

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	30/05/2023 16:25 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	27/05/2023 12:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Townshend Road Car Park
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL2345L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Bolt Car Leasing Pte Ltd
Company Reg No	2XXXXX483h
Email Address	jayson@boltcarleasing.com
Mobile Phone No	(Phone) +65-97837834
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	CX-9 2.5 AT Turbo 2WD
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	2488

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7990000147

DRIVER

Name of Driver	Leow Hock Cheong Stephen
NRIC No	SXXXX509Z
Date Of Birth	31/07/1970
Occupation	Indoor

Date Of Driving Pass	10/08/1988
Driving experience	34 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98218336
Alt. Phone Number	-
Email Address	jayson@boltcarleasing.com
Address	19 Jalan Pokok Serunai
Address complement	-
Postcode	468156
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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)	2
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	-

PASSENGER 1

Name	Leow YingJie Bernie
Gender	Female

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

Refer to sketch plan

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	SLV2992R
Vehicle Manufacturer	Audi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Eddie
Contact Number	(Phone) +65-91169098
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	No damage to Audi
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time 29 May 2023 @ 10am

 29/5/23
Driver's Signature (If driver is not the policyholder) / Date & Time 1000hrs


Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Date of accident is 27/5/23 12pm
 Place of accident is open space car park in front of coffee shop along Townshend Road. ↗

Car A was parked in front of open space car park at car park in front of coffee shop B15 27. Car A was stationary.

Car B subsequently arrived at the car park and proceeded to parallel park in car park slot behind car A. Car B collided into car A rear bumper.

My daughter who was sitting in the car felt the car A moved forward when car B collided into car A.

I also witnessed the collision from the coffee shop. When he returned to car B, I approached him to discuss on the accident & damage. He refused to admit to the accident & liability to any damage. He did not provide his particulars but gave me his ~~name~~ mobile number.



↗


Car A = SL2345L (Mazda CX9)
 Car B = SLV 2992 R. (Audi)

No party is injured.

Declaration

We declare the foregoing particulars are true in every respect.

 
 Policyholder's Signature / Date & Time 29/5/2023 @ 10 AM

 29/5/23 1000hrs
 Driver's Signature (If driver is not the policyholder) / Date & Time


 Witnessed by Reporting Centre Personnel























**SINGAPORE
POLICE FORCE**



T/20230530/7043

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

1 of 3

Report No. T/20230530/7043

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/05/2023 15:23		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LEOW HOCK CHEONG STEPHEN			Address: 19 JALAN POKOK SERUNAI SINGAPORE 468156		
ID Type / ID No.: NRIC NO / S7025509Z			Contact No.: Home/Office: Mobile: 98218336		
Nationality: SINGAPORE CITIZEN			Email: STEPHEN_LEOW@YAHOO.COM		
Sex: Male	Age: 52	Date of Birth: 31/07/1970	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Retiree			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 27/05/2023 12:00	Type of Location: Car Park
Location: 27 JALAN BERSEH				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLL2345L	Car					0
SLV 2992 R	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20230530/7043

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

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Report No. T/20230530/7043

CONTINUATION OF REPORT

Driver			
Name	LEOW HOCK CHEONG STEPHEN	ID No.	S7025509Z
Related Vehicle	SLL2345L (Car)	Contact No.	98218336
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.

Car A = SLL 2345 L (Mazda CX-9)

Car B = SLV 2992 R (Audi)

Car A was parked at open space carpark in front of coffee shop Blk 27 Jalan Berseh and was in stationery position.

Car B subsequently arrived at the carpark and proceeded to parallel parking in carpark slot behind Car A. While parking, Car B collided in Car A rear bumper.

My daughter who was sitting in the car felt Car A moved forward when Car B collided into Car A.

I also witnessed the collision from the coffee shop. When the driver of Car B returned, I approached him to discuss on the accident & damage. He refused to admit to the accident & any liability to the damage.

He did not provide his particulars except for his mobile number.

No party is injured.



**SINGAPORE
POLICE FORCE**



T/20230530/7043

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

3 of 3
Report No. T/20230530/7043

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
SUFYAN BIN KHAIRI
Contact No.: 65476148

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

Date/Time:
30/05/2023 15:23

Classification Of Case:

NP168