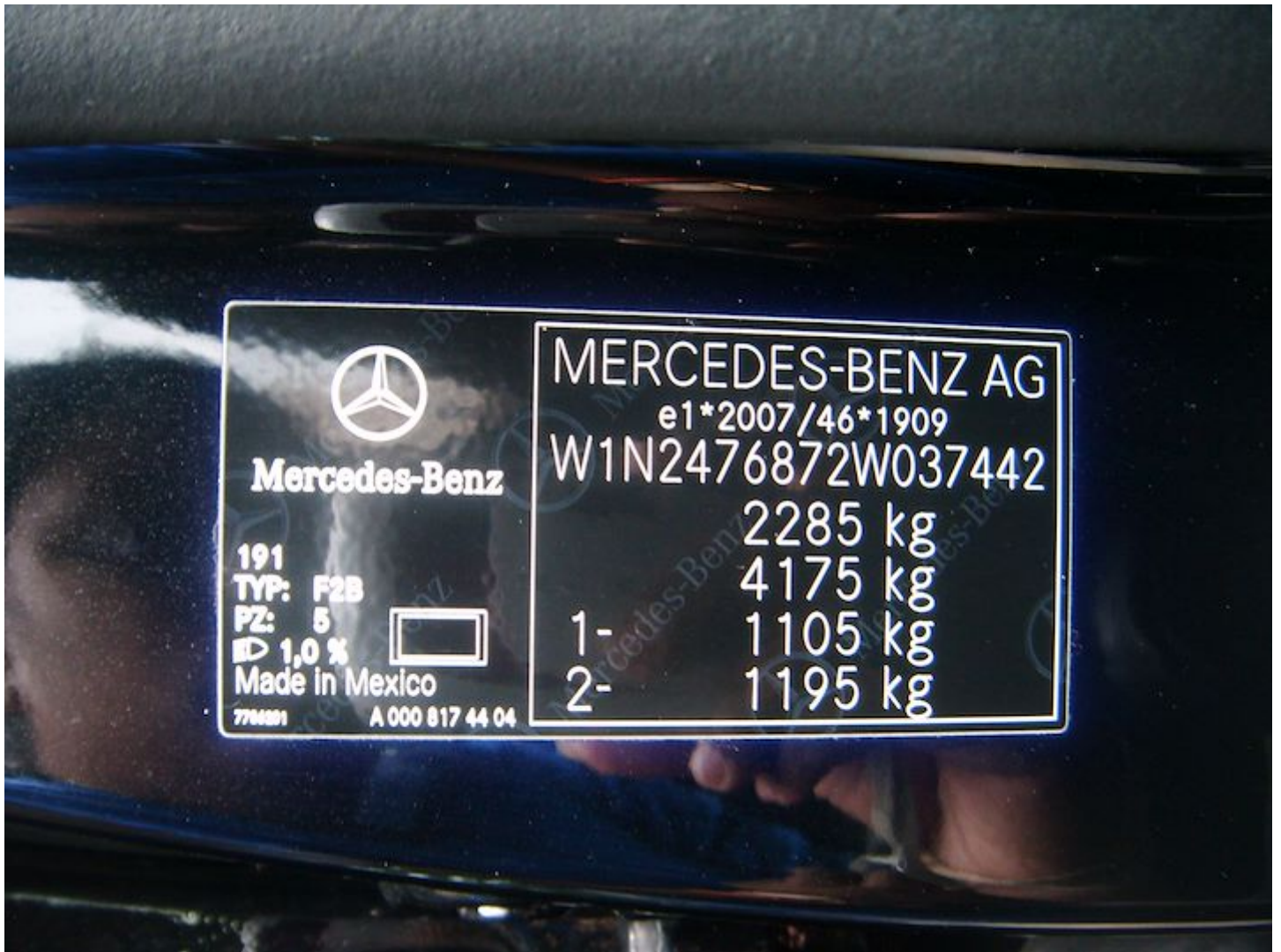
















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E/20230408/7020

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Officer In-Charge Of Case:	Classification Of Case:

This report is lodged at Orchard NPC Kiosk 1



**SINGAPORE  
POLICE FORCE**



E/20230408/7020

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20230408/7020

Gender	Female	Age	47
Race	Chinese	Language	English
Occupation	Secretary	Address	87 TAMPINES AVENUE 1 #01-31 SINGAPORE 528688
Mobile No	96820223	Is Informant A Victim?	Yes
Person Name KOH LI NOI CYNDI (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: 08/04/2023 15:18
Officer In-Charge Of Case:	Classification Of Case:

This report is lodged at Orchard NPC Kiosk 1